



Managers and Staff **Policy** Handbok

The Shrewsbury & Telford Hospital NHS Trust

Welcome / Message

Welcome to the first edition of the Manager and Staff HR Policy Handbook.

We have developed this handbook in partnership.

People policies are agreed between Staff side and management with a focus on consistency, fairness, compliance with ACAS guidance, employment law, reflecting Just Culture principles and aligned to the NHS People Plan and Promise.

The Handbook provides managers and staff with an overview of all HR policies and summarises the key procedural steps, but the handbook is not a substitute for following the actual policy itself. For the full policies please refer to: <https://www.sath.nhs.uk/working-with/hr/policies>.

We hope that this handbook is easy to follow and provides a framework for you to have a great employee experience at SaTH.



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Joint Staff Side
Chair



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Contents

The index below lists the HR policies and applies to all employees. There are some policies that specifically relate to medical staff (Doctors and Dentists).

For reference to the full policy please use the following link
<https://www.sath.nhs.uk/working-with-us/hr/policies>

Each policy has standard paragraphs and in particular roles and responsibilities sets out the different levels of accountability. Also, you will find on the front page of most policies, other related HR policies, which may be of relevance to the matters that you need to refer to.

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Acting Down Policy: HR69

Aim of the policy

The aim of this policy is to ensure all doctors and operational managers apply a consistent approach to the implementation of “Acting Down” . ‘Acting down’ is required when there is a medical staffing emergency or crisis, and a consultant undertakes duties and fills an emergency activity rota slot which would normally be worked by a non-consultant member of medical or dental staff. Acting down places an increased burden on consultants and should be the exception rather than the rule. The Trust aims to minimise the use of acting down.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope

Applies to all consultant medical and dental staff required to “Act Down.” It does NOT apply to other grades of medical and dental staff; or duties that a consultant undertakes as part of normal workload or where planned Acting Down for training or education purposes occurs regularly as part of the normal Deanery training rotation.

Policy in Practice: Key steps

Consultants are not contractually obliged to act down or to be compulsorily resident on-call to cover the duties of non-consultant staff.

1. **Crisis situation:** Consultants will be requested to act down only when there is a critical shortage of non-consultant staff, and the alternative would be to close the department.
2. **If acting down is required,** the Clinical Director or nominee will authorise it. Out of hours falls to consultant on call.
3. **The work:** Consultants requested to undertake non-consultant grade work only when it is clinically safe to do so. If the Consultant is working outside EWTD rest requirements a risk assessment is undertaken and the consultant signs an opt out form.
4. **Pay:** Consultant will be paid 2.5 times their normal PA/sessional rate plus single standard time off to be taken normally within 48 hours following the episode of acting down as a compensatory rest period. Where the acting down requirement is for non-resident on-call cover then the hours on call but not at work will be paid at the normal sessional rate, with any time called out being paid at the acting down rate. Consultants called upon to support an acting down consultant by providing on call cover will be paid at the normal locum PA/sessional rate.
The consultant acting down should make their claim for payment in writing via their Centre Manager. The claim should set out details of the period covered and be submitted by the end of the month. Payments shown on pay slips as “Acting Down.”
5. **Monitoring:** Acting Down will be monitored by the Centre Manager/CGMD and HR BP. Acting Down will form part of the staff report and feature at the monthly Confirm and Challenge meetings

Acting Up Policy: W13

Aim of the policy

The aim of this policy is to ensure that recruitment and selection for all Acting up temporary posts, is fair within the provisions and spirit of the Trust's Equality, Diversity, and Inclusion Policy, and professionally managed. The policy will help support the organisation to meet its needs for a flexible and adaptable workforce and is designed to cover the extended absence from work of the usual post holder.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope

This policy applies to all staff and posts covered by Agenda for Change terms and conditions including relevant new or amended posts. It does not apply to Executive Directors, doctors, dentists or contractors or agency workers not employed by the Trust.

Links with other policies: Equality and Diversity, Recruitment and Selection, Pay Protection and Travel Expenses.

Policy in Practice

In line with Agenda for Change (AfC) acting up refers to an employee moved into a higher pay band where it is necessary to fill a post on a temporary basis when a position is vacant, and the full duties of the higher banded post are needing to be carried out.

Acting up Process applies as follows:

- **Less than 1 month:** Normal arrangements for annual leave, sickness apply, and temporary staff bank and agency are used as a last resort.
- **1 – 6 Months:** If there is a designated deputy appoint for up to 6 months. If no deputy seek expressions of interest within the Trust, interview and appoint up to 6 months. If no expressions of interest seek alternative arrangements.
- **Longer than 6 months:** Advertise for a fixed term contract/secondment using both internal and external NHS Jobs recruitment website.

Terms and Conditions during Acting up:

Acting up is treated as temporary promotion and authorisation must be gained through the appropriate Division/Department before any commitment is made to the employee. Once the period of acting up has ended, any extensions or long term planned absences must be advertised.

To qualify for payment, the requirements of the AfC 'Temporary Movement to a Higher Pay Band' must be met.

By the end of the acting up period, the employee will return to their substantive role within the Trust and revert to the terms and conditions applicable to their substantive post, including remuneration. Managers are encouraged to discuss both the employee's performance during the period of acting up and further development opportunities as part of the appraisal process moving forward.

Additional Clinical Activity Policy: HR68

Aim of the policy

Additional Clinical activity becomes essential in an emergency or when there is a short fall in capacity. It is voluntary and therefore is over and above the contractual obligation of doctors. For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

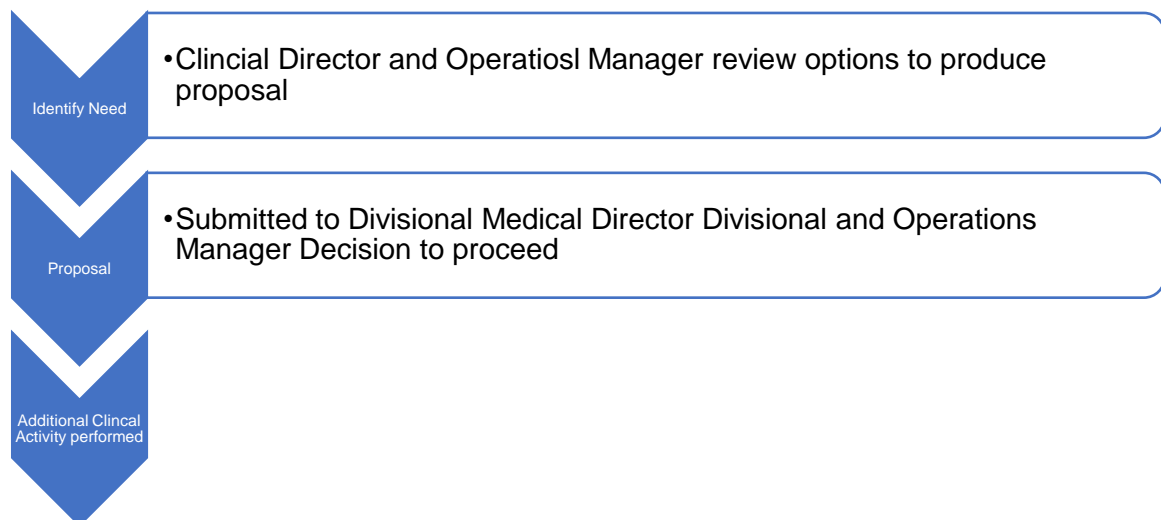
Scope:

The policy applies to all doctors and dentists employed by the Trust but does not include Locum doctors.

Policy into Practice

Steps to follow in managing Additional Clinical Activity

- Step 1: Identify the need – responsibility of the Clinical Director and Operations Manager.
- Step 2: Proposal developed setting out the additional work for the doctor to undertake and expected time to complete described activity (as described in job planning policy W71).
- Step 3: The proposal is submitted to the Divisional Medical Director and Divisional Operations Manager with evidence of the options considered, a justification for the additional expenditure and the impact on other services. Authorisation is by the Divisional Medical Director, or the Divisional Operations Director and the Finance Manager needs to be advised for budgeting purposes. A decision is then made to support or reject the proposal. If agreed, then plans are put in place. If not agreed, then the parties need to be informed and alternative options re-considered.
- Step 4: Clinical Director and Operations Manager monitors the work.
- Step 5: Claim form completed by staff who carried out the additional work, verified and submitted for payment.



The governance arrangements regarding Additional Clinical activity are set out in the policy.

Adverse Weather and Travel Disruption Policy: W20.4

Aim of the policy

This Policy outlines the procedures to follow when adverse weather and disruption to transport services affects travelling to and from work. Employees are responsible for making every reasonable effort to get to work during periods of adverse weather, or travel disruption but should not put themselves at unnecessary risk.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: This policy applies to all employees of the Trust.

Links with other policies: Please see Annual Leave Policy as it refers to Special Leave.

Policy in Practice:

What Action should I take when faced with travelling difficulties?

Staff should discuss with their line manager and agree what action should be taken. Having made every effort, employees are unable to come to work or will be late for work, then normal procedures for reporting absence should be followed and the line manager should be informed as soon as practicably possible and before the employee starts work. If the line manager is not available, then another senior member of staff should be informed by phone. Notification by e-mail or any form of social media is not acceptable unless pre- arranged.

Alternative forms of travelling to work.

Alternative forms of transport need to be explored (car sharing or public transport). In some cases, walking to work should also be considered (3-mile radius of the hospital site is reasonable) but balanced against the prevailing weather conditions, the time of day, the age and health of the member of staff and any other relevant circumstances.

Working at an alternative site or from home

If unable to attend at the normal place of work, another Trust site nearer to home should be discussed with the line manager. Subject to being able to work from that site (access to IT). Also, working from home should be discussed with the line manager.

Emergency situations

The Trust may coordinate the use of specific transport to support front line staff getting to and from work in severe adverse weather conditions or when there is travel disruption.

How will any time lost due to travelling difficulties be covered?

If it is not possible to either attend work or work from home; employees should agree with their line manager how their non-attendance should be dealt with i.e., make the time up (within one month of the date concerned), use Annual leave etc).

Health & Well-Being of staff: The Trust recognises that these situations may be difficult for those involved and is committed to provide adequate Health and Well-Being support. Please consult HR and Occupational Health for advice: sath.hradvice@nhs.net

Annual Appraisal and Pay Progression Policy: W12

Aim of the policy

The Trust is committed to ensuring all employees receive an Annual Appraisal which supports effective work performance, identifies development needs and is linked to incremental pay progression.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to staff on Agenda for Change terms and conditions. It does not cover appraisal arrangements for Medical and Dental staff.

Links with other policies: Equality and Diversity, Development and Training, Employee Performance Management Policy, Acting Up, Sponsorship of Healthcare Workers for Professional Registration, Training & Secondment.

Policy in Practice

Employee-Led Appraisal Record will include:

- An overall rating of the employee's performance in the preceding 12 months.
- How they have demonstrated the Trust Values in their work.
- Education, learning and development activities that were identified and agreed including outstanding statutory/mandatory training requirements.
- **Pay Increment is** awarded if the individual meets the criteria required. However, pay progression is not automatic and in the case of withholding a pay increment the line manager must formally notify the employee giving their reasons and indicating when the next date they will be eligible for an incremental award.
- Staff already on the top of their band will not be affected by Pay Progression.
- The payment of an increment may be delayed when the employee is subject to Performance Management, but payable on successful conclusion of the Performance Improvement Plan.
- If an employee receives a formal disciplinary warning, the panel will review whether and/or how that misconduct issue has affected the achievement of performance objectives, and if no impact, incremental progression will be awarded. If performance has been affected, then the increment will be withheld.
- Employees who are long-term sick or on paternity/maternity absence will not have their increment unreasonably withheld.
- Failure to maintain Verification of Professional Registration within an appraisal period or if successful completion of appraisal is a requirement for the post it is likely to result in the withholding of an increment for that period.
- **Review of a Pay Progression Decision:** Where an employee's pay progression is withheld or delayed, they will have the right to request a review of the decision by the next level of management via the Grievance Policy
- **Agreeing Appraisal objectives:** Line managers and employees need to agree the next year's objectives, competency and knowledge/skills framework. Advice should be sought from Education and development if there is a failure to agree. Employees can use the Grievance procedure as a last resort if there is no agreement.

The Corporate Education Team provides monthly reports showing appraisal compliance, status of every individual employee, department and division.

Annual leave for Doctors and Dentists Policy: W14

Aim of the policy

- The importance of a good annual leave management
- Expectations and responsibilities of Clinical Directors, Divisional Medical Directors, Divisional Medical of Operations and individual doctors and dentists in relation to annual leave
- The requirements for staff to take a minimum number of days of annual leave.
- Identification of the booking process for annual leave
- How to calculate annual leave for different grades of staff, different work patterns and staff who work less than full time hours.
- How annual leave can be carried over between leave years.
- Arrangements for recording and monitoring the taking of annual leave.
- Action that may be taken as a result of non-compliance

For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: The policy applies to all doctors and dentists employed by the Trust.

Policy into Practice

- All medical and dental staff should be familiar with this policy.
- The Clinical Director for an individual specialty has the responsibility for managing annual leave for doctors and dentists.
- Some or all of the elements of the management of annual leave may be delegated to other staff, but the Clinical Director retains the overall responsibility.
- The Clinical Director for a specialty should specify how many practitioners can be on leave at any given time.
- All medical and dental staff must take a minimum of 28 days of annual leave each year for reasons of health and safety and staff wellbeing.
- The leave year for a Consultant, Associate Specialist or Specialty Doctor commences on the anniversary date of the individual's appointment to the Trust.
- A minimum of 6 weeks' notice of annual leave dates must be given by an individual practitioner.
- Medical staff are expected to take an equivalent proportion of DCC and SPA sessions as annual leave. This will be monitored and unusual patterns of leave taking may lead to formal investigation.
- Rota coordinators have responsibility for recording each practitioner's leave requirement and the number of leave days taken.
- A maximum of 8 days of annual leave can be carried over between 20/21, 7 days of annual leave for 21/22 and 6 days for 22/23. Following this, 5 days of annual leave can be carried over between leave years by application to the Clinical Director. Carry over of more days than this will need to be authorised by the Medical Director.
- Checklists are provided to assist Clinical Directors in creating suitable arrangements to manage leave and maintain a core level of service provision.

Armed Forces Policy: W46

Aim of the policy

The Trust has signed the Armed Forces Covenant supporting veteran employees as well as those staff who are Reservists and Cadet Force Adult Volunteers (CFAV).

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to current and new employees who join the Trust as Veterans, Reservists and Cadet Force Adult Volunteers.

Links with other key policies: Recruitment, Annual Leave (Ref: Special Leave Policy).

Policy into practice:

Recruitment: Positive action in encouraging ex- armed forces personnel to apply for roles within the Trust. Guaranteed interview if person spec criteria are met.

Pay and annual leave: Starting salary for exceptional candidates from the Armed Forces consideration given to higher increment within the Band. Annual leave calculations should be based on aggregated service within the armed forces.

Reservists: Mobilisation is the process of “calling up” Reservists into full-time service and will normally last between 3 and 12 months. Employee’s will be granted unpaid leave for the duration of their period of active service. The Trust has identified a number of Reservist Champions for advice and guidance see intranet: sath.armedforceschampion@nhs.net.

Continuity of service when Mobilised: The period of mobilisation will count as reckonable service for the purposes of entitlements such as annual leave, occupational sick pay and redundancy. Continuity of service is not broken so long as the employee is reinstated within 6 months of the last day of their mobilised full-time military service.

Annual Leave: Reservists are granted 10 days additional paid leave for annual training camp or equivalent continuous training in a 12-month period. This will be pro-rata for part time staff. This is capped to 75 hours total. Cadet Force Adult Volunteers are granted 5 days additional paid leave for training in a 12-month period. Reservists have no entitlement to accrue annual leave whilst mobilised.

Sick pay: During the period of mobilisation Reservists will continue to accrue any service-related Occupational Sick Pay. Reservists who are sick or injured during mobilisation will be covered by the MOD’s health care arrangements (including pay) until they are demobilised.

Pay whilst mobilised SATH is not obliged to pay their employee whilst they are on MOD duties. Employees will receive their full salary paid by the MoD.

Returning to work: Provided employees return to work within 6 months they are entitled to return to their substantive post unless there they are affected by organisational change in which case they could be redeployed.

NHS pension whilst on active service: Reservists who are members of the NHS Pension scheme and choose to remain, the MoD will pay the employer’s pension contributions whilst the individual is mobilised provided, they continue to pay their individual contributions.

Attendance and Wellbeing Management Policy: W22

Aim of the policy

The policy ensures fair, consistent, transparent, supportive and effective management of sickness absence, balancing employee interests with the needs of the service.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees but excludes agency staff and other contractors.

Links to other policies: Please refer to section 24 of the policy.

Policy into Practice:

Sickness at Work: Employees who become unwell at work should report to their line manager or authorised person. Keeping In Touch during periods of absence is key.

Self-Certification must be completed to cover absence up to the first 7 calendar days.

Medical Certification/Fit Notes: Absences of 8 calendar days or more require a Statement of Fitness for Work (Fit Note) issued by a GP and sent to the line manager. Long term absence: Repeat Fit notes are needed 3 calendar days of the expiry of the previous note.

Unauthorised Absence may result in the absence being considered as unauthorised and therefore unpaid. This could lead to action under the Disciplinary Policy.

Medical suspension If a staff member displays symptoms of a serious illness the employee may be suspended from work on medical grounds and reviewed at 10-day intervals.

Return to work meetings: key role for line managers in staff health and well-being.

Secondary Employment and bank work: No other paid employment should be undertaken during the period of sickness. Employees who are on a phased return will need to have returned to their full duties and contracted hours of work before undertaking any bank work.

Sick Pay in accordance with Agenda for Change Terms and Conditions (see full policy).

Annual Leave during Sickness Absence will accrue the full annual leave entitlement (excluding general public holidays) for the first 12 weeks of sickness absence and then statutory annual leave can be accrued.

Sickness during Annual Leave can convert into sickness absence. Pre-booked annual leave that falls during a period of sickness absence, annual leave can be cancelled.

Carry-over of annual leave due to Sickness Absence: 5 days can be carried over.

Taking annual leave when off sick should not be used to cover up sickness absence.

Phased Return to Work: Advice from Occupational health will involve a risk assessment.

Absence Management Procedure: The procedure consists of 3 Trigger stages, (see full policy for details). Informal and formal meetings should be held in the first instance.

Attendance and Wellbeing Management Policy: W22

Final Formal Review Meeting with an independent chair and panel. If the outcome is dismissal the employee has the right of appeal.

III Health Retirement: terminate employment on the grounds of incapability will be treated as a resignation with no entitlement to notice pay or pay in lieu of notice.

Bullying and Harassment Policy: W4

Aim of the policy

The Trust has a duty of care to its staff and has adopted a zero-tolerance approach to protect our staff from bullying and harassment at work by other members of staff, the public, contractors, service users and patients. Staff must be able to come to work without fear of violence, abuse, harassment or discrimination and we expect our staff to be treated with respect and dignity. Allegations of bullying, harassment and discrimination will be taken very seriously and treated confidentially. The policy sets out both the informal and formal procedures to address complaints of bullying and harassment.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all Trust employees and workers via the Temporary staff bank. Students, trainees, agency staff and contractors are made aware of the policy and expected to adhere to its principles.

Definitions: Bullying can be described as behaviour that is unwelcome, unwarranted and causes a detrimental effect. Harassment relates to the behaviours associated with protected characteristics as set out in the Equality Act 2010. What the individual considers to be inappropriate behaviour whether intentional or not, is the key point.

Links with other policies: Disciplinary, Employee Investigations, Equality & Diversity, Freedom to Speak Up, Whistleblowing, Grievance, Violence and Aggression.

Policy into practice:

Informal Process: Employees experiencing bullying or harassment should first raise concerns via the 3-part process:

Challenge It: Politely tell colleagues when you think they are not behaving appropriately.

Share It: Talk about it with your line manager, get some help and support from colleagues, report serious concerns to your line manager.

Resolve It: Work with others to resolve problems, which may require the support of colleagues. The full policy contains various methods and interventions to resolve issues and get support.

Formal procedure: If informal attempts to resolve the complaint following the informal 3-part process have not been successful or the concerns raised, or allegations made are serious enough that the formal procedure should be followed immediately; the Trust will ensure that, a thorough and fair investigation is carried out using the Employee Investigations policy. (For Medical and Dental staff, the Handling Concerns about Doctors and Dentists procedure should be used).

If the allegations are substantiated following an investigation and there is case to answer, this may result in a formal disciplinary hearing being set up in accordance with the Trust's Disciplinary Policy. If there is no case to answer and therefore the formal process comes to an end those involved should consider whether the informal resolution options (see full policy) would be helpful in rebuilding working relationships.

Health & Well-Being: Health and Well Being support to staff who experience bullying, and harassment are available via Occupational Health and at sath.hradvice@nhs.net

Corporate and Local Induction Policy: W36

Aim of the policy

Induction marks the beginning of the relationship between the Trust and its employees. It is a crucial link between recruitment and enabling new employees to gain an overview of the Trust, its strategic priorities, values and is a contributory factor in staff performance and retention. It also provides an understanding of what behaviours and standards is expected of new starters and what they can expect from the Trust. The Head of Education has overall responsibility for the day to day management of induction and mandatory training.

The policy aims for all new starters to have completed Corporate and Local Induction within 3 months of commencing employment with the Trust and a minimum of 90% of all staff being compliant with their Statutory and Mandatory training requirements.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>.

Scope: This policy applies to all new employees, junior doctors, students on clinical placements and volunteers. Senior Medical staff need to attend Corporate and Medical Induction.

Links with other policies: Please see related policies: Equality & Diversity, Handling Concerns about Doctors, Statutory and Mandatory Training.

Policy in Practice:

There are two main types of induction (Corporate & Local Induction).

Corporate Induction (Corporate Welcome): integrating new starters into the Trusts learning about its corporate culture, policies, and procedures, legal obligations, risk management, health and safety and patient/customer care. Statutory and Mandatory training requirements are covered in the Corporate Induction programmes. (See full policy for minimum content) Doctors in Training commencing in July/August will undertake a specific induction programme including e-learning and face to face statutory and mandatory training. Employees with evidence of up to date Statutory and Mandatory training may be exempt from completing parts of Corporate Induction.

Local Induction: Ideally new starters should receive a local induction on their first day. (See full policy for minimum content). This will cover risk identification and local arrangements for incident reporting, fire and health and safety and other procedures relevant to their specific area and profession. There is flexibility for managers to add elements to local induction to meet specialty, department, and role requirements (see managers checklist in the policy). Also, managers are responsible for ensuring agency staff or external contractors receive a local induction.

Locum Doctors will be issued with a locum induction pack which will include key information to support them whilst working at the Trust.

Corporate Fit and Proper Persons Policy: W20

Aim of the policy

This policy complies with the detailed framework by NHS England. The 'fit and proper persons' test is aimed at making sure those individuals who have authority in organisations that deliver care, are responsible for the overall quality and safety of that care, and as such can be held accountable if standards of care do not meet legal requirements.

For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Policy applies to all Board members, including Executive directors and non-executive directors (NEDs), irrespective of voting rights.

Policy into Practice

This regulation has been integrated into the Care Quality Commission's (CQC) registration requirements and falls within the remit of their regulatory and inspection approach.

The Trust has a general obligation to ensure that they only employ individuals who are fit for their role, the 'fit and proper persons' test must be applied for all new and existing board members and there must be systems and processes in place to provide ongoing assurance that the requirements are met. There is a duty on the organisation to take such action as is necessary and proportionate to ensure ongoing compliance.

There is an expectation that senior leaders set the tone and culture of the organization that leads to staff adopting a caring and compassionate attitude. As such, an assessment of a candidate's values for all Director appointments is critical to take account of the values of the organisation and the candidate's fit to these values.

The Trust must not appoint any board member post until all the fit and proper person requirements (FPPR) have been met and approved by the Chair.

The Trust will make every reasonable effort to assure itself about existing post holders and new applicants and to make specified information about Board directors available to the CQC on request.

The Chair holds the ultimate accountability for adhering to the Regulations and the NHSE Framework. The Director of Governance / Company Secretary will ensure the compliance with this policy working closely with the People & OD Team and will ensure that evidence of compliance is maintained electronically on the personal files of board members and on the Electronic Staff Record system.

The Trust is responsible for ensuring the continued "fitness" of those persons to whom the Requirements apply.

Development and Training Support Policy: W11

Aim of the policy

The Trust is committed to providing the best patient care through a competent, well trained and motivated workforce, ensuring that all staff develop the skills, knowledge and experience to perform their job effectively, responding to service developments, changing priorities encouraging a culture of continuous learning.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all staff, except for doctors and dentists.

Links with other key policies: Appraisal/Development, Knowledge & Skills Framework.

Policy into practice:

Personal Development Plan (PDP) for each employee, to achieve the Knowledge Skills Framework for their job. **Priorities** include:

- Mandatory Training: legal obligation of core and specific modules relevant to role.
- Essential training employees undertake to competently fulfil their role.
- Development for Mutual Benefit. Development that is not core but develops the employee and the Trust – as a guide 50% costs paid by the Trust.

Expenses: Travel and other costs negotiated separately with the line manager as part of the application process.

Repayment of Trust Sponsorship condition for attending essential/development courses should the employee leave the Trust within 2 years after completing the course.

Trade Unions or Professional Organisations reps entitled to paid time away from work to undergo training.

Approval process: The Appraiser (line manager) must sign the Request for Development & Training Support Form to verify that the development identified satisfies part of the individual's PDP. Appraiser is responsible for liaising with the budget holder to ensure funding is available. The Manager should consider the options for providing the training or development and ensure that it is by the most appropriate and cost-effective route.

A minimum of 15 hours per year paid study leave to undertake development and training to meet PDP requirements in addition to permitted paid time to attend the Trust's Corporate Induction and Statutory Safety Update Training.

Employees who have applications for development & training support refused will receive a written explanation from their line manager. They have the right to appeal by requesting an informal discussion with the manager who made the decision. If following this discussion, the employee still has concerns that they have been unfairly treated they have the right to raise a Grievance.

Disciplinary Policy: W7

Aim of the policy

Designed to ensure a fair and consistent approach is taken when an employee's behaviour or action is in breach of workplace rules or falls short of the expected standards of behaviour whilst safeguarding the interests of the Trust, patients, and employees.

The policy complies with the ACAS and Just Culture guidance in terms of the rigorous assessment of cases requiring an objective and prompt examination of the issues to establish whether there are grounds for a formal investigation and/or for formal action. Independence of the commissioning manager, investigating officer and HR roles ensuring they are fully trained and competent and safeguarding people's health and wellbeing.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees. Refer also to Handling concerns in cases involving medical and dental employees. Employees who are subject to this disciplinary policy and procedure are advised to consult with their staff side representative.

Links with other key policies: Employee Investigations Policy, Handling Concerns about Doctors and Dentists, Verification of Professional Registration, Employee Wellbeing and Attendance Management, Resolving Bullying and Harassment, Employee Performance Management.

Policy into practice:

Refer to the full policy for timelines.

Stage 1: Informal procedure manager aims to resolve the matter by informal interventions. If unsuccessful or not appropriate a Decision-Making Group should be formed.

Stage 2: Decision Making Group (DMG): reviews case and agrees next steps. Options:

- Resolve the disciplinary issue informally.
- Utilise the Fast-Track process.
- Commission a formal investigation utilising the Employee Investigations Policy.
- Considering any restrictions/ exclusions that may be appropriate.

Fast Track Procedure To speed up the process where the evidence is clear, and staff admit to the allegations. The Fast-Track procedure will not be used for matters of Gross Misconduct.

Stage 3: Formal Procedure: Decision-Making Group agrees there is a case to answer Apply the Trust's Employee Investigations policy and procedure and the case is heard at a disciplinary hearing (see Guidance and tool kits).

Appeals: An employee has the right to appeal against the decision of the disciplinary hearing. The appeal should be made in writing to the next level of management. There will be no further right of appeal following this stage of the procedure.

Disciplinary Sanctions: First Written Warning: In the case of minor offences. Final Written Warning In the case of more serious misconduct (that would warrant dismissal if it were repeated). Dismissal and Summary Dismissal the employee is considered to have committed an act of gross misconduct.

Disciplinary Policy: W7

Health & Well-Being of staff: provision of Health and Well-Being support throughout the process. Please consult HR and Occupational Health for advice: sath.hradvice@nhs.net.

Links to ACAC and Just Culture guidelines

[Acas guide to discipline and grievances at work | Acas](#)

[NHS 0932 JC Guide A3 \(england.nhs.uk\)](#)

Disclosure & Barring Service Checks (DBS) Policy: W45

Aim of policy

The Trust has a duty of care to protect the safety and wellbeing of patients. It must therefore have in place measures to ensure that it does not employ anyone who might be considered unsuitable to work with or have access to vulnerable patients. The policy also refers to its responsibilities under the Rehabilitation of Offenders Act 1974. The Trust may carry out a new DBS check on any employee at any time during their employment.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all job applicants on permanent, temporary or fixed-term contracts, Bank staff, honorary contracts, agency, contractors, and to directly employed apprentices, trainees and students. There is a separate policy for volunteers. For staff from abroad, a certificate of good conduct or overseas criminal record check is required.

Links with other key policies: Recruitment and Selection, Fixed-Term Contracts and Temporary Workers, Employment References, Verification of Professional Registration.

Policy into practice:

- The Trust will undertake a DBS Check where it has been identified as a requirement for the role and the level of clearance will be determined by the type of work and where it is carried out. The Trust will not normally permit prospective employees to commence work until their DBS clearance has been received.
- If there is a delay in receiving a clearance, and it is essential for the employee to commence work, a risk assessment must be carried out by the appointing manager. A risk assessment cannot be used where normal duties include caring for, training, supervising or being in sole charge of children. The only exception to this is where the employee is moving to another post, and whose previous post involved caring for, training, supervising or being in sole charge of children.
- The Trust facilitates portability but highlights that accepting a previously issued clearance has risks. The Trust will only accept previously issued clearances for junior doctors in training, (with a national training number), where they have had a DBS Clearance within 3 years of commencing in-post.
- The Trust will fund the cost of the DBS check for all new starters, (including Bank workers), current staff who take up a new post within the Trust that requires a check, and employees who require a 3 yearly check as part of their current role

Types of DBS Checks include:

- **Enhanced Checks** for posts that meet the requirements of a Regulated Activity (work with vulnerable groups including children).
- **Barred List checks** that fall under the category of a Regulated Activity.
- **Standard Check** for posts with access to patients not a Regulated Activity.
- If the DBS check reveals details of convictions/cautions a disclosure certificate is required and a risk assessment carried out. Each case will be judged on its own merit in deciding either to make an un-conditional offer of employment or withdraw the conditional offer.
- Failure to disclose details that are directly relevant to the position being sought may lead to the withdrawal of a conditional offer, or termination, of employment.

Dress Code & Appearance Policy: W42

Aim of the policy

The dress code standards of the Trust aim to ensure staff portray a smart professional image to all users, whether patients, visitors, clients, or colleagues including dress in accordance with cultural and religious norms. Clothing and accessories worn by staff must comply with the Trust's Infection Prevention, Control and Health and Safety Policies (including Food Safety) and allow identification for security and communication purposes.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all staff whether they wear a uniform or not and honorary contracts, volunteers, temporary workers, and students. Director of Nursing has Executive oversight.

Links with other key policies: Infection Prevention and Control, Food Safety, Personal Hygiene, Health and Safety, Management and Maintenance of PPE, Theatre Dress Code.

Policy into practice:

Dress Code Standards: Staff are expected to be smart, with a high standard of personal hygiene.

Staff attending training should dress appropriately for the course.

Managers must be pragmatic in their approach as it may be necessary at times to deviate from the agreed norms e.g. On call staff, called in from home, may dress differently.

Bare below the elbow applies to all staff present in clinical areas, whether providing direct patient care or not. Ties must be tucked in when carrying out direct patient care.

For catering and non-catering staff that handle, prepare and serve food refer to the Food Safety Policy. The Trust will provide suitable hats, hairnets and beard snoods for staff. The wearing of Turbans, Kippots, headscarves and Sikh Kara (bangle) is supported on religious grounds. Headscarves must be plain, shoulder length, adornment free and must be tucked in and not drape freely when providing direct clinical care.

The Trust will provide uniforms to staff who are required to wear them. Scrubs should only be worn by agreed designated staff in designated areas. Staff must change their scrubs following any surgery/procedure where there is a risk of transmission of infection to others.

Staff are not normally permitted to travel to and from work in uniform, where changing rooms are available on site or unless they are on official Trust business e.g. transferring patients, representing the Trust at external meetings. The wearing of uniform outside the hospital premises is only permitted for staff whose role is primarily working in the community.

Staff working from home must remain professionally dressed when appearing on video calls.

When employment ceases with the Trust, the employee must return the uniform to the Trust via their line manager.

Drug, Alcohol and Other Substance Misuse Policy: W34

Aim of the policy

Employees must not attend work when their health, work performance, conduct or social functioning is adversely affected by the misuse of drugs, alcohol or other substances. This policy guides the management of employees misusing drugs, alcohol or other substances including taking disciplinary action and also outlines Occupational Health support.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees, workers from other providers, volunteers, private contractors, temporary staffing and agency workers. The Accountable Officer for Controlled Drugs is the Chief Pharmacist. Employees should refer to the Patient Advice and Liaison Service (PALS) service where patients, visitors and relatives are in possession of or under the influence of alcohol, drugs or other substances.

Links with other key policies: Employee Performance Management, Handling Concerns about Doctors and Dentists, Employee Wellbeing and Attendance Management Policy.

Policy into practice:

Reporting: Employees have a duty of care to report concerns when another employee is demonstrating signs of a potential drug, alcohol or other substance misuse problem. This should be raised with their line manager, or alternatively report the matter to HR or through the Freedom to Speak Up Guardian for the Trust. If an employee attends work under the influence of drugs, alcohol or other substances, he/she will be sent home immediately and suspended on full pay until they are fit for work, and an investigation will be instigated. The decision to suspend will be taken by a senior manager in the department where the employee works.

Occupational Health: Employees may self-refer, or their line manager can make a management referral to see an Occupational health practitioner who will discuss their misuse problem and provide a written report to the individual and their line manager outlining the action to be taken. This may involve referral to their General Practitioner or an external agency or recommending a programme of treatment (reviewed at appropriate intervals and the manager advised accordingly).

Following a period of treatment, the employee will either return to work or, if there has been no absence, remain in their existing post. If deemed unfit to continue working in their current role redeployment may be considered as an option (seek HR's advice).

Loss of driving license: An essential car user who is disqualified from driving due to drug, alcohol or other substance misuse is in breach of their contract of employment with the Trust and will be subject to an investigation under the Disciplinary Policy

Professional Registration: Employees who have a drug, alcohol or other substance misuse problem, must self-refer to their professional body. If identified that a professional code of conduct has been broken, the professional body will be informed by the Trust who may review or impose specific sanctions against the employee. In the event of an employee losing their professional registration or having it restricted, the Trust will review the continued employment of the employee, which could result in disciplinary action including termination of employment.

Electronic Roster of Staff Policy (ESR): W14

Aim of the policy

This policy aims to support departments using the electronic rostering programme to achieve the highest level of attainment in e-rostering as detailed in the NHS Improvement National Levels of Attainment. Open and transparent e-rostering processes, improve employee engagement, autonomy, satisfaction and can have a positive effect on staff retention. Used effectively, good e-rostering can influence culture change and give staff the evidence they need to make changes at the front line. It gives an overview across the organisation, highlighting hotspots requiring intervention to ensure appropriate staffing levels.

For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope

This policy is to assist staff who use the Health Roster software programme to build electronic rosters. For departments who do not use Health Roster to manage staff's contracted hours please refer to Employee Wellbeing and Attendance Management Policy W22. This policy should be read along with the Health Roster user guides accessible on the e-Rostering page on the SaTH Intranet.

Policy into practice

- Employee online is available to all staff to enable duties requests / day off requests and annual leave requests to be submitted to the employee's line manager for approval.
- The roster should be built 8 weeks in advance of the roster being worked.
- The roster is reviewed by using the Roster Analyser information.
- The published roster is accessible to all staff who are working the rostered duties.
- The roster is kept up to date to reflect any changes made.
- The roster when finalised should then be sent to Pay Services for payment.

Employee Investigations Policy: W37

Aim of the policy

This policy aims to ensure that employees who are facing a formal investigation are treated fairly, the policy is applied consistently, and the outcome is an effective approach in dealing with employee investigations.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies/>

The Employee Investigations process is designed to ensure a full and thorough investigation takes place to meet the guidance as set out in the ACAS Code of Practice that enables appropriate management decisions to be made in the context of the NHSI/e “Just Culture” principles.

Scope: This policy applies to all employees of the Trust. However, for investigations relating to the conduct/capability of Doctors and Dentists, there are additional requirements as stipulated by the Maintaining High Professional Standards in the NHS (MHPS), which are outlined in the Trust’s Disciplinary Policy for Doctors and Dentists (HR07). Any investigations relating to the conduct/capability of Doctors and Dentists must comply with HR07 and MHPS.

Links with other policies:

The Employee Investigations Policy can be used in conjunction with other Policies e.g. Disciplinary and Grievance.

Policy in Practice: This policy may be used in circumstances that include (but are not limited to):

- Allegations relating to employee conduct or behaviours.
- Concerns raised under the Trust’s Resolving Bullying and Harassment Policy
- Gathering information to determine the outcome of a Grievance.
- Gathering information in relation to whistleblowing concerns

Carrying out an investigation. In outline this includes:

- Commissioning Manager sets out the terms of reference of the investigation.
- Commissioning Manager appoints an Investigating Officer.
- Commissioning Manager shares all information gathered with the Investigating Officer.
- Investigating Officer attempts to gather all relevant information.
- Investigating Officer consults with HR Advisory Team and Commissioning Manager and presents their findings in a written report.
- Commissioning Manager reviews the Investigators report and decides on action and next steps informing the relevant members of staff.

Health & Well-Being of staff throughout the Investigation process: The Trust recognises that investigations may be difficult for those involved and is committed to provide adequate Health and Well-Being support throughout the process. Please consult HR and Occupational Health for advice: sath.hradvice@nhs.net

Employee Performance Management Policy: W10

Aim of the policy

The focus of this policy is to primarily support employees to achieve the required minimum standards of performance in their role and to ensure that reasonable sanctions are applied once all options have been exhausted.

Scope: Applies to all employees on Agenda for Change contracts including Temporary staffing but does not apply to doctors and dentists.

Policy into practice:

Informal Meeting: If an employee's performance is unsatisfactory, the manager should meet informally with their employee to discuss and agree areas for improvement. If performance improves and meets the required standard the manager will notify the employee in writing and record this on their personal file.

Formal Meeting: If performance does not improve the line manager should hold a formal meeting and agree a performance improvement plan. If performance subsequently improves the line manager will confirm this in writing and no further action is taken. If performance continues to be unsatisfactory a Final Formal Meeting will be arranged.

Final Formal Meeting: Chaired by a senior manager accompanied by a member of the HR team and the employee may request representation by a Trade Union/Professional body representative, or work colleague.

Possible outcomes:

- Performance has reached an acceptable level and process is ceased or;
- Further training and monitoring is required with a new Performance improvement plan put in place and a revised timeline or;
- Redeployment/down grading considered as an alternative to dismissal with a 4-week trial or;
- Termination of the employee's contract on the grounds of capability.

Redeployment: Redeployment can be explored at the end of the informal stage subject to the agreement of both the employee and line manager. During the formal process, employees can also request to be redeployed which the line manager must consider.

Right of Appeal: The employee has the right of appeal. The Appeal meeting is chaired by a different senior manager to the one that chaired the final formal meeting. The chair will be accompanied by a Senior Advisor from HR and the employee has the right to request attendance by a Trade Union/Professional body representative, or work colleague.

Possible outcome:

- Uphold the original decision or;
- Withdrawn the original decision and impose an alternative outcome or;
- Withdrawn the original decision and end performance management.

Where there are concerns regarding an employee's fitness to practice, consideration must be given by the responsible officer (Head of Profession) to determine whether a formal referral should be made to the employee's professional body,

There is no further right of appeal.

Equality, Diversity and Inclusion Policy: W30

Aim of the policy

The policy makes clear the Trust's commitment to preventing discrimination and promoting equality, diversity and inclusion in the workplace. No employee or applicant is treated less favourably because of a protected characteristic defined by the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). All forms of discrimination are unacceptable underpinned by the Trust's commitment to a policy of 'zero tolerance'.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees and Temporary Staffing, volunteers, other workers undertaking work on Trust premises and to patients and visitors. Managers have a particular responsibility to implement this policy and ensure all staff are treated fairly with mutual respect and dignity.

Links with other key policies: Equality, Diversity and Inclusion runs through all Trust policies and adheres to national standards and legislation namely: NHS Equality Delivery System; Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES; Equality Act 2010).

Policy into practice:

The Strategic Diversity Group focus includes: To ensure equal opportunities in relation to the provision of services • monitoring the effectiveness of existing policies and practices; • identifying the scope for improvements to related policies and practices; • establishing training programmes and setting training targets, • equality and diversity development plans for the Trust based on the WRES and WDES requirements.

Recruitment & Promotion: The recruitment and retention strategy aims to ensure a workforce representative of the population we serve. Recruitment and selection processes are in place so that decisions are based on objective organisational factors and job-related criteria assessment, free from unfair discrimination and are based on the Trust values. This includes the approach to promotion and redeployment.

Flexible Working Arrangements: To promote the use of flexible working arrangements wherever possible, to try to balance individual staff circumstances and needs with organisational/operational requirements.

Training and Development: To ensure equal access to training, education and development opportunities based on an objective assessment of needs.

Bringing a complaint or raising a concern: The Trust will treat all complaints made under this policy seriously. Employees who believe they have been discriminated against should raise this with their line manager, other senior manager, or HR. Allegations regarding potential breaches of this policy will be treated in confidence and investigated thoroughly.

Equality Impact Assessment: An EIA is essential when reviewing new policies, procedures or services, to ensure no employees or patients are discriminated against.

Fixed Term Contracts & Temporary Workers: W40

Aim of the policy

The policy of the Trust is to employ people on contracts of employment which appropriately reflect the nature of their work. This policy sets out when fixed term or temporary contracts should be used in place of permanent contracts. A fixed term employee has the right not to be treated by the Trust less favourably than a permanent employee.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees except doctors and dentists in training. Staff employed for 4 years or more on a fixed term contract must be given a permanent contract.

Links with other key policies: Pay Protection, Recruitment & Selection, Management of Organisational Change, Employee Performance Management, Secondment Procedure, Employee Investigations. Fixed term worker regulations provide the legislative framework.

Policy into practice:

A “fixed term employee” is a person with a contract of employment with a specific end date e.g. maternity cover, cover in peak times and work on a specific project. A “temporary worker” is a person working for a limited duration who is not classified as a fixed term employee and may include Students on work experience placements etc.

Terms and conditions of employment of fixed term employees should be those applicable to comparative permanent employees.

Recruitment: Appointment on a fixed term basis should be supported by a business case. Adverts should clearly state that the post is fixed term with the duration and the reason.

Internal appointment must be on an acting up arrangement or as a secondment to the post. Secondment agreement should specify the expected duration, return to their substantive post and that pay protection does not apply. Employees who cannot return to their substantive post and are displaced and will be "at risk but given preferential consideration for vacant posts within the Trust. Redeployment applies.

Extension of an existing fixed term contract: Extensions should only be made if there is a business case for not being able to make a permanent appointment.

Expiry of a fixed term contract: Managers should not rely on the expiry of a fixed term contract to manage performance or conduct issues. Not renewing or terminating a fixed term contract is a dismissal for ‘some other substantial reason’ or ‘redundancy’. The line manager needs to provide the reasons for not renewing the contract, issue notice and give the right of appeal. Organisational change may apply if employees are entitled to redundancy pay where their continuous service with the NHS is 2 years or more. Individuals may apply for vacancies within the Trust and new appointments will be on the terms and conditions applicable to the new post.

Fixed term post becomes permanent when employees demonstrate their suitability for a role whilst on a secondment or fixed term contract and the post becomes permanent, they may be appointed directly into it provided that there are no significant changes to the job role and no change to the banding at the end of the secondment/fixed term contract.

Flexible Working Policy: W23

Aim of the policy

The Trust is committed to enable employees to request flexible working to support their work life balance. Decision about flexible working should also take into account the needs of the service.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees and Bank workers.

Links with other policies: Home Working, Grievance, Retirement, Parental Leave Employment Breaks.

Policy into practice: Stages of Application Process

Employee submits written request: Line manager meets employee (within 2 weeks) to explore how request might be accommodated including the potential impact on service and other team members. Both parties may need to scope and find a compromise as a way forward if the initial request is not viable. If criteria are met, line manager approves the request in writing outlining the new working arrangement, including a change in hours, work pattern, and whether it is a permanent or temporary arrangement. A trial period of 4 weeks to review the new arrangement. All requests will be considered within 3 months.

Flexible working request declined: On the basis that the service provision and the working arrangements of the team will be impacted at the same time managers must ensure that employees do not suffer any detriment or discrimination as a result of making a request for flexible working. In that regard the line manager's approach must be fair and consistent. Where a request is refused, the manager must write to the employee and copy HR.

Recruitment: Recruiting managers should consider whether to include flexible working in the job advert.

Reviewing Flexible Working Arrangements: It is good practice to regularly review flexible working to assess the benefits as well as identifying any issues which need to be addressed. As a minimum this should be as part of the annual appraisal/talent conversation. Any changes to the arrangements should be documented and signed off by the line manager. Where the review determines that it is not possible to continue the flexible working arrangements the employee will commence the standard working hours for the department from an agreed date. If the department undergoes service changes that impact upon working arrangements existing flexible arrangements may be reviewed at that time.

Conditions of Service a variation in terms and conditions to reflect the flexible working arrangements is all that is required. However, in exceptional circumstances, where the agreed changes to the job role or the job location, the employee's conditions of service will need to be adjusted accordingly. If the request for a flexible working pattern results in a reduction in hours, pay and annual leave entitlement will be reduced on a pro-rata basis.

Appeals Procedure: An employee can appeal their decision for flexible working in writing and an independent manager will meet with the employee who may be accompanied by a Trade Union/Professional organisation representative or by a work colleague. The outcome will be confirmed in writing and could include upholding the decision, agreeing the original request for flexible working or implementing alternative arrangements.

GrievancePolicy: W8

Aim of the policy

This policy aims to ensure a fair, consistent and timely method for individual and collective grievances to be discussed with management and resolved.

The policy allows for individuals or a group of employees who have a grievance against a management decision or action taken by a line manager. Grievances cannot be taken out “against” individuals (see links with other policies below).

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope & Representation

This policy applies to all employees of the Trust. The individual/group has the right to be represented by a Trade Union Professional Organisation (TUPO) or by a work colleague employed by the Trust. For matters relating to the conduct/capability of Doctors and Dentists, there are additional requirements as stipulated by the Maintaining High Professional Standards in the NHS (MHPS).

Links with other policies:

Complaints/concerns against another employee use the Resolving Bullying and Harassment policy or other relevant policies such as Whistleblowing. Also, refer to the Freedom to speak up Guardian to seek advice as to the appropriate route to pursue a grievance.

Policy in Practice:

Informal resolution: Stage 1 (Discuss it) – section 8.1. Early resolution by engaging with the relevant manager(s) and/or via facilitated discussion (consult HR on the options).

Formal Resolution Stage 2 (Raise it) – section 8.2. If the grievance has not been resolved at stage 1 the individual/group can request formal resolution at stage 2 by completing the “Record of Grievance form” submitted to the line manager of the manager involved in Stage 1 – appendix A. A meeting with the individual/group will be arranged to reach a mutually agreed outcome. If this is not possible, the manager confirms their decision in writing or postpones the meeting to gather further information about the facts of the case or commissions an investigation.

Formal Resolution Stage 3 (Appeal it) – section 8.3. If the matter is not resolved at stage 2 then the employee/group can appeal the decision by completing the “Grievance Appeal form” stating the grounds for appeal where the evidence did not support the outcome, or the correct policy or process was not followed, or new evidence related to the grievance has become known – appendix B. The outcome of the appeal may be to overturn or confirm the original decision or apply a different resolution. There is no further right of appeal.

Health & Well-Being of staff: The Trust recognises that Grievances may be difficult for those involved and is committed to provide adequate Health and Well-Being support throughout the process. Please consult HR and Occupational Health for advice: sath.hradvice@nhs.net

Handling Concerns about Doctors and Dentists Conduct and Capability Policy: W31

Due to the complexity and length of this policy, please refer to the full policy via the Workforce policy page on the intranet

[SaTH Intranet - HR Policies](#)

Home Working Policy: W2

Aim of the policy

The aim of the policy is to support employees working from home as part of the Trust's Recruitment and Retention strategy that enables flexible ways of working to increase efficiency and employee performance having regard to work life balance. The Trust has a statutory responsibility under the Employment Act of 2002 to consider all requests for flexible working, which includes Home Working. For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: The policy applies to all employees including Bank workers.

Policy into Practice

Home working can either be informal (no change to contract) or formal (contractual change). Employees who work from home or are mobile working will continue to have a Trust office designated as their administrative base (unless they are permanently working from home). The policy makes the distinction between:

- **A Contractual Homeworker:** an employee who performs most of their duties from home which is designated as their contractual base.
- **An Agile/Hybrid worker:** an employee who performs their duties across more than one location which may include their home address. Their designated contractual base will be at one of the Trust's sites. For the purposes of this policy agile and hybrid are interchangeable. The extent to which agile working is possible will be dependent on service need, practical and operational considerations, and the employee's preferences and circumstances.

All the Trust's People Policies and Procedures apply equally regardless of where the work takes place.

Line managers and employees both have several responsibilities in relation to home working. In summary this includes:

- The request for home working must be made by the employee completing an application (please refer to the Flexible Working policy).
- The line manager assesses the application in terms of impact on performance, cost/benefits, suitability of the home environment and the criteria for working from home must be met to satisfy the governance arrangements, in particular Health and safety requirements.
- A risk assessment and a record of home working agreements must be completed before any home working starts.

The Trust can designate specific roles as Contractual Homeworkers and will need to consult with employees and their representatives through an Organisational Change process for this to happen.

The Trust has a statutory duty to apply the same health and safety standards to employees working away from the workplace as it does for employees working on Trust sites.

If the employee's home office equipment is not compliant the Trust will provide and maintain office furniture and a computer.

III Health Retirement Guidance

Aim of the guidance

This document provides guidance to NHS Pension Scheme members on how to apply to the NHS Pensions Agency for ill health retirement.

Scope: Applies to all employees.

Policy into practice:

Employees must have 2 years of pensionable membership and be under normal retirement pension age to apply for ill health retirement. There are 2 types:

Tier 1: level of benefit is payable if the member is accepted as permanently incapable of doing their NHS job because of physical or mental infirmity. Members will be entitled to the early payment of the retirement benefits they have earned to date without any actuarial adjustment.

Tier 2: level of benefit payable only if the member is accepted as permanently incapable of both doing their NHS job **and** permanently incapable of regular employment of like duration to their NHS job, because of physical or mental infirmity, irrespective of whether such employment is available to them. 'Like duration' means a regular employment for similar hours to their NHS job. Members will be entitled to the retirement benefits they have earned to date plus an enhancement, known as a Tier 2 pension. A Tier 2 pension is made up of a Tier 1 pension plus a 'Tier 2 addition'; 1995 Section and 2008 Section - Equal to two-thirds of the difference between the member's age at retirement and normal pension age. 2015 Scheme Tier 2 pension - The 'Tier 2 addition' is a pro rata enhancement based on half of the member's prospective pension to their normal pension age

A member not actively contributing to the NHS Pension Scheme cannot be awarded Tier 2, so it is important that employees submit their application whilst still employed by the Trust.

Once granted ill health retirement, an employee must end their employment with the Trust before they can receive their pension benefits.

After being granted ill health retirement and whilst in receipt of pension benefits it is possible to work again in the future. Anyone wishing to do this must contact the pensions department for advice, as there are restrictions on the work you can do and how much you can earn.

The Ill Health Retirement flow chart which provides a step-by-step guide and can be accessed at: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Also, for further information please contact the Trust's Pensions Department on 01743 492412

Intellectual Property Policy: W3

Aim of the policy

The policy ensures the effective management of IP necessary to protect the Trust and to enable benefits to both the health of our patients and the financial position of the Trust.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees, self-employed, trainees, staff seconded to another organisation or employees of another organisation. Medical Director is the lead IP Director.

Policy into practice: Intellectual Property defined as the product of intellectual or creative activity, innovation or research and development. Legal recognition of ownership can be assigned appropriate intellectual property rights such as patents, copyright, design rights or trademarks.

Ownership of Intellectual Property rests with the Trust. This applies to all IP produced by Trust employees in the course of their normal duties. Activities outside normal duties belongs to the employee.

Collaborative Projects If work/research is conducted by an employee in partnership with another organisation, a formal agreement stating ownership (or sharing) of generated IP is required.

Disputes of ownership: Disputes will be assessed to establish the inventor(s) and their proportionate contribution. The Chief Executive will make a final decision.

Staff obligations to inform the Medical Director's office about identified or potential Intellectual Property resulting from their activities and must not, under any circumstances, sell, assign, license, give or otherwise trade IP without the Trust's agreement.

IP Audits will be periodically carried out by the Trust to identify potential IP arising from R&D and ensure the correct action is taken to protect any IP that may later be exploited.

Exploiting IP: The Medical Director in consultation with the inventor will decide on the potential for an idea/invention to be exploited. Any IP that is licensed, sold or otherwise transferred to another organisation will be negotiated by professional advisers.

Revenue Sharing Agreement Medical Director has key role for IP sharing agreements.

Cumulative Net Income	Inventor	Division	R&D Department	Trust
First £50,000	50%	20%	10%	20%
Next £100,000	40%	25%	10%	25%
Next £100,000	30%	30%	10%	30%
Over £250,000	25%	32.5%	10%	32.5%

Job Evaluation: W60

Aim of the policy

The Trust's single job evaluation scheme has been developed to deliver equal pay for work of equal value and used when reviewing existing posts and allocating bands to new posts.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees on Agenda for Change Terms and Conditions. It does not apply to Medical, Dental and Very Senior Managers.

Links to key policies: Recruitment, Management of Organisational Change, Acting Up Policy.

Policy into practice:

Job Evaluation Process: panel of Staff Side and management representatives meet to score a job description against the national profile to determine its banding under agenda for change.

New jobs: must be submitted for evaluation by the line manager and include the job description and person specification.

Changed jobs: the line manager must submit the revised job description, person specification for evaluation.

Organisational change: Service or department redesign often creates new posts and existing posts significantly change; both require re-banding.

Processes follow the NHS Job Evaluation Handbook. The panel may match the role to a national job profile. Alternatively, the panel may allocate a banding based on a points score; carry out a hybrid matching/evaluation process; refer the role for local assessment where a role is unique, unusual or very specialist and there is not an appropriate national job profile.

Quality Assurance: The banding decision for every role is quality assured by an independent panel to confirm the banding decision; or re-match the role to a different national job profile within the same band; or where a banding has been allocated based on a points score, alter the distribution of scores between factors within the same band; or allocate a suitable profile if there is one; or refer the role back to a panel with detailed queries or comments.

Appeals: employees can appeal the decision of the job evaluation panel. For new jobs and jobs which are part of an organisational change or reconfiguration, the line manager may appeal the banding decision within three months of the date of issuing the banding results.

Grievance: employees can submit a grievance if they believe the process has been misapplied. Please note, this procedure cannot be used where a colleague disagrees with the job evaluation outcome.

Lease Vehicle Scheme Policy: W20.2

Aim of the policy

This policy sets out the Trust's arrangements for the provision of lease vehicles to eligible staff.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees. The Vehicle Leasing Manager advises staff on the vehicles available on the scheme, sourcing the best deal financially. Hire agreements negotiated with national vehicle companies and quotations can be provided on a range of makes and models. A diesel vehicle will not be approved with CO2 emission exceeding BIK rate of 25%.

Links to key policies: Subsistence Expenses, Administration of 'Pool' Lease Vehicles.

Policy into practice:

Eligibility: Criteria: the job commitments of the post holder, business travel of at least 3,500 miles year; assessing there is an economic or job-related case. Also subject to the employee not convicted of a motoring offence that prevents obtaining comprehensive insurance.

Costs to the vehicle user: The charge varies depending on the private mileage anticipated during the lease period and their chosen vehicle. Employees are required to pay for private use. The costs will be deducted monthly through the payroll for 36 months.

Who pays for the fuel? All fuel will be paid by the employee, who will then reclaim the fuel-only cost of mileage travelled on Trust business in accordance with the rates set out in AfC.

Income Tax: Vehicle users will be assessed for income tax for receiving a "company vehicle" taxable benefit.

Maintenance of the vehicle: The User has responsibility for: keeping the vehicle clean, checking brakes, lights, indicators, tyre pressures, oil, water, battery level and security of the vehicle; conforming to instructions given by the contractor or Trust. Routine servicing, replacement of tyres, batteries, repair and replacement will all be carried out at a franchise dealer's garage of the vehicle user's choice. All servicing costs are covered by the contract.

What happens if the vehicle breaks down? Full cover is provided by the leasing company.

Exceeding the estimated mileage: An additional charge will be incurred by the vehicle user at the end of the contract if the excess is because of the private mileage element.

Employees who leave the Trust/lease term ends: The vehicle should be returned to the Vehicle Leasing Office with no bodywork or trim damage other than fair wear and tear. No accident damage to light or glass coverings, all tyres to have at least 2mm of tread, no interior damage other than fair wear and tear and to be in good, clean condition.

Lease car supplier: Users have no contractual relationship with the contractor supplying the vehicle.

Leave Policies Chapters 1 - 8: W19

Aim of the policies

The Trust's annual leave arrangements comply with the NHS Agenda for Change terms and conditions and supports employees work, life balance. This document provides the framework for the procedures below written in separate chapters (see contents page):

- Adoption Leave
- Annual Leave and General Public Holidays
- Employment Breaks
- Fertility, Pregnancy & Maternity Leave
- New Parent Support Leave (paternity)
- Shared Parental Leave
- Parental Leave
- Special Leave

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including the Temporary Staffing Department. Surrogacy employees having a child by means of surrogacy will not be eligible for Statutory Maternity Leave. They will be eligible for unpaid parental leave once in receipt of a parental order. This policy does not apply to Medical and Dental Staff and agency workers.

Links with other key policies: Equality and Diversity, Flexible Working, Managing Sickness Absence, Management of Health and Safety, Risk Assessment.

Policy into practice:

Policy implementation:

Managers need to ensure all employees are aware of their responsibilities, give full, fair and reasonable consideration to all employee requests and structure authorised leave in accordance with the needs of the service. Liaise with other relevant departments as required i.e. HR, Pay Services, Pensions, Occupational Health, Health and Safety. Maintain accurate records of leave accrued.

Employees need to follow the procedure when requesting time off work, recognising the needs of the service in making any requests for time away from the workplace. Contact the manager as soon as possible if for any reason they are unable to return to work when expected.

Leave Policy Chapter 1: Adoption Leave Procedure: W19

Aim of the procedure

The Trust complies with the Agenda for Change terms and conditions for Adoption leave.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including the Temporary Staffing Department. Adoption leave is not available for Special Guardianships, adoption of a stepchild or private adoptions.

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into practice:

Policy implementation:

Adoption leave is the period of absence from work before and after the adoption of a child. A 'matching certificate' from the adoption agency is evidence of the entitlement to take Adoption Leave. Employees must notify the manager in writing using the Adoption Leave Form within 7 days of being notified by the adoption agency having been matched with a child for adoption or by the 15th week before the baby's due date if applying via a surrogacy arrangement. Employees are entitled to take 52 weeks' adoption leave. Employees are required to give at least 8 weeks' notice if they wish to return to work before the agreed return date.

Adoption pay is the entitlement to pay whilst absent on adoption leave. Also, reasonable paid time off is granted, to attend meetings in the adoption process. Eligibility for adoption pay will be 12 months' continuous NHS service ending with the week in which they are notified of being matched with the child for adoption or the 15th week before the baby's due date if applying via a surrogacy arrangement and where the employee is eligible and intends to apply for a parental order. Adoption pay is made up of Occupational adoption pay and Statutory adoption pay which is tapered over the period of adoption leave. Employees not eligible for occupational adoption pay may be entitled to statutory adoption pay (SAP).

Prospective adopters approved by their adoption agency under a "concurrent" or "fostering for adoption" arrangement may choose to start their adoption leave when a fostering placement is made or when the child is matched with them for adoption.

Adopting from overseas to qualify employees must inform the manager within 28 days of the official notification and the date the child will arrive in GB.

Foster parents who are subsequently matched for adoption, will be entitled to adoption leave when the child is actually placed with them for adoption.

Adopting more than one child: Only one period of Adoption leave can be taken irrespective of whether more than one child is placed for adoption.

The adoption does not take place: Employees must return to work within a reasonable period of time by agreement with their manager. Also, if the adoption terminates i.e. ("Be disrupted") the employee will be entitled to continue their adoption leave and receive the appropriate payment for that time.

Leave Policy Chapter 2: Annual Leave Procedure: W19

Aim of the procedure

The Trust complies with the Agenda for Change terms and conditions for Annual leave. Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including the Temporary Staffing Department.

Links with other key policies: Annual leave policy and chapters on various procedures. Sickness and Annual Leave: please refer to the Managing Employee Health and Wellbeing Policy.

Policy into practice:

When does the leave year fall? The leave year is 1st April to 31st March.

Leave Entitlement: Full time staff (37.5 hours per week): On appointment 35 days (includes 8 bank holidays). After 5 years NHS service 37 days. After 10 years NHS 41 days. Part time staff pro-rated in accordance with contracted hours. Staff who do not work standard shifts see calculation of leave section in the full policy.

Calculating annual leave: Annual leave and public holiday entitlements are calculated in hours not days, regardless of whether staff are full-time or part-time. All proven NHS service is reckonable for the purposes of calculating annual leave regardless of the length of any breaks in that service. Bank service is also reckonable where individuals can evidence, they have worked a minimum of two shifts per month or the 488 hours per year. New joiners or leavers part way through the leave year is calculated on the number of weeks left in the leave year and the number of public holidays remaining. Outstanding holiday entitlement on leaving, will be paid in the final salary.

Public holidays: If departments normally close on public holidays, employees must take that public holiday as paid holiday deducted from their public holiday leave entitlement.

Annual leave requests are approved by the line manager subject to departmental circumstances and work pressures. For pay purposes, the week is defined as a 7-day period, commencing with a Sunday.

Carry Over of leave between financial years: In exceptional circumstances managers may allow employees to carry over 5 days.

Buying/Selling Annual Leave: Please refer to Appendix D of the full policy.

Failure to Return from Leave: The line manager may require employees to take additional paid holiday entitlement or unpaid leave, time in lieu or special leave. If employee's do not return from leave on the date agreed and do not make contact with their line manager, the absence will be treated as unauthorised.

Unauthorised Absence is a breach of contract and may result in disciplinary action being taken. Also, employee's will not be paid for any days/hours whilst on unauthorised absence.

Withdrawal of Approval/or Cancellation of Annual Leave: The Trust reserves the right to withdraw approval for annual leave should the needs of the service warrant it.

Leave Policy Chapter 3: Employment break procedure: W19

Aim of procedure

Policy complies with the Agenda for Change terms and conditions for employment breaks.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees who have a minimum of 12 months service

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into practice:

What is an Employment Break? An unpaid break from work for 3 months up to 5 years, taken as a single or more than one period.

Applications submitted in writing to the line manager giving 3 months' notice. Final approval will be required by the Centre Manager or Head of Service. Applicants do not have to resign to take an employment break. An agreed return date also should be specified. Applicants should be entitled to a written reason for the refusal of any application and can raise a grievance if dissatisfied.

Employment Break immediately following Maternity/Adoption Leave: Employees must return to work for a period of at least 3 months to retain entitlement to NHS rates of Maternity/Adoption Pay. If the employee does not return to work, they will be required to repay the difference between the Statutory Maternity/Adoption Pay and the NHS rates paid.

Terms of an Employment Break: Employees will not be allowed to take up paid employment with another employer, except where, for example, work overseas or charitable work could broaden experience. Prior to the commencement of the employment break arrangements for keeping in touch, maintaining professional registration etc. must be agreed with the line manager. Continuous service counts toward continuous employment for statutory purposes. Contractual redundancy payments, leave entitlements etc., will be suspended for the period of the break.

Organisational change: the Trust will consult with employees on employment breaks and the outcome of the proposed changes affecting their future role should be discussed in advance of their return.

Pensions: Members of the NHS Pension Scheme may continue to make employee contributions to the NHS Pension Scheme whilst taking an unpaid Employment Break. Payments will be made by the Trust for up to a maximum of 6 months. Employees are then responsible for both employee and employer contributions for the remainder of the employment break (up to a maximum contribution period of 18 months). If a non-pensionable break is chosen employees will lose the full death in benefit during the employment break.

Returning: If the applicant returns to work within one year, the same job will be available. If the employment break is longer than a year, employees will be redeployed. If employees fail to return to work on the agreed date it may be deemed to have terminated their employment with the Trust.

Further employment breaks: Employees must return to work for at least a period of 12 months before a further application will be considered.

Leave Chapter 4: Fertility, Pregnancy & Maternity leave Procedure: W19

Aim of procedure

Policy complies with the Agenda for Change terms and conditions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees. Staff employed through the Temporary Staffing Department please consult the full policy.

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into practice:

Maternity Leave: Employees can take 52 weeks of maternity leave and should notify their line manager before the end of the 15th week before the expected date of childbirth and produce a statement form MAT B1 certificate not less than 21 days before the commencement of Maternity Leave. The expected return date is based on 52 weeks. "Keeping in touch" with colleagues and the Trust is essential. Employees cannot undertake bank shifts during maternity leave. During maternity leave (both paid and unpaid) an employee retains all of their contractual rights, except pay. Employees undergoing fertility treatment are entitled to take up to 1 week of paid special leave in a rolling 12-month period.

Attend antenatal appointments: Pregnant employees have paid time off for antenatal care.

Maternity pay: Employees working full or part-time will be entitled to paid and unpaid maternity leave with 12 months' continuous service with one or more NHS or other employers. Occupational maternity pay: first eight weeks full pay less any Statutory Maternity Pay or maternity allowance; the next 18 weeks half pay, plus any Statutory Maternity Pay or maternity allowance providing the total does not exceed full pay; for the next 13 weeks, Statutory Maternity Pay or maternity allowance. For the final 13 weeks no pay. Employees with less than 12 months' continuous service may be entitled to Statutory Maternity Pay. The Trust recognises any other service as reckonable service.

Annual Leave accrued can be taken following the end of the maternity leave period. Maternity Leave will count as service for entitlement to additional annual leave.

Sickness prior to childbirth: If ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week. Absence prior to the last four weeks before the expected week of childbirth, shall be treated as sickness absence in accordance with normal leave provisions.

What happens if my baby is born early: Where an employee's baby is born alive prematurely, the employee will be entitled to the same amount of maternity leave and pay as if their baby was born at full term. The Trust will provide additional leave on full pay at the end of the maternity leave period to mothers whose baby is born before 37 weeks.

Stillbirth: Where an employee's baby is stillborn after the 24th week of pregnancy, the Trust will ensure the same amount of maternity leave and pay as if their baby was born alive.

Miscarriage: Where an employee has a miscarriage before the 25th week of pregnancy, normal sickness absence provisions will apply and are entitled to up to 2 weeks' leave on full

pay (partners 1 weeks' leave on full pay). Employees who experience the loss of their pregnancy via a surrogate are entitled to up to 1 weeks' leave.

Risk assessment: Where an employee is pregnant, has recently given birth or is breastfeeding, the employer must carry out a risk assessment of their working conditions. As a result, suitable alternative work may need to be identified at their existing pay.

Returning to work: An employee has the right to return to their job under their original contract on no less favourable terms and conditions. If, the employee wishes to return to work on different hours in the same job, the Trust has a duty to facilitate this. Parental Leave of up to four weeks can be requested to continue immediately after a period of maternity leave. Failure to return to work within 15 months of the beginning of maternity leave, will be liable to refund the whole of their maternity pay, less any Statutory Maternity Pay.

Employees subject to fixed-term or training contracts which expire after the 11th week before the expected week of childbirth, or the 15th week before the baby's due date via surrogacy agreement, shall have their contracts extended so as to allow them to receive the full 52 weeks. Where an employee is on a planned rotation of appointments with one or more NHS employers, as part of an agreed programme of training, they shall have the right to return to work in the same post or in the next planned post.

Pensions: Because both paid and unpaid Maternity Leave are counted as continuous service, contributions to the NHS Pension Scheme must be maintained for the full period. As no contributions can be made whilst on unpaid Maternity Leave, these must be reimbursed to the scheme on return to work.

Leave Chapter 5: New Parent support leave and Pay (Paternity Leave) Procedure: W19

Aim of the procedure

Policy complies with the Agenda for Change terms and conditions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees.

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into Practice:

Ante-natal leave: Partners will be entitled to unpaid leave to attend two ante natal appointments.

Parental Leave: Entitled to two weeks of new parent support leave which can be taken within 8 weeks of the actual date of birth of the child or placement for adoption taken in blocks of one week; submitting the request form at least 15 weeks before the baby is due or within 7 days of being told by the adoption agency that they have been matched with a child.

Paternity leave pay: Subject to 12 months' continuous service with one or more NHS employer, employees will be entitled to two weeks Occupational Paternity Pay. Only one period of Parental pay is available when there is a multiple birth. Employees who are not eligible for the two weeks of new parent support pay may still be entitled to statutory paternity pay subject to meeting the qualifying conditions.

Temporary Staffing Department workers will be entitled to Statutory Parental Leave pay provided they have 12 months continuous service with their or any other NHS Employer.

What happens if the baby is stillborn: Where the birth is after 24 weeks of pregnancy employees will be entitled to paid Parental leave. Where the pregnancy loss is before 25 weeks, partners are entitled to up to 5 days leave on full pay and to paid time off to accompany their partners to appointments.

What happens if the baby is born early: Where the baby is born before 37 weeks gestation, partners will be entitled to 2 weeks paid compassionate leave, in addition to Parental leave.

Returning to Work After New Parent Support Leave: You are entitled to return to the same post following New Parent Support Leave.

Annual leave and Bank Holidays will continue to accrue during Parental Leave.

Work for the Trust or another employer during Parent Leave: Employees must not undertake any paid work with the Trust or any other employer during the paid Parental Leave period.

Pension: contributions shall be dealt with in accordance with NHS Pension Scheme Regulations. Both Employee and Employer contributions will be due on the normal 'unreduced' pay based on the month prior to the Parental leave.

Leave Chapter 6: Shared Parental leave procedure: W19

Aim of the procedure

Policy complies with the Agenda for Change terms and conditions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees.

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into Practice:

Shared Parental Leave: allows eligible parents to choose how to share the care of their child during the first year of birth or adoption. Also, the mother must be entitled to Occupational or Stat Mat leave and have been working for the Trust for 12 months. The employee's partner must be in employment for 26 weeks in the 66 weeks leading to the child's birth. SPL commences after two weeks of maternity leave following the child's birth. To commence the mother or adopter must end their maternity or adoption leave by returning to work, end maternity pay or Maternity Allowance. A mother cannot return to work before the end of the compulsory 2 weeks of maternity leave following the birth. Eligible employees may take up to 50 weeks.

Types of leave: Eligible staff can apply for Continuous Leave Notification so long as it does not exceed the total number of weeks of SPL available and provide eight weeks' notice.

Pay: Statutory Shared Parental pay is paid at a rate set by the Government for the tax year or 90% of an employee's average weekly earnings, whichever is lower. For the first six weeks the employee will receive full pay. Full pay is inclusive of any ShPP. For the next 18 weeks the employee will receive half pay plus any ShPP. For the next 13 weeks, the employee will receive any ShPP that they are entitled to under the statutory scheme and for the final 13 weeks, the employee will receive no pay. SPL counts as service towards incremental progression.

Pensions: Pension contributions will be dealt with in accordance with the provision of the NHS Pension Scheme Regulations. Employees are advised to contact the Pensions Officer for further information. Increments

Annual leave Employees accrue their contractual entitlement to annual leave during paid and unpaid SPL.

Return to work: Entitled to return to the same job that employees occupied immediately before commencing maternity/paternity/adoption leave on the same terms and conditions of employment.

Leave Chapter 7: Parental Leave Procedure: W19

Aim of the procedure

The Trust supports the use of Parental Leave to enable employees to take unpaid time off work to look after their child or make arrangements for their child's welfare. Parents and those with formal parental responsibility can use it to spend more time with their children and strike a better balance between their work and family commitments.

The Trust applies the arrangements set out within the NHS Terms and Conditions of Service Handbook to support in managing this period of the employment relationship.

This is a separate provision from maternity, maternity support (paternity) leave, adoption leave or Shared Parental Leave. Parental Leave should not be confused with Shared Parental Leave.

Leave Chapter 8: Special Leave Procedure: W19

Aim of the policy

Policy complies with the Agenda for Change terms and conditions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees. For Veterans, Reservists and Cadet Adult Volunteers there is now a separate policy which details the annual leave arrangements.

Links with other key policies: Annual leave policy and chapters on various procedures.

Policy into Practice:

Special Leave Eligibility: Special Leave is granted at the discretion of the manager, subject to the needs of the service and the individual's circumstances. There is no "entitlement" to special leave and consideration should be given whether to use other types of leave, including accrued Time Off In Lieu, flexitime, annual leave, or unpaid leave. Where the manager is not available, authority should be sought from the line manager's manager.

Calculation of Pay: Where paid leave is granted, pay is at full basic rate for the number of hours lost, excluding any unsociable hours' payments and other variable payments.

Refusing Requests: If the request is declined a written explanation will be provided by the line manager. If an employee remains dissatisfied, they can raise a grievance.

Types of Special Leave: Emergency Leave/Time Off for Dependent, Compassionate Leave, time off following the premature birth of a baby etc.

Child Bereavement Leave: The Trust adopts the standards set out nationally with 2 weeks paid leave for staff in these circumstances. All bereaved parents will be entitled to two weeks' occupational child bereavement pay which will include any entitlement to statutory parental bereavement pay.

Interview Leave: employees are requested to arrange interviews outside of rostered working time where possible.

Medical and Dental Appointments should be arranged outside of working hours.

Leave for Public and Civic Duties: Court Appearance, Leave for Local Government Activities, Justice of the Peace, Member of Health Authority Meetings, NHS Staff Councils, Governing Bodies of Educational Establishments and Police Special Constables Leave for /Reserve Forces

Jury Service: Paid time off will be granted for attendance at Jury Service. Pay (based on normal average earnings) will be less any attendance allowance payments made by the courts via a comparable reduction in salary via pay services.

Maintaining Personal files and Electronic Staff Records: W27

Aim of the policy

This policy complies with the General Data Protection Regulation (GDPR), and the Data Protection Act 2018 in maintaining personal files for the Trust's employees

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees but does not apply to external contractors or agency staff.

Links with other key policies: Professional Registrations, Disclosure & Barring Service, Recruitment and Selection, Access to Records and Individual Rights to Personal Data.

Policy into Practice:

Personal data held by the Trust about its employees that identifies individuals. Information contained within the employee's personal file is treated as confidential. The Trust has a statutory duty to supply legally required information to certain government agencies or departments or for information required in a disciplinary investigation.

Data Controller appointed by the Trust ensures compliance with legislation regarding the retention, processing and disposal of personal data.

Access to Personal Files (Subject Access Requests): Employees have the right to access their personal data and seek confirmation that the Trust is processing their data.

The Electronic Staff Record (ESR): information held includes employee demographic and personal details. ESR records are held nationally transferred via an Inter Authority Transfer when an employee leaves to take up employment within another NHS organisation.

CRS Smartcard issued to authorised employees gaining access to personal data on ESR.

Retention and Disposal: The minimum retention period is 6 years after the individual leaves the service, at which time a summary of the file must be kept until the individual's 70th birthday. If an employee submits evidence as part of a HR process (e.g. grievance, disciplinary) this may be retained within their personal file and/or stored securely. If the evidence contains personal data, employees can request that this is deleted or returned to them at the end of the process. Executive and Non-Executive Directors' personal files must be retained permanently.

Personal Data Breach: When a personal data breach has occurred, a full and proper investigation will be undertaken. Breaches of security or confidentiality will be treated as a disciplinary issue.

Managers are responsible for ensuring that Personal files for the employees who they directly manage are kept safe and secure. They will not divulge any personal information about an individual to anyone in the Trust or external source other than for the purposes of references, management of an individual or with the individual's consent.

Employees are responsible for informing the Trust of any changes in personal details relevant to their employment using ESR Employee Self Service.

Management of Organisational Change Policy: W24

Aim of the policy

To set out the management arrangements and the procedure for undertaking organisational change. A guiding principle that underpins the policy is ensuring meaningful consultation takes place with TUPO representatives and staff affected.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees but does not apply to Executive Directors, agency staff or transferees under TUPE.

Links with other key policies: Protection of Pay, Job Evaluation, Redundancy, Guidelines for Managing Alternative Employment, Flexible Working, Recognition Agreement.

Policy into Practice:

Planning for Change that impacts upon employees requires consultation. The manager needs to complete a Proposal Paper for agreement by the Divisions/Department in the first instance and involve Staff side.

Formal Consultation: Proposed changes are launched at a staff meeting and affected staff receive the proposal in writing. The consultation period is in line with the statutory time scales according to the numbers of staff affected. TUPO representatives are invited to all staff meetings, 1:1 meetings, along with HR representative(s). By the end of consultation, the manager/division will have responded to all comments received and agreed the final changes.

Implementation paper will be sent to all affected staff and Staff side setting out the final changes to be introduced along with an effective date of implementation.

New organisational structure or changes in staffing levels or skill mix

Staff At Risk will be given prior consideration for posts within the new structure where they meet the agreed selection criteria as follows:

Slotting In staff at risk of redundancy into a post in the same band and 70% similar in job content.

Ring fencing staff at risk to a post which is like their current post and where there is more than one contender for that post. In these circumstances a selection process will apply. Ring fencing would not result in a member of staff being offered a post at a higher band.

Suitable alternative employment: Slotted in or Ring-fenced posts offered to staff at risk are regarded as suitable alternative employment. Refusing suitable alternative employment may ultimately affect rights to redundancy pay.

Pay Protection: For staff who are appointed at a lower band in the new structure.

Compulsory redundancy Staff unsuccessful in securing a post in the new structure will be given notice of redundancy in line with their contract of employment. They will be listed on the Trust's Alternative Employment Register and given prior consideration for vacant posts.

Appeals: Staff have the right of appeal in relation to the outcome of the organisational change that has affected them personally. An appeal panel will be set up with an independent chair. The decision of the Appeal Panel is final and there is no further right to internal appeal.

Managing Alternative Employment Guidance

Aim of the guidance

To provide guidance to employees on managing suitable alternative employment. Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees. It does not apply to Trust Board Directors, agency staff, bank workers, external secondees temporarily working with the Trust.

Policy into Practice:

Alternative employment is the process when employees cannot continue working in their current role due to health, performance, or through organisational change etc. and employees are placed on the alternative employment register where preferential consideration will be given for vacant posts within the Trust. Employees are free to apply for any vacancies that appear on NHS Jobs or other external jobs.

Job Matching: The Recruitment Team will match the employee's experience and qualifications with the essential criteria against vacant posts on the same salary band or one band below, before the role is advertised. The recruiting manager will discuss the opportunity informally and assess the employee's suitability for the post.

Work trial: If suitable, the employee will begin a 4-week work trial. If the role is not suitable, the employee will remain on the alternative employment register for the remaining period of their notice or when a further opportunity can be found. Where more than one individual matches the essential criteria for the role, a competitive interview will take place. If the work trial is successful, the employee will be confirmed in the new post.

The Trust's Pay Protection Policy applies when an employee is appointed to a post on a lower banding.

The terms and conditions of service will be specific to the new post deemed suitable alternative employment in terms of hours and base location however continuous service date, annual leave entitlement and sick pay will remain the same.

Recruiting Managers will be required to review the details of the redeployee alongside the requirements of the post, as detailed in the Job description and Person Specification. If the employee meets the minimum essential criteria or will do with relevant and reasonable training and support and successfully completes the 4-week trial period, they are expected to offer the employee the post on a substantive basis. If the individual is not considered to be suitable for the role following the matching process or formal interview, then the manager is expected to substantiate their decision to the employee in writing.

At the end of the alternative employment process no suitable alternative employment opportunities have been identified or the employee failed to complete any work trials successfully or refused to accept any suitable work trials then continued employment may be considered under the relevant Trust policy.

Medical Staff Job Planning : HR71

Aim of the policy

The policy is in line with the Terms and Conditions of the Consultant Contract (2003) and the Specialty Doctors and Associate Specialist Contracts (2008). The aim is to have an accurate and up to date job plan for each clinician that sets out the agreed number of PAs and on-call commitments, plus an understanding of the activities he or she has agreed to perform.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to Consultant, Associate Specialist, Staff Grade & Specialty Doctors.

Links with other key policies: National Terms & Conditions, Managing Conflicts of Interest.

Policy into practice:

Work Commitment: based upon a full-time work commitment of 10 core Programmed Activities (4 hrs of work has a value of one PA per week). The allocation of APAs is negotiated annually. Clinicians working in excess of 48 hrs per week will be required to sign an opt-out agreement. Clinicians are expected to undertake activities at their principal place of work, but this may vary.

Direct Clinical Care (DCC): The requirement of 4 hours administration in excess of clinic allocation and additional allocation for theatre activity would be the expected upper limit of most job plans. PA allocation to various activities depends on the time spent and so the allocation to outpatient clinics will run for 3 ½ hours with an allocation of ½ hour for administration. Operating theatre lists that involve both pre- and post-operative assessment of patients would be expected to last for 4 hours for the surgical session and 1 hour for the other activities associated with the session. PAs required for prospective cover for annual leave and study leave should be calculated during the job planning review.

Supporting Professional Activities (SPAs): Doctors will require 1.0 SPA to complete the requirements for appraisal and revalidation; an additional 0.5 SPA for revalidation to contribute to activities such as clinical supervision and one further SPA is available to most doctors for corporate activities. A contract for a newly appointed full time Consultant will typically include an allocation of 7.5 DCC PAs and 2.5 SPAs and for a newly appointed full time Associate Specialist or Specialty Doctor will include an allocation of 9 DCC PAs and a minimum of 1 SPA. Time may legitimately be undertaken at a variety of locations, but it is expected that typically no more than 1 of these SPAs will be offsite.

General Teaching Commitments: Workplace-based teaching will need to be identified and accommodated as part of the job planning process (up to 30 minutes per PA). For Postgraduate Educational Supervisor roles, the usual expectation is of 0.25 SPA per trainee.

Additional NHS Responsibilities: The nature of the additional NHS responsibility should be discussed and agreed before any role is accepted. The time required for these roles should be clearly identified in the job plan.

External Duties: Clinicians need to inform the Clinical Director of their intention to apply for any external duty so that a full understanding is reached as part of the job planning process.

Joint Contracts/Secondments with Other Organisations: DCC and SPA allocation must be agreed by both organisations with an expectation that SPA is balanced between the two.

Medical Staff Job Planning: HR 71

On-call: Predictable on-call on site should be allocated within fixed DCC sessions. Unpredictable on-call activity is recorded as an average weekly allocation in the job plan. For non-resident on-call the annual expectation of unpredictable PAs should be identified within the group job plan. Many specialties operate a Consultant of the Week. In these circumstances all or a proportion of the normal weekly activities will be substituted for predictable emergency activities. These substitutes will be reflected in the annual PA calculation. On-call category A: Availability for immediate recall to work and On-call category B respond by giving telephone advice and/returning to site later.

Consultants: Full time consultants on a 10 PA contract would make a full contribution to the on-call rota and paid an on-call availability supplement in addition to basic salary.

Associate Specialists and Specialty Doctors are paid an on-call supplement in addition to their basic salary if the on-call work is not part of their DCC allocation.

Honorary Consultant: Joint job planning must be mutually agreed between the parties.

Performance Objectives: Working patterns and performance objectives will be linked to activities/SPA within the job plan.

Pay Progression: The Clinical Director will confirm each year whether the clinician has met the criteria for pay progression purposes.

Clinical Excellence Awards: Satisfactory participation of annual job planning, and appraisal processes will be required for an application to be considered for clinical excellence awards.

Travel Time: Time allocated for travel should be agreed as part of the job planning process with the main base defined in the original contract of employment.

Private Practice: Clinicians will inform their Clinical Director of any regular commitments to Private Professional Services or Fee-Paying Services as part of the job planning process. Clinicians need to ensure that private commitments do not conflict with PAs and disrupting NHS commitments. Private on-call commitments must not run concurrently with NHS duties.

Additional Clinical Activity: Any regular (once a month or more frequently) additional clinical activity (previously known as waiting list initiative, WLI) is recorded in the job plan.

Job Plan Reviews: A job plan review should take place annually. Clinicians and reviewers will make every possible effort to agree job plans. Where a doctor cannot reach agreement on their job plan with their Clinical Director, a process of mediation and appeal is available.

Records: Job planning must be recorded within the Trust's electronic job planning system. Where a job plan review results in a change to existing commitments, an effective date for the change should be agreed. Where the job plan review is to increase the number of PAs to be paid, requires the prior approval/authorisation from the Divisional Boards (where PAs are to be exchanged between team members at the same grade without a net increase then this may be approved by the Clinical Director). Reductions in PAs may be approved by the Clinical Director, subject to the development of a job plan that meets service needs.

Medical Job Planning Consistency Committee: A Medical Job Planning Consistency Committee (MJPC) has been set up in the Trust, with the purpose of agreeing and overseeing the process of job planning across the specialties, to ensure consistency and to provide assurance that job planning is in line with Trust guidance.

NHS Pension Scheme Policy: W26.1 (page 1)

Aim of the policy

The policy is taken from the NHS Pension Scheme Regulations which govern the 1995/2008 NHS Pension Scheme for England and Wales and the 2015 CARE NHS Pension Scheme. The regulations are determined nationally and cannot be changed or amended locally at the Trust. As this is not a comprehensive guide staff are recommended to seek further guidance from the Pensions Team or visit the website at www.nhsbsa.nhs.uk/pensions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to employees including those employed via the Temporary Staffing Department but does not apply to agency workers.

Links with other key policies: Managing Attendance and Wellbeing, Ill Health Retirement, Flexible Working Policy W23, Retirement Policy W26

Policy into Practice:

Eligibility: All eligible employees between the ages of 16 and 75 years will be automatically enrolled into the NHS 2015 pension scheme. Under Auto-enrolment Regulations staff between age 16 and 21 decide to 'opt out' of the scheme they would not be automatically enrolled until they reach age 22

Employees, who are members, may decide to **withdraw** from the Scheme at any time (and may subsequently re-join), employees wishing to do so are advised to access the SD502 Opt out form available from NHS Pensions Agency website and forward to the Trusts pensions team.

A member may have a refund of contributions if they have less than 2 years calendar length membership, the refund form RF12 must be downloaded from the pensions website and sent to the pensions department together with the SD502 opt out form.

New Employees who opt out within the first two months of employment a refund will be given from date of commencement, the SD502 opt out form should be completed.

Joining the scheme: Existing members of the NHS Pension Scheme who join directly from another NHS employer in England and Wales will automatically transfer their accrued pension benefits and will be eligible to remain in their existing Scheme. However, it is necessary to apply to transfer in pension benefits from Scotland, Northern Ireland, the Channel Isles or the Isle of Man. **New entrants** joining the Trust from outside the NHS it may be possible to transfer the value of a previous pension scheme into the NHS Pension Scheme. **Existing employees** who wish to join the Scheme may do so at any time.

Cost: Member contributions are tiered based upon the actual annual rate of pensionable pay and range from 5.2 to 12.5%. Pensionable pay is basic pay and additional hours up to full time hours, enhancements and certain regular allowances such as on call. Payments for overtime above full time hours and travelling expenses are not classified as pensionable pay. However, the real cost is reduced because members receive tax relief on their pension contributions according to their individual tax coding. **The Trust also contributes for members at a rate of 14.38% being made up to 23.78% by the HM Treasury.**

Retirement Age: In all cases, staff who are considering retirement are advised to liaise with the Pensions Team before handing in their notice. The retirement age of the NHS Pension Scheme will depend on which scheme/schemes the individual is a member of. The Normal Pension Age (NRA) is the age at which you can take your pension in full without reduction.

NHS Pension Scheme Policy: W26.1 (page 2)

You may be able to take early retirement and claim your pension before this age at a reduced rate, this is known as Voluntary Early Retirement (VER).

NHS Pension 1995 Scheme the normal retirement age under the 1995 NHS Pension Scheme is 60. This is the age at which a member may retire with their full retirement benefits. Members classified as “special classes” may elect to retire at age 55 with unreduced pension benefits. All members of the Scheme may take voluntary early retirement (VER) on or after age 50, members who joined the 1995 section for the 1st time on or after 06/04/2006 cannot take Voluntary Early Retirement before age 55. For VER the retirement benefits will be reduced

NHS Pension 2008 Scheme the normal retirement age is 65, Voluntary early retirement is applicable from age 55, with reduced retirement benefits.

2015 CARE NHS Pension Scheme (Career Average Revalued Earnings) the standard retirement age is the same as your state pension age (or 65 if later) Voluntary early retirement is applicable from age 55, with reduced retirement benefits.

NHS Scheme benefits:

Applications for retirement and flexible retirement benefits need to be received by the NHS Pensions Agency at least 3 months prior to the intended date of termination of employment, therefore, the Trust recommends that members request their retirement application form from the Trust Pension Team at least 4 months prior to their retirement date.

Flexible Retirement Options -

- **Step Down** - Staff may step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment. Some members opting to step down may be eligible to have their higher level of pensionable pay protected, which might mean that their final salary benefits are not affected.
- **Wind down** - Staff can wind down to retirement by remaining in their current post but reducing the number of hours or days they work. Reducing working commitments will reduce pensionable pay and a lower pension in the 2015 scheme will build up in the future compared to working full-time. However, any final salary benefits earned in the 1995 or 2008 sections will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns.
- **Retire and Return** - Staff who have reached the minimum pension age may leave NHS employment, claim their pension benefits and after a minimum 24 hour break return to NHS employment. If eligible staff will join the 2015 Scheme on returning to work.
- **Partial Retirement** - Staff over age 55 can take part, or all of, their pension benefits and continue in NHS employment and continue to build up further benefits in the 2015 Scheme. The member's pensionable pay must be reduced by at least 10 per cent for 12 months.
- Applications for flexible retirement need to be made to the manager first, there is a guide Appendix E and application form Appendix F attached to the Retirement Policy W26. If the request is not successful there is an appeals process stated in the guide and Applications application form.

NHS Pension Scheme Policy: W26.1 (page 3)

Retirement benefits for members of the 1995 NHS Pension Scheme: A pension based upon the best of the last 3 years pensionable pay. The maximum pension is based on 45

years of pensionable service in the scheme. For part time staff, earnings are adjusted to be the equivalent full-time amount and service is pro-rated. There is a tax-free lump sum equal to 3 times the annual pension. The tax-free lump sum may be increased to a maximum of 25% of the notional pension fund, by giving up some of the pension. Pensions are increased each year in line with the cost of living. Benefits are reduced if staff retire early.

Retirement benefits for members of the 2008 NHS Pension Scheme: A pension based upon the average of the best 3 years remuneration out of the last 10 of service, The maximum pension is based on 45 years of pensionable service in the scheme. There is no automatic tax-free lump sum. However, members may elect to receive a tax-free lump sum by giving up some of their pension.

Retirement benefits for members of the 2015 CARE NHS Pension Scheme: A pension based upon the pensionable pay right across your career. The pension you earn each year is based on your pensionable pay in that year, divided by 54. This is then revalued by a set rate linked to inflation, known as revaluation, plus 1.5% each year up to retirement or leaving the scheme. The final pension is calculated by adding together the revalued pension earned in each year of membership. There is no restriction on maximum service, but you cannot build up any scheme membership from your 75th birthday. There is no automatic tax-free lump sum. However, members may elect to receive a tax-free lump sum by giving up some of their pension. Benefits are reduced if staff retire early.

Ill Health retirement benefits: Members with at least 2 years membership who become permanently incapable of doing their present NHS job because of ill health may qualify to take their pension benefits early, they must be under the Normal Retirement age for the scheme the member is in. The pension will be calculated in the same way as a normal retirement pension but will not be reduced to take account of early payment. This is known as a **Tier 1 pension**. If the illness makes the member permanently incapable of any regular work of like duration to their NHS job, the 1995 and 2008 pension is paid unreduced and the 2015 pension will be calculated after an Increase of 1/2 prospective membership to State pension age. This is known as a Tier 2 pension. A tax-free lump sum may also be available.

Applications for ill health retirement must be made by the member and cannot be made by the Trust. Full details are available from the Pensions Team.

Life assurance and family benefits: Members are automatically covered by the Scheme's life assurance from date of joining for staff who are substantively employed. Bank staff should refer to the bank life assurance information sheet available from the Temporary Staffing Department.

Death in Service: A Lump sum payable on the death of a member will be automatically paid to a surviving spouse, registered civil partner or qualifying partner, subject to meeting the eligibility criteria. For the 2015 Scheme the higher of: 2 x the relevant earnings in the last 12 months of pensionable service or 2 x the revalued pensionable earnings for the Scheme year, up to 10 years earlier, with the highest revalued pensionable earning. If members do not want this to happen, they have the option to nominate someone else to receive the benefit using the Lump sum on death benefit nomination DB2 form which can be downloaded from the NHS pensions website. If no one is eligible or nominated to receive the lump sum it will pay automatically into the members estate.

NHS Pension Scheme Policy: W26.1 (page 4)

Widow(er)'s Pension following Death in Service:

1995 Scheme: A continuing adult dependent's pension of either 50% of the notional tier 2 ill health pension if under age 60 at the date of death: or 50% of the notional age pension if

over age 60 at the date of death.

Deferred Pension - A continuing adult dependent's pension of either 50% of the notional tier 2 ill health pension if date of death within 12 months of leaving; or 50% of the notional age pension if date of death is more than 12 months after leaving. Either pension will be based on all membership, but if you are the qualifying Scheme partner of a member either pension will not include any membership prior to 6 April 1988.

2008 Scheme: A continuing adult dependent's pension of either: 37.5% of the notional tier 2 ill health pension if under age 65 at date of death; or 37.5% of the notional age pension if over age 65 at date of death.

Deferred Pension - A continuing adult dependent's pension of either: 37.5% of the notional tier 2 ill health pension if date of death within 12 months of leaving; or 37.5% of the notional age pension if date of death more than 12 months after leaving.

2015 Scheme A short term pension is payable to the survivor for 6 months equal to the member's pensionable pay at the date of death (paid directly from NHS Pensions) A survivor pension (equal to 33.75% of the notional Tier 2 Ill health retirement pension due at the time of death) or 33.75% of the notional age pension if over NPA at date of death.

Deferred Pension - A continuing adult dependent's pension of either: 33.75% of the notional tier 2 ill health pension if date of death within 12 months of leaving; or 33.75% of the notional age pension if date of death more than 12 months after leaving.

Children's Benefits: A child's pension can be paid to anyone who has care of the children or to the children if they look after themselves (over age 17). A 'child' includes a member's child, an adopted child, a stepchild, a child of your civil or nominated qualifying partner, a grandchild, any dependent child and a nephew or niece. As part of the NHS Pension Scheme regulations certain criteria must be met for a children's pension to be payable in some circumstances, including if a child was not living with you when you left pensionable employment and when you died, or were not your biological child. In these cases, NHS Pensions may require documentary evidence to confirm that the child was financially dependent on you. Financial dependency in this context means that you made regular payments for the day-to-day upkeep of any child. This eligibility is determined at time of death rather than when you retire/left the scheme A dependent 'child' is financially reliant or dependent on you and is: under age 23 or aged 23 or over but unable to earn a living due to a permanent physical or mental condition which he or she was suffering from at the time of your death. Children's pensions are based on the member's pension and subject to qualifying periods of membership.

Where these are met and there is a surviving parent, the benefits will be:

- 1995 Scheme 1 child – 25% of the pension 2 or more children – 50% shared equally.
- 2008 Scheme 1 child – 18.75% of the pension 2 or more children – 37.5% shared equally.
- 2015 Scheme 1 child – 16.875% of the pension 2 or more children – 33.7.5% shared equally

For all schemes if there is no surviving parent, higher rates may be payable.

NHS Pension Scheme Policy: W26.1 (page 5)

Death after retirement:

- 1995 Scheme a short-term pension is paid for 3 months, or 6 months if there is a dependent child, at the rate in payment at the date of death. A widow's pension equal to half the rate in payment at the date of death, payable to the qualifying survivor. Widow's pensions are based upon the member's service from 6th April 1988, onwards.
- 2008 Scheme a short-term pension is paid for 3 months, or 6 months if there is a dependent child, at the rate in payment at the date of death. A widow's pension equal to 37.5% of the rate in payment at the date of death, payable to the qualifying survivor.
- 2015 Scheme a short-term pension is paid for 3 months, or 6 months if there is a dependent child, at the rate in payment at the date of death. A widow's pension equal to 33.75% of the rate in payment at the date of death, payable to the qualifying

On-Call Policy: W28

Aim of the policy

The policy sets out the local arrangements for on-call work under Agenda for Change terms and conditions and the requirement for on-call is determined by departments.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to employees covered by Agenda for Change terms and conditions but not Executive Directors, medical and dental posts, bank staff or non-Trust workers.

Links with other key policies: NHS Agenda for Change terms and conditions of service

Policy into practice:

On-call work and availability On call is contractual for employees (unless they have a written variation of contract) to be available for work of an emergency nature outside core departmental working hours either at the workplace or at home as and when required. Departments have their own Standard Operating Procedure including the time periods that their on-call service will cover.

Participating On-call: In certain circumstances (where an employee is pregnant or has a health condition) it will be necessary to carry out a risk assessment of their on-call duties to consider their health and safety needs. Employees can swap their on-call availability.

Availability Payment rates are reviewed annually and as of December 2021:

- Payment per 12-hour session: Standby: £4.13 (hourly £0.38); Available from home: £16.50 (hourly £1.38); Resident On-call at the workplace: £20.63 (hourly £1.72). Payment is plain time and not enhanced for weekends or public holidays.
- Employees absent from work are not entitled to receive the availability payment.

Payment for call outs: Payment for full and part time employees is time and a half except for public holidays which is paid at double time. A minimum payment of 30 minutes will be paid for each call-out wherever the work is done. **Employees carrying out their own role**, the pay is the same as their pay Band and pay point. When the pay point is below the pay band of the on-call role, the minimum pay point of the higher band should be paid.

Employees not carrying out their own role where the pay Band is higher, payment is the first pay point of the higher band. If the pay band is lower than the individual's current pay Band the payment should be no lower than the maximum pay point of the Band below.

Time off in Lieu request can be made time instead of being paid for callouts.

Compensatory rest: Employees are required to adhere to the requirements of the working time directive and not to be carried over until the next working day after a rostered day off.

Payment for travelling time between home and work will be paid for any journeys that are undertaken as a result of a call-out.

Accommodation will be free where the department requires a resident on-call scheme.

Pensionable pay: Members of the NHS Pension Scheme the availability payment is classed as pensionable pay up to a maximum of 37.5 hours, and non-pensionable thereafter.

On- Call Policy - Management Guidance: The Trust's approach to compensatory rest.

Aim of the guidance

The policy sets out the local arrangements for Compensatory Rest under Agenda for Change terms and conditions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to employees covered by Agenda for Change terms and conditions but not Executive Directors, medical and dental posts, bank staff or non-Trust workers.

Links with other key policies: On Call policy.

General Principles: Compensatory rest may be granted if either: An individual's daily or weekly rest requirements (as stated in the Working Time Regulations) are not met, and/or; An individual's sleep is disrupted between midnight and the start of their normal working day by on call work and they require further rest before attending for their next shifts

Compensatory rest should begin from the time the employee was due to start their shift the following day or 09:00 am, whichever is earlier. For staff on call over a whole weekend they will only be entitled to compensatory rest if they are rostered to work on Monday • have been unable to take a total of 11 hours rest in any 24-hour period over the weekend and have been unable to take the necessary compensatory rest whilst still on call • have been called out after midnight on the Sunday night. Provided individuals have met the daily and weekly rest requirements of the working time regulations, they may feel they have had sufficient rest and choose to attend work at the normal time.

Managers will need to ensure that arrangements for compensatory rest are suitable for their employees and the needs of their service and employees responsible for accurately recording the time spent working whilst on call.

Worked examples: The employees work 37.5 hours per week, Monday to Friday, with a variety of shifts which are all 7.5 hours in length with a 30-minute unpaid break. The employees also have an on-call commitment.

Example 1 John is on call on a Monday night from 17:00 until 09:00 on Tuesday morning. At 01:00 John is called into work and returns home at 06:00. John is not called out again that night. John was able to rest between 17:00 and 01:00 (8 hours) and again from 06:00 to 09:00 (3 hours). So, John had a total of 11 hours rest in the 24-hour period. John was working for 5 hours after midnight, so he is entitled to 5 hours compensatory rest. He would therefore start his next shift at 14:00, which is 5 hours later than planned. John will still be paid for the 7.5 hours he was rostered to work on Tuesday.

Example 2 Jane is on call on a Monday night from 17:00 until 09:00 on Tuesday morning. Jane is rostered to work between 9:00 and 17:00 on Tuesday. At 19:00 Jane is called into work and returns home at 20:00. At 01:00 Jane is called into work again and returns home at 02:00. Jane was able to rest between 17:00 and 19:00, 20:00 and 01:00 and 02:00 and 09:00, so she was able to rest for a total of 14 hours. Jane was called out for 1 hour after midnight, so she is entitled to start his shift 1 hour late. She would therefore start her next shift at 10:00. Jane will still be paid for the 7.5 hours he was rostered to work on Tuesday.

Overpayments and Underpayments Policy: W43

Aim of this policy

This policy sets out the steps that will be taken to recover overpayments from employees and ensures when there are underpayments, these are rectified and re-paid in a timely way to employees affected. It is the policy of the Trust that all overpayments are recovered, regardless of the circumstances that led to the overpayment.

For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: This policy applies to all employees and ex-employees of the Trust whether full-time or part-time, permanent, or temporary including those employed by the Trust via the Temporary Staffing Department. This policy does not apply to agency workers or contractors.

Policy into Practice

Overpayments: As public monies are involved, the Trust has a responsibility to ensure that overpayments are recovered.

- An overpayment of salary to an employee normally arises as the result of either an error or because of incorrect, insufficient, or late notification of a change to the individual's circumstances or contract of employment.
- The Trust will always take steps to recover overpayments. Recovery of an overpayment will be undertaken preferably with the co-operation of the employee or ex-employee.

Underpayments: Where an underpayment is identified (by an employee, manager, or Pay Services) the underpayment will be rectified in the next available pay run. Unless notified by the 10th of the month, Pay Services will not be able to rectify an underpayment in that pay month.

- In exceptional circumstances, or if the error is not because of employee action, Pay Services can arrange for an interim payment to be made to the employee. A significant shortfall in net pay may be deemed to be a shortfall of greater than 25% of the previous month's net pay or where the employee can demonstrate financial hardship. Where the error has occurred because of a manager's action or omission a £25 fee is chargeable to the relevant department.
- An interim payment will NOT be made where the shortfall in pay is caused by the employee submitting timesheets or travel claims to payroll after the published deadlines.

Fraud: If an overpayment occurs fraudulently, the matter will be reported to the Trust's Local Counter Fraud Specialist (LCFS) and an investigation will be carried out which may lead to Disciplinary action.

- If an overpayment of salary is caused because the employee has willfully misrepresented facts or relevant data, immediate recovery will occur and the LCFS will carry out an investigation that may culminate in criminal proceedings and/or disciplinary action. Full recovery of monies owed will occur, and a repayment plan will not be an option.

Audit and Monitoring: Overpayments and underpayments are monitored by Pay Services. are reported to the Audit and Risk Committee regularly.

Personal Relationships at work Guidance

Aim of the guidance

This guidance has been developed to minimise the potential risk of problems arising when people in personal relationships work together at SaTH. This guidance sets out the Trust's requirements regarding personal relationships at work and the steps to be followed. It can be difficult to define what constitutes a personal relationship with a colleague. For the purposes of this guidance a "personal relationship" is defined as a close or familiar relationship (e.g. spouse, partner); individuals who are related (children, siblings, parents, grandparents, aunts/uncles, cousins etc. including in-laws and step relatives); a business / commercial / financial relationship; a romantic / sexual relationship; a close personal friendship.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including those employed via the Temporary Staffing Department but does not apply to agency workers.

Principles: This guidance aims to strike a balance between your right to a private life and the Trust's right to protect its interests. The Trust does not, as a rule, wish to interfere with such friendships and relationships. However, it must also ensure that all employees continue to conduct themselves in an appropriate, professional, and responsible manner while at work and that everyone continues to fulfil their duties diligently and effectively. All discussions on this should remain strictly confidential.

Responsibilities: All staff must:

- inform their line manager at the earliest opportunity of any personal relationships they have with another employee, a supplier or contractor that exposes a potential conflict of interest or abuse of authority
- not allow personal relationships to influence their conduct, behaviour or performance at work. All managers, on becoming aware of potential conflicts through personal relationships, must
- discuss the potential conflict with the employee
- assess the risks and possible implications
- consider whether any special arrangements or changes are required to protect the individuals and the Trust
- make a record of the relationship on the employee's personal file.

Recruitment: The relative or partner of any person applying for a job at the Trust must not be involved at any stage of the recruitment process. Potential employees will be required to declare on their application form if they are related to any SaTH employee.

Relationships involving line managers: A line management relationship between those with personal relationships should be avoided where possible. If a line management relationship already exists, alternative arrangements should be made in respect of authorising or processing any documentation relating to pay, expenses, annual leave/flexible working, salary or banding arrangements and contracts of employment.

Relationships with no line management: This type of personal relationship at work does not of itself constitute a difficulty. However, employees are expected to conduct themselves in a professional manner at work. Managers should consider

- Are any employees likely to be made uncomfortable in their dealings with either employee because of the personal relationship?
- Is the relationship potentially interfering with performance?
- Is the relationship potentially having a negative effect on the workings of a team?

Where there is evidence that a personal relationship is having a detrimental effect, the manager may wish to consider alternative arrangements in discussion with the relevant employee(s), e.g. a change in reporting arrangements, or duties within a team; one party being moved to another area of work or work location. Managers should seek further advice from the Workforce Directorate if the need arises.

Privacy Notice for employees

Aim of this notice

This document summarises information held about its employees, what we will do with the information, including who we may share it with and how long we will keep the information.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including those employed via the Temporary Staffing Department but does not apply to agency workers.

Why do we collect information about you? The Trust collects and uses data to meet its data protection obligations. The Trust needs to process personal and special category data to enter an employment contract; to ensure that it is complying with its legal obligations to check an employee's entitlement to work in the UK etc. **Personal data** means any information relating to a person identified directly or indirectly e.g. your name, address and contact details etc. and **Special category** data means information relating to racial or ethnic origin, religious beliefs, trade union activities, employees with disabilities and for health and safety purposes processed to carry out employment law obligations etc.

How is data stored? Data is stored in a range of different places, including personnel file, the Trust's HR management systems, ESR, NHS Jobs or Trac. etc.

Collecting data in a variety of ways through application forms, passport, driving license, obtaining employment background checks from third-party providers i.e. criminal records checks from the Disclosure and Barring Service and references.

Information may also be provided to third parties other than the Trust e.g. NHS Pensions, HM Revenue and Customs for tax and benefits, BACS for pay purposes etc.

Processing employee data allows the Trust to maintain accurate and up-to-date employment records and contact details including who to contact in the event of an emergency etc.

Who has access to your information? Your information will be shared internally, including with members of HR, Workforce, Education, Recruitment and Payroll teams, your line manager, and IT staff if access to the data is necessary.

What measures do we take to protect your information? Through internal policies and controls to ensure data is not lost, accidentally destroyed, misused, or disclosed. Where the Trust engages third parties to process personal data on its behalf, they do so, based on written instructions and under a duty of confidentiality to ensure the security of data.

All Trust staff must complete annual mandatory training in Data Security Awareness

How long do we keep your personal information for? The Trust will hold your personal data for the duration of your employment. The periods for which your data is held after the end of employment are set out in The Trust's Corporate records Management Policy.

What are your rights in relation to your personal information? The right to request a copy of your personal data held by the Trust (you can make a subject access request); that any data found to be inaccurate or out of date is corrected; that personal data is erased where no longer necessary to be retained etc. The right to lodge a complaint with the Information Commissioner's Office.

Probation Periods Policy: W16.7

Aim of this policy

The purpose of this policy is to outline the process for managing new employees during their six-month probationary period, to assess their work, behaviour and to determine whether they have a long term future with the Trust.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including Executive Directors and those employed via the Temporary Staffing Department but does not apply to Doctors in training.

Links to key policies: Corporate and Local Induction, Managing Attendance and Employee Wellbeing, Disciplinary Policy, Performance Management.

Policy into practice

Managing the probationary period: The length of the probationary period will be six months; however, it may be appropriate to extend this in certain circumstances. The line manager will set objectives and expectations as part of the induction process and review these at regular meetings during the probationary period, documenting using the proforma – appendix A. A documented review meetings must be held a month 3 and month 5 as a minimum.

Concerns during the probationary period: Any concerns are brought to the attention of the employee when they arise so that they have an opportunity to address those concerns by way of a meeting with the line manager and documented. The individual has the responsible for raising any issues or concerns to the line manager that may affect their probation.

Terminating the employment before the probationary period has been completed: It might become apparent that the employee is not going to be able to meet the required standards in their new role. The line manager should contact the HR Advisory Team to discuss the process of terminating the probationary period early. Following due process, notice of termination will be given in writing and will include the right of appeal.

Terminating the employment at the end of the probationary period: If the employee has not met the required standards, the line manager will take the decision to terminate the individual's contract of employment and advice should be sought from the HR Advisory team. Notice of termination will be given in writing and will include the right of appeal.

Confirming successful completion of the probationary period: Line managers will confirm in writing the successful passing of the employee's probationary period, which confirms the employee's employment contract with the Trust.

Appeals: Employees have a right of appeal against the decision to terminate their probationary period, and therefore their contract of employment. Appeals must be made in writing to the line manager setting out the grounds for appeal, no later than 14 calendar days after the receipt of the termination letter. The lodging of an appeal will not suspend the notice of dismissal. The manager should be independent when hearing the appeal and confirm the outcome in writing to the employee, normally within 7 calendar days of the hearing. The decision of the manager hearing the appeal is final and concludes Trust processes.

Performance issues after probationary period has successfully completed but behaviour and/or performance drops to below the standards employees will be managed in accordance with the relevant Trust policy.

Protection of Pay Policy: W25

Aim of this policy

This policy is intended to mitigate any adverse financial impact on individuals affected by organisational change by providing pay protection as an alternative to redundancy although there is no automatic right to pay protection.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees except doctors in training and Executive Trust Board Directors.

Links to key policies: Management of Organisational Change.

Policy into practice

Entitlement to Pay Protection: The Trust will consult with employees and their representatives regarding planned organisational change that impacts on employee's roles, pay and terms and conditions including pay protection. An individual who has been continuously employed by the Trust for two years prior to the date of implementation of the change will be entitled to pay protection as follows:

- **Length of continuous Trust service: 2 years - Protection of Basic Pay 24 months - Protection of Other Earnings 6 months**
- Pay Protection will cease, and the employee will revert to the salary of the new arrangement at the end of the Protection Period.
- If the individual is promoted to a more senior post but with pay still less than their existing protected pay level, the period of protection will continue according to the original agreement.

Calculation of Protection of Basic Pay and Protection of Other Earnings will be combined to determine the overall level of Protected Pay monthly. Total earnings in the changed arrangement including basic pay and the combined other earnings will be off set against Protected Pay. Other earnings to be protected will be calculated based on the average combined monthly earnings from the relevant pay elements in the twelve-month period ending the day before the effective date of the change.

Entitlement to Excess Travel Expenses can be claimed for 24 months as a result of a management initiated organisational change as a result of transferring the work base resulting in additional miles travelled from home to the new work base. No length of service is necessary to be eligible.

Pensions: Further information on how the Organisational change may affect their pension, employees should liaise with the Trust Pensions Department...

Appeals: Employees have a right of appeal and must write to the designated manager within 14 calendar days after receipt of the letter confirming their entitlement or not to Pay Protection. The lodging of an appeal will not suspend any action taken. An independent manager will hear the appeal and arrange a meeting, normally within 14 calendar days. The manager hearing the appeal will confirm the outcome in writing to the employee, with a copy to the employee's representative, normally within seven calendar days of the hearing. The decision of the manager hearing the appeal is final.

Recognition Agreement: W6

Aim of the policy

The Trust recognises the Trade Unions' right and responsibility to represent the interests of their members, to work for improvements in terms and conditions of employment (subject to the relevant national collective agreements), to communicate with their members and to be consulted on matters which affect their members' employment.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: This Agreement is made between the Trust and the trade unions listed in the full policy and applies to all employees. It does not apply to Very Senior Managers, agency workers, Trust Board Directors, bank workers or external secondees.

Links with other key policies: ACAS Code of Practice, Time off for Trade Union Duties and Activities Safety Representatives and Safety Committees Regulations 1977.

Policy into Practice:

How we work together: Both the Trust and all trade unions are committed to approaching employment relations by talking and working together to identify and resolve issues affecting individuals or groups of employees. The agreed approach is set out at Appendix A of the full policy. For matters affecting more than one Division or department, or affect the Trust as a whole, we will use the Joint Negotiating and Consultative Committee (JNCC) and Local Negotiation Committee (LNC). For matters affecting an individual or a group of individuals within one Division or department, managers will talk directly with the affected staff and the accredited representatives of the relevant recognised Trade Union(s).

Topics we agree we will talk about include a wide range from the Trust's financial position to the impact on individuals and groups of employees by informing, consulting, negotiating and joint problem-solving. We will consult upon health and safety, all redundancies, terms and conditions of employment, policies, and procedures etc.

When we don't agree: If after extensive discussion and consultation, managers and Trade Unions have been unable to reach a collective agreement, there may come a point where the outcome of the conversation is: Failure to reach a collective agreement. To help us all find a solution, we will declare the issue to be under dispute in accordance with the formal dispute resolution process and timescales. At any time, it remains the right of an individual trade union to ballot their members for strike action.

Accreditation of Union Representatives: The Trust recognises the right of Trade Unions to elect their own representatives to act on behalf of their members' and the rules and process of electing representatives is a matter for that union to determine. There is no requirement for a union representative to seek management permission before standing for election. The Workforce Director will maintain a register of accredited representatives.

Union-Appointed Roles are: Accredited Union Representative, Union-Accredited Health & Safety representative, Union-Accredited Learning Representative. The Role of the Staff Side Chair and Vice Chair is the conduit between the Staff Side and the Trust. The Staff side Chair Chairs JNCC alternately with the Workforce Director and takes the staff side lead in the development of policies affecting employment terms and conditions. The Staff Side Vice Chair chairs the Staff Side Forum (SSF) and provides cover for the Staff Side Chair in their absence. The rules and process of election of the Staff Side Chair and Vice Chair is a matter for the staff. The term of office for each role will be 2 years, and the Staff Side Chair will be seconded from their contracted duties for up to 30 hours per week, and the Staff Side Vice

Chair for up to 15 hours per week.

Facility Time: Elected representatives are entitled to different time off (facility time) and payment arrangements for different types of employment relations activity. Payment will be made at the amount the representative would otherwise have received had they been at work and no overtime pay is applicable. Union training will not unreasonably be refused. The relevant trade union is responsible for all course fees and expenses. Where an accredited representative is requesting time off to attend a relevant annual conference, time off with pay will be given to one delegate per union – although time off and pay for additional delegates may be considered. There is no right to facility time off for industrial action. Definitions of Union activities and time off please see full policy.

Specific Facility Time: The Trust supports the additional facility time for the Trade Union with the largest membership. This is currently 22.5 hours per week. This will be reviewed and agreed every 12 months. Recognised Trade Unions may agree separate arrangements and apply for extra additional facility time where there is evidence of need: e.g. a secondment arrangement.

Facilities: The Trust will ensure that accredited representatives are provided with appropriate office space, secure storage, furniture, computers, telephones, noticeboards, and copying/printing equipment. Accredited representatives are responsible for ensuring the proper use of these facilities and resolving any issues in relation to space allocation between unions. Reasonable costs associated with union facilities will be met by the Trust.

Recruitment & Retention Premia Policy: W29

Aim of the policy

This policy sets out the Trust's approach to determining whether a pay premium should be paid to a designated group of staff or individuals when market pressures are such that local recruitment and retention difficulties cannot be resolved.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: The policy applies to all staff covered by the Agenda for Change agreement. It does not apply to Executive Directors, doctors, dentists or workers not employed by the Trust.

Links with other key policies: Agenda for Change Terms and Conditions handbook.

Policy into Practice:

Definitions: Recruitment and Retention premia (RRP) applies to posts not people and is an addition to the pay of an individual post or specific group of posts where market pressures would otherwise prevent (the Trust) from being able to recruit staff to and retain staff in, sufficient numbers at the normal salary. **National premia** are paid to groups of staff agreed nationally and the level of payment will be specified in accordance with national NHS rules. **Local premia** are paid in accordance with locally agreed rules. **Short term premia** will apply where the need for the premium is expected to disappear or reduce in the foreseeable future and awarded on a one-off basis or for a fixed term and will not be pensionable, or count for the purposes of overtime, unsocial hours payments or any other payments linked to basic pay. **Long term premia** will apply where the need for the premium is not expected to vary significantly in the foreseeable future and will be pensionable and count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay. The combined value of any national and local premium payable to a post shall not normally exceed 30% of basic salary.

Local Recruitment and retention premia procedure: If a vacancy or retention problem can only be addressed through payment of a local recruitment and retention premium, the Manager should prepare a business case. The Divisional Lead/Head of Service will assess the case and if agreed, the report should then be submitted to the Deputy Workforce Director. Where the Trust considers that a premium may be justified, the proposal will be discussed with the JNCC. Reaching agreement will consider whether the payment is long term or short term and the amount payable. All agreements will be subject to approval by the Remuneration Committee.

Review: Locally determined premia will be subject to annual review to determine the need for the continuation of the payment.

Transfers and Promotions: Staff who move to a different post that does not attract a recruitment and retention premium, will lose their entitlement to the premium with effect from the date of transfer. If an individual is required to transfer because of organizational change and the premium is to continue for other jobholders in the current post, then the Trust's normal Protection of Pay policy will apply. Staff promoted within their current specialism will lose any premium relating to that band. The individual will be assimilated into the higher band at a pay point to ensure no financial loss in basic salary inclusive of premium subject to the maximum of the scale for the new pay band

Recruitment & Selection Policy: W16

Aim of the policy

This policy aims to ensure the appointment of high-quality staff across all levels of the organisation through an effective, safe and fair recruitment and selection process.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: The policy applies to all employees and those on the Temporary Staffing Bank. The policy does not apply to agency workers or other contractors. Executive Director appointments are subject to the Remuneration Committee and Consultant appointments are subject to the Appointments Advisory Committee.

Links with other key policies are wide ranging. See full policy. **Policy into Practice:**

Establishing a vacancy: Recruiting manager reviews the need for the position and appropriate authorisation to appoint must be obtained using the Trac recruitment system.

Banding the Post: New posts or posts that are substantially changed and covered by Agenda for Change (“AFC”) must be subject to Job Evaluation.

Job description is drawn up for each post, setting out the principal duties and responsibilities and a Person Specification outlines the criteria to assess candidates.

Attracting Candidates: Before going to advert, consideration must be given to any employee who has been displaced because of Organisational Change or is identified at risk in accordance with Alternative Employment. If no suitable candidates are available then the vacancy will be advertised on the Trust’s recruitment website, Trac and NHS Jobs. Authorisation will be required before advertising in any paid media or agency. All applicants are required to complete the standard application form. A Curriculum Vitae may be submitted but only in conjunction with the standard application form.

Selection Process: Long and shortlisting is undertaken against the criteria identified in the person specification using the Trac system to ensure a robust and auditable selection process. Disabled applicants who meet the essential criteria must be selected for interview.

Interviews: All appointments, including temporary (bank staff) and fixed term appointments, must be made through a recruitment panel of at least two interviewers and undergo a Values Based interview (VBI). Chair of the panel should be more senior than the vacant post. Appointments will be made based on the most suitable candidate for the post.

Pre-employment checks: Following interview selected candidates undergo appropriate checks before commencement in post including a health assessment form and Occupational Health will advise on the individual’s fitness and whether adjustments will be necessary.

Offers of employment: Conditional offers of employment are subject to satisfactory pre-employment checks. Once verified, unconditional offer of employment can be made.

Recruitment records: The application form, CV (if applicable), job description, person specification, and correspondence relating to the successful candidate should be retained in the individual’s personal file, together with copies of all pre-employment checks in accordance with GDPR regulations.

Redundancy Policy: W39

Aim of the policy

The Trust aims to avoid redundancies and will exhaust all potential suitable alternative employment options before any post is made redundant. Redundancies which are necessary will be handled in a fair and consistent manner, without any form of discrimination.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: The policy applies to all employees including those on fixed term contracts. Medical, Dental Staff, Executive Directors, Non-Executive Directors and Very Senior Managers are subject to separate terms and conditions which take precedent over this policy.

Links with other key policies: Management of Organisational Change, Alternative Employment Guidance, Redeployment, Pay Protection.

Policy into Practice:

Definition: Redundancy is defined as “an employee who is dismissed for redundancy if the work of a particular kind in the place where the employee was employed by the employer have ceased or diminished or are expected to cease or diminish”

Alternative Options: The Trust will make every effort to avoid compulsory redundancy and/or limit the number of redundancies required through a range of measures.

Consultation: As required by Law where there are between 20 and 99 proposed redundancies at one establishment within a period of 90 days or less there is a minimum consultation period of 30 days, or where there are 100 or more proposed redundancies at one establishment within a period of 90 days or less there is a minimum consultation period of 45 days. The Trust will undertake a formal consultation through JNC/LNC where there are more than 20 employees to be made redundant. The date on which formal redundancy consultation is deemed to have started is the date on which formal written notification is given to the JNCC/LNC representatives. **Individual and group consultation** will also take place as appropriate.

Right to Representation: At any formal meetings the employee has the right to be accompanied by an accredited representative of the Trusts recognised trade union or professional organisation (for avoidance of doubt not a legal representative) or by a colleague employed by the Trust. Family members or partners who are also employed by the Trust are not able to accompany an individual unless they are required to assist with disabilities or language difficulties or any other extenuating circumstances.

Selection for Redundancy: In situations where it becomes necessary to select individuals for redundancy advice will be taken from Human Resources. Where staff are at risk of redundancy they will be informed by letter. However, before any post is made redundant the Trust must exhaust all potential suitable alternative employment options.

Suitable Alternative Employment: A suitable alternative post will, in the first instance be at the same or one band lower than the employee’s substantive post. Redundant employees who accept suitable alternative employment with the Trust will be entitled to a 4-week trial period.

Notice: Those selected for redundancy will be given written notice of termination in accordance with contractual entitlements. Staff will normally be expected to work their notice period although the Workforce Director may use their discretion to authorise 'redundancy leave'. Staff who unreasonably refuse to accept suitable alternative employment within the Trust will normally forfeit their right to redundancy pay.

Redundancy Payment: Redundancy payments will be paid in accordance with the Agenda for Change Terms and Conditions of Service or in accordance with Terms and Conditions of employment for Medical and Dental Staff. The redundancy payment will take the form of a lump sum, dependent on the employee's reckonable service at the date of termination of employment. Any payment due will be made following termination of employment. If, before the date of termination, an employee is offered suitable alternative employment with their own employer or with another NHS employer and that employment starts within 4 weeks of the termination date, they will not be entitled to a redundancy payment. Before payment is made the employee will certify that they have not obtained, been offered, or unreasonably refused to apply for or accept, suitable alternative health service employment within four weeks of the termination date and they understand that payment is made only on this condition and undertake to refund it if this condition is not satisfied.

Pension: Employees meeting the NHS Pension criteria for early payment of their pension on being made redundant will have a choice of options. If an employee wishes to take their pension when made redundant the employee is advised to contact the Pensions Department and review the Retirement Policy.

Support for Staff: Advice and support may include (but is not limited to) one or more of the following:

- Reasonable paid time off to complete applications and to attend interviews
- Reasonable time off to plan for training for future employment etc.

Right of Appeal: An employee who is given notice of dismissal due to redundancy has a right of appeal which they must do so in writing to the Workforce Director no later than 14 calendar days setting out in detail the grounds for the appeal. An employee has the right to be represented. Wherever possible, appeals will be heard within 14 calendar days of the appeal being lodged. The appeal will be heard by the line Trust Board Director or nominee, who will be advised by a member of the HR Department. Where the appeal is made by an individual in pay band 8 or 9 or by a doctor or dentist the Appeals Panel will include at least one Trust Board Director. The decision of the Trusts Appeals Panel is final.

Fixed Term Contracts: When a fixed-term contract comes to an end and is not renewed or extended, this constitutes a dismissal under English Law. The reason for the dismissal will vary from case to case; however, the two main reasons for a dismissal of this sort will be 'redundancy', or 'some other substantial reason'. The expiry of a fixed-term contract will normally be a redundancy if the work for which the employee was employed has diminished or ceases to exist. This would cover projects, which have run their course, or where specifically funded work has come to an end due to an exhaustion of or non-recurring of funding. In these cases, the employee may be entitled to a redundancy payment if they have a minimum of 104 weeks continuous service with the Trust or any previous NHS employer at the date their employment ends. Employees who are employed to cover another employee's absence, and whose contract expires on the return of that employee would be deemed to have been dismissed for 'some other substantial reason' and consequently this would not constitute a redundancy.

References Policy: W16.4

Aim of the policy

The Trust has a responsibility to provide a factual, fair and timely reference as part of the selection process for all appointments. The policy complies with the General Data Protection Regulation, (GDPR), 2018 and outlines the process that applies to both requesting and providing employment references.

For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: This policy applies to all staff including staff registered with the Temporary Staffing Department and those employed on temporary or fixed-term contracts and agency workers where it is deemed appropriate for the Trust to provide a reference.

Policy into practice

- It is Trust policy to only provide factual references as part of the selection process for all applicants seeking employment. Reference requests for financial matters i.e. mortgages and personal loans will be handled by Pay Services and are beyond the scope of this policy.

A reference should aim to provide details of:

- Where the individual has been employed/volunteered or has studied.
- The dates of employment/volunteering, or duration of study.
- The position held or course undertaken.
- Any recent or ongoing disciplinary action or referrals.
- The reasons for leaving employment, training, or study, (where this is known).
- All offers of employment should be subject to obtaining references covering a period of three years,
 - which are satisfactory to the Trust.
- References should normally be requested after the interview.
- Where references are requested prior to interview, for example, for senior appointments such as Medical Consultants or Executive Directors, these must not be seen by the Interview Panel until the outcome of the interviews is known, as references should not form part of the decision-making process of the interview.
- All applicants must be advised in writing when obtaining references at an earlier stage in the recruitment process.
- In all cases, the Trust must seek the applicant's permission before obtaining a reference from their current employer, as they may not have informed them of their intentions to leave the organisation.
- For all new appointments, the Trust will seek the necessary references to validate a minimum period of three consecutive years of continuous employment or training immediately prior to the application being made.

Reimbursement of Travel, Accommodation & Subsistence Expenses: W20.3

Aim of the policy

This policy, which is aligned with NHS Agenda for Change, explains how staff may claim reimbursement of reasonable expenses incurred when travelling on Trust business.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees and Temporary Staffing but does not apply to agency workers. Doctors and dentists are subject to modifications (national terms and conditions).

Links with other key policies: Management of Organisational Change, Development & Training, On Call, Travelling Difficulties, Pool Car. Pay protection. Lease cars.

Policy into practice:

General: Employees will ensure the best use of public money when booking public transport, accommodation and purchasing meals (the cost of alcoholic drinks will not be reimbursed). Employees should refer to the Trusts travel hierarchy and prioritise the most appropriate transport. Receipts are required for all expenses claimed and managers need to validate all claims. Potentially fraudulent claims will be referred to Counter Fraud.

Mileage reimbursement. Normally, reimbursement are those miles travelled from the agreed work base and back not from home (unless home is the designated work base). Set rates are in line with Agenda for Change Section 17 & 18 for Subsistence Allowances.

Business Insurance: Employees must have up to date certificates when claiming business miles i.e. driving licence; MOT; motor insurance and checked by line managers.

Lease Car fuel expenses will be in accordance with HM Revenue & Customs rates.

Pool Cars: No fixed criteria to authorise pool cars, as this is at the Managers discretion.

Private Transport may be authorised when a pool car is not available and where the use of a private vehicle is deemed to be the most cost-effective option.

Hire Cars may be authorised when the proposed journey is in excess of 100 miles. **Parking**

Fees are reimbursed with a valid receipt, but parking fines will not be reimbursed. **Rail Travel** only be by Standard class and receipts or tickets are required for payment.

Air travel requires authorisation from the relevant Director and only economy class used.

Taxis may only be used when public transport is impractical for the journey and receipts showing the cost of travel are required.

Accommodation & subsistence: will be reimbursed for reasonable accommodation and subsistence expenses in accordance with Agenda for Change.

Expense Claims are made using the e-Expenses system and reimbursed through payroll. The payment of business travelling expenses may generate an income taxable liability.

Lease Car users will incur a taxable liability. All overseas travel, including accommodation and subsistence costs, requires the prior approval of the relevant Executive Director.

Relocation Assistance Policy: HR42

Aim of the policy

This policy outlines the conditions of eligibility, the financial relocation package that is available to new employees that are required to relocate as a direct and necessary consequence of their substantive employment, or because of an Organisational Change that has led to a change of location and work base.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all new substantive employees and fixed term staff living outside a 30-mile radius of their work base and existing staff subject to Organisational change. It does not apply to temporary staff or Bank staff and doctors in training. Very Senior Managers will be determined by the Remuneration Committee.

Links with other key policies: Time off for Special Circumstances, Fraud and Corruption.

Policy into practice:

Eligibility Criteria: Relocation included as part of the recruitment advert and the Recruiting manager will confirm with new employees at the point when the job offer is made whether they are eligible for relocation assistance. Relocation expenses are limited to the costs of broadly comparable accommodation and involve no betterment on the part of the employee. Employees who are moving to the UK from abroad, payment is from the point of entry to the UK only. When the employment offer is not conditional on the employee living within a 30-mile radius of their work base then the employee can apply for rented accommodation.

Time Limits: All claims for relocation assistance must be made within two years of the date the employee started work for the Trust and employees are granted 2 days leave for moving.

Organisational Change: Where relocation assistance is offered as part of an Organisational Change process affecting the change of location and work base the policy will apply to those affected employees once staff consultation has been concluded and affected staff are informed of their new work base.

Travel in-lieu of Relocation: Employees may request to delay an application for relocation in those circumstances (e.g. the needs of dependents and, the location of their current residence) and instead request that they be allowed to travel daily and be eligible for excess daily travelling expenses. If the employee, then relocates their home they will be eligible to claim the remaining balance of the relocation expenses up to the Trust maximum granted at the time of the initial job offer.

Maximum reimbursement for Relocation expenses is £8,000 for an owner-occupied home in line with HMRC guidance and £4,000 for temporary accommodation.

Claims Procedure made through the e-expenses system.

Repayment Policy: Employees who leave the employment of the Trust before they have completed two years' service from the date of relocating to their new home (i.e. the date the employee moved into their new accommodation) will be required to repay 1/24th of the total relocation assistance provided for each month short of 24 months.

Retirement Policy: W26

Aim of the policy

This policy provides a framework of flexible retirement options available to employees when looking to retire recognising they no longer have to retire at a specific age. The Trust is keen to retain valuable skills and encourages a flexible approach to manage their retirement.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies> as this summary does not take precedence over the actual terms of the pension schemes.

Scope: Applies to all employees whether full-time or part time, permanent, or temporary and including internal bank staff who are paying into the NHS Pension Scheme. The policy does not apply to agency staff and honorary contract holders.

Links with other key policies: Equality, Diversity and Inclusion, Pension Scheme.

Policy into practice:

Retirement Age: The Trust does not operate a compulsory retirement age for its employees although the age at which pension members can draw their pension will vary depending on the scheme. Employees wishing to retire early are advised to contact the pension's department. An Annual Benefit Statement is available through Total Reward Statements (TRS), via ESR Self Service.

Partial Retirement (Draw Down) For active members of the 1995/2008 and 2015 NHS Pension Scheme over age 55, there is the opportunity to draw down between 20% and 100% of accrued pension benefits whilst continuing in NHS employment without the need for a break in employment. A request for Flexible Retirement Application will need to be granted as earnings will need to reduce by 10%.

Retire and Return Employees who retire and return after a 24-hour break will retain entitlements that are related to and dependent on 'reckonable' service such as annual leave and occupational sick pay. A new contract of employment will be issued when the individual re-joins in the same or a different post after retiring. Employees who are in receipt of any earnings-related protection will lose that protection on their return to work following the break in service. Unless there are legitimate reasons for doing so returning to a contracted post at the same or lower band should be on a permanent basis and not on a fixed term contract. If eligible on return to work will be auto enrolled into the 2015 Pension Scheme.

McCloud Remedy removes the age discrimination that was judged to have arisen in the NHS Pension scheme. The discrimination resulted in allowing older members to remain in their legacy (1995 or 2008) scheme rather than being moved to the 2015 Scheme when it was introduced. The remedy is made up of two parts: 1. To ensure equal treatment going forward, all active members of the NHS Pension Scheme will be in the 2015 Scheme from 1 April 2022. 2. To address the inequality that has already occurred, affected staff will be offered a choice to receive either 1995/2008 scheme benefits or 2015 scheme benefits for the period they were affected (remedy period - 1/04/2015 to 31/03/2022). If you joined the pension scheme after 31st March 2012 you are not affected. More information about the McCloud remedy can be accessed on the NHS Pensions Webpages.

Retirement Options: NHS Pension Scheme: The 1995 and 2008 Sections of the NHS Pension Scheme Closed on 31 March 2022. All staff that were contributing to these schemes were moved to the 2015 Scheme on 1 April 2022. Employees of the 1995 scheme will have a normal retirement age of 60 (55 if special class) and have pension benefits based on the best pensionable pay in the last three years prior to retirement and the length of service. Benefits built up in the 1995 scheme will remain 'salary linked' provided the member does not leave the NHS for more than 5 years. Members can take early retirement from age 55 (or 50 if joined prior to 1st April 2006). Employees of the 2008 Scheme will have a normal retirement age of 65 and pension benefits based on the best 3 consecutive years pensionable pay in the last 10 years. Members can take early retirement from age 55. Members of the 1995/2008 scheme if eligible will be auto enrolled into the 2015 Scheme and can build up further 2015 scheme benefits on return to NHS employment after retirement (and build up a separate pension from that in payment) provided they are under age 75.

2015 CARE NHS Pension Scheme: Employees who first joined the NHS Pension Scheme on or after 1st April 2015, were moved over either after 01/04/2015 or on 01/04/2022, or have re-joined after a 5-year break will be a member of the 2015 CARE NHS Pension Scheme and their normal retirement age will be the same as their State Pension Age (or age 65 if later). Members can take early retirement from age 55.

Early Retirement Reduction Buy Out (ERRBO) For members of the 2015 Scheme there is the option of where you can pay extra contributions to retire early 1,2 or 3 years before Normal Pension Age (NPA) which is the same as State Pension Age (SPA) but not before age 65.

Late retirement enhancement For members of the 2008 and 2015 NHS Pension Scheme, where a member chooses to retire later than their normal pension age their pension benefits will be increased by the application of late retirement factors.

Please note that a break of 24 hours must be taken for retire and return.

NEST (National Employment Savings Trust): With effect from 1st May 2013, under the Government's Pension Reforms the Trust were required to Auto-Enroll staff who were not eligible for membership in the NHS Pension Scheme into an alternative pension scheme provided they meet certain criteria. More information is available on the NEST website at www.nestpensions.org.uk.

Retirement Procedure (Members of the NHS Pension Schemes only): When a member of the NHS Pension Scheme is intending to retire Managers should advise the employee to contact the Pensions Team at least 4 months prior to the proposed date of retirement. Employees must give written contractual notice in accordance with their contract of employment to their line manager. For all retirements (including draw down) the NHS Pensions Agency require the completed application form to be received at the NHS Pensions Agency at least 3 months prior to the date of retirement, which is why it is recommended that the relevant forms are requested from the Pensions Team at least 4 months prior to the retirement date. The Pensions Team will send the application forms to the individual. On completion, the forms are to be returned to the Pensions Team along with original or certified copies of the relevant certificates and the Retirement Detail confirmation form which must be completed by the manager (and must be signed by both the member and the manager), without this form the Trust Pension team cannot process retirement paperwork. Upon receipt of the resignation letter, the manager will write to the employee acknowledging their wish to retire. The manager will also be responsible for notifying ESR of the date of termination and return to work via the Termination of Contract form or the Retire and Return Combined Termination and New Starter form. ESR will process all the necessary paperwork for terminating the employee's employment and, in conjunction with the Payroll Department, will terminate employment and arrange to make any outstanding payments.

Non-NHS Pension Scheme members: Employees intending to retire are asked to give written notice in accordance with their contract of employment to their line manager. Upon receipt of the resignation letter, the manager will write to the employee acknowledging their wish to retire. The manager will also be responsible for notifying ESR of the date of termination via the Termination of Contract form and confirm any outstanding annual leave. ESR will process all the necessary paperwork for terminating the employee's employment and, in conjunction with the Payroll Department, will terminate employment and arrange to make any outstanding payments.

Flexible Retirement options: Request to Wind down, Step Down, Draw Down: Members who wish to access one of the flexible retirement options are advised to apply in accordance with the Trust's Flexible Retirement Process.

Request to continue working after claiming NHS Pension: Employees wishing to continue working in the same job role after receiving their NHS pension need to complete a Flexible Retirement Application Form and submit to their line Manager no later than 4 months before the date of retirement. For requests to return to a lower banded post, the individual will need to apply through the normal recruitment process. The decision whether to agree to a Flexible Retirement Request will be made in accordance with the provisions documented in Appendix E & F of the full policy. For Consultants, the British Medical Association have some helpful guidance which should be considered.

Retirement Presentations and Gifts: Employees retiring after long service with the NHS, he member can either access their vouchers when they take their pension and 'retire and return' or when they retire from all work/roles and stop working altogether. The employee can choose either of those options. A retirement presentation should be offered to all employees leaving who are retiring from all NHS related employment. The proposed arrangements should be discussed with the line Management Executive member. For employees retiring with 15+ years' service, managers may authorise a contribution of up to £100 towards the cost of a finger buffet with non-alcoholic drinks and receive a gift. The gift will take the form of vouchers (which may be used in a wide range of retailers) to the values listed: 15+ years NHS service - £150; 20+ years NHS service £250; 25+ years NHS service - £300; 30+ years NHS service £400; 35+ years NHS service £500. Vouchers received by employees with less than 20 years' service are taxable at the individual's highest tax rate in line with Inland Revenue arrangements. Vouchers received by employees with more than 20 years' service are not taxable. Eligibility for Retirement vouchers and presentations will include any premature retirement, e.g. on health grounds. Additionally, in instances where a staff member of pensionable age has their employment terminated due to sickness absence (regardless of whether they are in the pension scheme or not), they will be eligible for retirement vouchers.

Secondment Policy: W15

Aim of the policy

This policy sets out the arrangements for secondment to enable employees to enhance their skills, knowledge and experience and provides the means of resourcing short-term assignments by seconding staff from other departments, to and from other organisations.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees considering applying for a secondment, within the Trust or to an external organisation. It does not apply to staff on training courses. A separate policy exists for secondment for professional registration or second registration training...

Links with other key policies: Development and Training, Annual Appraisal, Acting Up, Fixed term Contracts and Temporary Workers and Recruitment.

Policy into practice:

Definitions and key roles: Secondment: a defined period of time where an employee undertakes a role that is not their substantive role and/or an employee from another organisation seconded on a temporary basis. **Seconding manager:** current line manager. **Host manager:** line manager during the period of secondment.

Internal & External Secondment opportunities will be advertised via the Trust's NHS Jobs/TRAC and appointments made in line with the Recruitment and Selection Policy. Secondments must be with the agreement of the substantive manager.

Terms of secondment: Employees sign a secondment agreement which covers both internal and external secondments including pay and banding, duration, line management etc. The secondee will revert to their substantive terms and conditions at the end of the secondment. During the period of secondment, the individual remains an employee of the Trust and retains their normal terms and conditions of service other than for temporary variations as agreed for the duration of the secondment. Secondments will normally last for 12 months. Any extension to the period of secondment must be agreed by all parties. Employees seconded for longer than 2 years may be entitled to a redundancy payment at the end of their contract. Individuals who are seconded into the Trust from another organisation and secondment lasts 4 years or more must be offered a permanent contract.

Review: Seconding managers along with Host managers are expected to regularly review the secondment arrangements with the secondee.

Returning: The secondment agreement will set out the terms for returning to the employee's substantive post giving one month's notice. In the event the substantive post significantly changes whilst they are on secondment; the line manager must consult with them under the Organisational change policy about possible options, acknowledging the Trust's obligation to find suitable alternative employment.

Ending a Secondment Early: The Host Manager invites the employee to a meeting including the substantive line manager providing the secondee with one month's notice.

Intellectual Property: Employees seconded to another organisation or employees of another organisation hosted by the Trust under contract are subject to the arrangements of the Intellectual Property Policy.

Smoking Policy: W21.1

Aim of the policy

The Trust is committed to ensuring a healthy and safe environment for staff, patients and visitors by ensuring a smoke-free atmosphere. The aim is to provide clear guidance on the restrictions for smoking and the use of e-cigarettes/vapes on Trust property.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees, patients and visitors. Please note this policy is currently subject to staff and patient consultation.

Links with other key policies: Dress Code and Appearance Policy, Disciplinary, 'Violence and Aggression' policy.

Policy into practice:

Restrictions: The Trust is a no smoking/e-cigarette/vaping organisation except for designated external areas (please see the map of designated smoking areas in the full policy). Smoking is strictly limited to the smoking shelters and smoking bins provided must be always used for cigarette waste. The use of e-cigarettes/vapes are only permitted outside Trust buildings and away from doors and windows. Smoking is not permitted in the cycle shelters and in any vehicle parked on Trust property.

Patients and Visitors must be informed of the Smoking Policy prior to visiting the Trust sites or as early as possible. For patients they will be informed in the appointment letter and screened for smoking status and recorded within 2 hours of admission. Patients may be escorted to an external smoking/e-cigarette/vaping area at the discretion of the Ward Manager.

Failure to adhere to the Smoking Policy if will be managed under the Trust's Disciplinary Policy and patients managed under the 'Violence and Aggression' policy.

Patients during pregnancy and childbirth should be asked about their smoking status and given verbal or written information about the risks of smoking and exposure to passive smoking to the unborn child, and the health benefits of stopping smoking including referral to specialist stop smoking support.

Employees: must only smoke or use e-cigarettes/vapes on authorised unpaid breaks and must not smoke in uniform unless appropriately covered up, in line with the Dress Code and Appearance Policy. Employees who escort patients to designated smoking areas must not smoke or use e-cigarettes/vapes during the escort duty.

Support for smokers who wish to stop smoking can access support from the stop smoking service to quit or withdraw from smoking and may access these services within work time in accordance with the Special Leave Policy. The Tobacco Dependency Team aims to promote the benefits of smoking cessation providing advice, education, pharmacotherapy, and withdrawal management interventions for all patients that smoke at the Trust, and to refer/signpost patients to community-based stop smoking services.

Staff Domestic Abuse and Sexual Violence Policy – W50

Aim of this policy

Sath has a duty to safeguard the wellbeing of its staff, and this includes considering the impact of domestic abuse on our employees as part of our duty of care. This policy aims to provide guidance to staff and managers as to how best to support staff as part of our commitment to developing a workforce culture where there is zero tolerance of domestic abuse or sexual violence. For the full policy see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all Trust employees and workers engaged through the Temporary Staffing Department.

Policy into practice

Definition of Domestic Abuse: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. **The Worker**

Protection Act 2023 which becomes Law in October 2024 places a duty on employers to prevent sexual harassment of employees in the workplace.

The **Chief Executive** has a duty to co-operate with requests by the Domestic Abuse Commissioner; ensuring that the Trust has an Executive and operational Lead for Domestic Abuse and Sexual Violence

Managers need to ensure that that their staff are aware and comply with this policy and support staff who may be experiencing domestic abuse and or sexual violence. Managers who are approached by another colleague experiencing domestic abuse or sexual violence are expected to follow a compassionate and supportive response.

Employees have a responsibility to escalate to their line manager, other senior manager, or HR representative any suspicion that a colleague may be a potential or actual victim, or a perpetrator, of domestic abuse or sexual violence. This will include seeking advice from the Trust Safeguarding Team. All employees have a personal and moral duty to uphold the law and not to engage in domestic abuse or sexual violence and to understand that any concerns in this area may impact the confidence the Trust has in terms of good conduct and the confidence in their integrity. In almost every case, the employee's personal circumstances will be treated as strictly confidential. Any written record of the disclosure and any agreed workplace adjustments will be securely stored.

A useful tool kit is available for any employee:

<https://www.bitc.org.uk/wp-content/uploads/2021/07/bitc-wellbeing-toolkit-domesticabuseforemployers-june2021.pdf>

Staff Internal Transfer Policy: W18

Aim of the policy

The Staff Internal Transfer Policy aims to allow staff who wish to work in an alternative work area and outlines the key criteria for transfer.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees excluding agency staff, contractors, fixed term contracts.

Links with other key policies: Flexible Working, Employee Performance Management, Employee Wellbeing & Attendance Management.

Policy into practice:

Criteria for Transfer:

- A vacancy must exist in the receiving area.
- Employees will have a minimum of 6 months in post.
- The employee must have discussed the proposed transfer with their own line manager and the receiving line manager.
- The timing of the transfer must be negotiated and agreed between the current and receiving line manager, but it is expected that the transfer would take place within a 4-week period.
- All transfers and requests for transfer should be approved by the Heads of Nursing (HONs)/equivalent/department manager or their delegated deputy for both areas.
- Any reasonable adjustments or flexible working agreements must be fully declared and agreed by the receiving manager prior to the transfer being agreed.

Exclusions: A member of staff cannot transfer, to another area if they are under formal sickness, disciplinary or capability management. Any pre-existing warnings must have expired with relevant improvements demonstrated prior to any transfer.

Any discussions regarding staff working as part of a rotation programme must be addressed through the Rotation Programme rather than handled under this policy.

A specialist area where there is potential for many staff to be interested in the opportunity should advertise their post as per recruitment guidance.

Implementation

Employee identifies internal vacancy – discusses with current line manager – receiving manager and current line manager agree support for transfer - receiving manager completes transfer form - current manager completes declaration form – transfer date agreed and signed – receiving manager completes ESR form. Transfers are permanent, but it may be beneficial for the individual to spend some time in the proposed transfer department before applying.

Appeals: In the event of a transfer being declined, the reasons will be explained in full to the employee by the decision-making manager and followed up in writing. Employees have right to raise a grievance if they remain dissatisfied with the explanation given.

Statutory & Mandatory Training Policy: W32

Aim of the policy

This policy places a requirement on all employees to be compliant with statutory and mandatory training in order that the Trust meets risk management standards and legislative requirements. The Trust's key performance indicator is a minimum of 90% of all employees being compliant which is reported on a quarterly basis to the Workforce Committee and forms part of the CQC inspection.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: All employees are required to be fully compliant with their Statutory and Mandatory training as a condition of their contract of employment and Managers must ensure that their staff are fully up to date with completing their Statutory and Mandatory training. There are no exclusions to this policy. Agency and bank workers must also complete statutory and mandatory training in accordance with their role, prior to working in the Trust.

Links with other key policies: Management of Local and Corporate Induction.

Policy into practice:

Corporate Education is responsible for establishing an annual Statutory and Mandatory training schedule of core and specialist modules covering all roles within the Trust. There are both face to face and online modules and the booking process is via the Trust's Training Diary on the Intranet and also employees can enroll on e-learning directly.

Training needs matrix (please see Appendix A in full policy) outlines the subjects covered and what staff groups are required to complete which training modules. There is also a specific slide on Safeguarding training.

Recording attendance/completion: Attendance and module completion whether on face-to-face or online are recorded on ESR/OLM. A monthly report is published for every member of staff showing the date their next training is due. Non-attendance is recorded on ESR/OLM and reported to line managers by e-mail. The same process is actioned for recording completion of training modules. The line manager (or Temporary Staffing Department for temporary staff/Medical Department for doctors) is required to monitor the completion of staff training and take remedial action in the event of non-compliance. Repeated non-compliance at individual, department or staff group level will be escalated by the Workforce Committee to the appropriate *Confirm and Challenge* meeting for remedial action.

Previous employment: New employees who have previously completed statutory and mandatory training and meet the requirements of the NHS Core Training Framework within the relevant time scale, may be exempt from having to repeat the core modules but must provide evidence to their line manager.

Failure to complete statutory and mandatory training may result in probationary periods not being passed, any relevant pay progression withheld. Where individuals repeatedly fail to attend any of the required elements of either Corporate or Local induction as requested by their line manager without reasonable justification, disciplinary or performance management action may be taken.

Social Media Policy: Cs02

Aim of the policy

The purpose of this policy is to ensure employees, are fully aware of the Trust's expectations in the personal and professional use of social media whether using personal devices or Trust owned devices. Aiming to ensure the confidentiality of personal information relating to patients, carers, employees complying with data protection, copyright, and defamatory legislation. Prohibiting the publication of material on social media sites that would damage the reputation or give inaccurate/misleading information about the Trust.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including agency staff, contractors, volunteers.

Links with other key policies: Freedom to Speak Up: Raising Concerns (Whistleblowing), General Data Protection Regulations (GDPR), Freedom of Information, IT Acceptable Use, Information Governance policy.

Policy into practice:

The Trust uses Social media as a tool to engage with the public, staff, media, and other stakeholders to deliver positive, key messages including at times of crisis when urgent messages need to be communicated. Employees are expected to always behave appropriately and in a manner that is consistent with the Trust's values and policies.

Guidance: Employees should avoid sharing any information that could breach patient or staff confidentiality; do not engage in any activities on the internet or share information which might bring the Trust into disrepute; do not post defamatory, derogatory, offensive, or abusive comments on the internet or social media and avoid the use of explicit language and avoid posting photos or images of patients or carers, unless part of an ongoing Communications-approved campaign.

Professional bodies: Nursing and Midwifery Council and the General Medical Council have national guidelines on the use of social media and staff are required to ensure they follow these guidelines as well as observing the requirements of the Trust's policy.

Information Governance Policy: Any employee writing a personal blog should adhere to the guidance given in this policy if the blog touches on any work-related matters.

Use of Social Media in Work: Employees are only permitted to use social media websites in work time if it is of benefit to your role/the department within SaTH and with your line manager's consent. Employees should only access social networking sites for personal use during non-working time e.g. before commencing work, during breaks or after work.

Raising Concerns: If a member of staff witnesses information contained on social media sites that contravenes this policy, they should report the issue to their line manager and the Communications Team. All incidents will be investigated.

Responding to the media: All enquiries from the media should be directed to the Communications Team and employees should not respond to media enquiries on behalf of the Trust. The Communications Team must be consulted before any social media is used on behalf of the Trust.

Staff Counselling Service: HR66

Aim of the policy

This policy outlines the role of the Staff Counselling Service and the process by which employees may be referred to their services. Employers have a legal obligation to protect the health, safety and wellbeing of their employees and the service aims to support employees through one to one counselling and group mediation sessions.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to all employees including those employed by the Temporary Staffing Department but does not apply to agencies or other contractors.

Links with other key policies: Health & Safety Policy, Managing Attendance and Employee Wellbeing, Occupational Health Service

Policy into practice:

The Staff Counselling Service will provide private and confidential counselling to any employee who is being affected by work-related or personal issues. Employees may choose to access counselling services via their own GP for personal issues if preferred but should be made aware of the support that the Trust can offer them. Trained Counsellors will facilitate the Staff Counselling sessions as either a one-off individual session, a series of appointments or a group session. Sessions will be facilitated using several different methods. Direct face to face sessions may take place either at the workplace or at a neutral, mutually agreed location. Sessions may also be conducted on a telephone basis or via e- mail.

Process: Staff who wish to be referred to the Staff Counselling Service should approach their line manager. The manager should then refer the employee to the Occupational Health Service using the standard Occupational Health Referral Form. Where an employee feels unable to approach their manager, they may approach a more senior manager or, where there is no senior manager available, they may contact the Occupational Health Service directly.

In exceptional circumstances such as where staff have experienced a traumatic event at work employees may self-refer to the Staff Counselling Service. Where several employees have been affected by the same traumatic incident, arrangements should be made for the Staff Counselling Service to run specific group sessions at the earliest opportunity.

Confidentiality: The reason for the referral will be discussed with the employee to enable them to give informed consent before any counselling takes place. The issue of confidentiality will be discussed and agreed at the first counselling or group session and Counsellors will always maintain confidentiality.

Disclosure of information from the counselling will only be made once employees give their consent to Occupational Health • disclosure is required by a court of law etc. However, confidentiality is not an absolute obligation for example for the Trust to comply with its statutory duties under health and safety law, in particular the Reporting of Injuries, Diseases and Dangerous Occurrence etc. but the list is not exhaustive (see full policy).

Time off in Lieu Guidance: W47

Aim of the guidance

Aim

- Time off In Lieu (TOIL) is time off which employees are eligible to take in return for additional time worked beyond their normal contracted hours.
- For the full guidance see: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope

- Applies to staff on pay Bands 1 to 7, and Bank staff but not agency workers.
- Employees on Bands 8 and above do not get paid overtime as part of their contract. However, in exceptional circumstances, the Trust may want to acknowledge the additional time that these employees have worked by agreeing TOIL.

Policy into Practice

- Working additional hours is voluntary and should be used for a limited period.
- Employees can accumulate TOIL by agreement with their line manager before the additional time is worked, and when there is an operational requirement. Employees can record TOIL as a minimum of 15 minutes or more.
- Repeated use of TOIL for longer than a month will require the manager to review the overall staffing needs of the department to ensure working practices are effective.
- Line managers have a duty of care to ensure employees take their allocated breaks whilst at work, and employees have a responsibility to manage their health and wellbeing. If, however, an employee decides to work through their break, this time cannot be claimed as TOIL because the need for additional time to be worked has not been identified or agreed in advance with their line manager.
- TOIL should be taken as soon as practicably possible and no later than 3 months. After 3 months additional time should be paid as overtime. Line managers must ensure that employees are given reasonable opportunities to take TOIL.
- TOIL is accrued at plain time (i.e. the number of additional hours worked is the number of hours an employee gets back as TOIL). In other words, time off accumulated through TOIL arrangements must be equal to time actually worked.
- Where TOIL is offered in place of overtime pay, the enhancements which relate to pay do not relate to TOIL.
- Part time employees will receive payments for additional hours at plain time rates until their hours exceed 37.5 hours per week.
- There may be exceptional circumstances where pre-agreed TOIL may be difficult to take (usually in emergencies or where there are chronic staff shortages). Line managers must first seek agreement from the employee, before retracting the authorisation for the employee to take TOIL. If the employee agrees, the line manager should either offer the employee paid overtime instead or re-schedule the time as TOIL for another date.
- The operation of TOIL depends on mutual trust. Any suspected abuse of TOIL may be treated as a disciplinary matter.
- Employees working from home cannot normally accrue TOIL without the explicit authorisation of their line manager, and only in exceptional circumstances.

Travelling expenses for interview Policy: W16.5

Aim of the policy

This policy sets out the Trust's standards and process to the payment of travelling expenses for individuals attending interview recognising it is good practice to provide reimbursement of reasonable expenses and also for one visit to the Trust prior to interview.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to candidates who are external to the Trust and internal candidates required to travel to the venue / hospital site for interview when it is not their normal base.

Links with other key policies: Recruitment and Selection, Reimbursement of Travel, Accommodation and Subsistence Expenses.

Policy into practice:

Expenses to be paid: The Trust will reimburse travelling expenses from within the UK mainland or from the port of entry if an overseas applicant travelling from outside the UK and their return journey.

Mode of travel used: The rate paid if travel by train will be second class rail for return journey and taxis will be reimbursed from the nearest railway station. If travelling by car, mileage rates are based on NHS public transport rate (M&D), or Reserve rate for Agenda for Change bandings, or the actual expenses incurred if less. Mileage will be calculated from the candidate's home address to the Trust site address where the interview is held, using the information provided on Internet travel sites. Mileage rates are in line with the Agenda for Change reimbursement of travel costs. For medical staff ref: Pay and Conditions Circular (M&D 3/2021). The Trust will not pay the cost of meals taken en-route to and from interviews. Where candidates are on site for a significant period of the day, managers should consider providing or reimbursing the cost of refreshments.

Reimbursement of overnight accommodation if an overnight stay is required due to the timing of the interview or where candidates are travelling in excess of 100 miles (single journey). Where agreed, this will normally be at the current rate for 1 night's accommodation quoted by national budget hotel chains and will include, where appropriate, the cost of evening meal and breakfast at the rates set out in the Trust's Reimbursement of Travel, Accommodation and Subsistence policy. Where the interview process will last over more than one day and will involve an overnight stay, the manager has discretion on the payment of appropriate hotel accommodation expenses.

Internal Candidates: Employees are eligible for reimbursement of additional expenses (in excess of normal home to work mileage) incurred in attending an interview. Where the interview is during an individual's scheduled working day, the individual should discuss the request with their manager and paid special leave should be granted for the time required or be taken as annual leave. In other cases, the time taken will be in the individual's own time.

Claims Procedure: Receipts will be required for all expenditure. Completion of the travel expense form, itemising expenses incurred and attaching receipts is required. The form should be returned to the appointing manager within 4 weeks of the interview taking place, who will check, authorise and forward the claim to Pay Services.

Verification Professional Registration Policy: W16.8

Aim of the policy

This policy sets the standards and processes for ensuring verification of professional registration.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Please see full policy for employees who are in scope. The policy also applies to honorary, temporary (i.e. acting up, contractors and agency), internal secondment, locum and relief appointments.

Links with other key policies: Handling Concerns about for Doctors and Dentists, Recruitment and Selection, Disciplinary Policy

Policy into practice:

Employees required to be registered with a regulatory body must ensure they maintain their professional registration and inform their line manager if their registration lapses. Line Managers must also ensure their employees have an up-to-date professional registration.

Procedure for verification: On appointment offers of employment must be subject to proof of current valid professional registration. All pre-employment checks include whether the applicant is registered with the appropriate Registration body.

During Employment update renewals and expiry dates are inputted into ESR and any mismatches are notified to the manager and monitoring reports are available and provide the status of professional registrations. Employees are notified 90 days in advance of the expiry date of the registration.

Action if registration not confirmed: Employees who have an expired professional registration must not continue to practise in their professional role. Where alternative duties cannot be identified, options including taking annual leave accrued up to the date of the Verification of Professional Registration must be considered whilst the application process is complete. Suspension from duty should be avoided wherever possible. If an employee's professional registration cannot be renewed in a timely period, their line manager, with support from the HR Team, will meet with the employee to review their position.

Locum and Bank Staff require their professional registration to be verified. **Agency's** must ensure workers have an up-to-date professional registration before they start work.

Records: The ESR database will hold a record of those roles that require professional registration. This information is used to identify any employee whose registration is due to expire or is showing as having expired. The rostering system also records professional registrations.

Work Experience Policy: W38

Aim of the policy

This policy outlines the Trust's commitment to providing work experience for young persons and adults and the process to be followed when placing participants for work experience to assist managers in developing a structured programme.

Please refer to the full policy: <https://www.sath.nhs.uk/working-with-us/hr/policies>

Scope: Applies to work experience requests from schools and colleges but not from higher education. Applicants with learning disabilities are welcomed.

Links with other key policies: Equality and Diversity, Dress Code and Appearance, Health and Safety, Safe Moving and handling, Work Experience Support Pack.

Policy into practice:

Work Experience Directory on the intranet lists all available placements and details of the application process and if accepted written confirmation and start up pack will be included. A certificate will be provided to those who successfully complete their placement.

Schools/Colleges/Partner organisations must complete the reference section of the work experience application form to endorse the suitability of the applicant.

Work Placement Participant must follow health and safety instructions and know the fire emergency and accident procedures.

Risk Assessments: A risk assessment form should be completed before any work placements are introduced particularly for young persons. Any equipment used by a Work Experience participant must have been risk assessed.

Disclosure and Barring Service checks are not required for work experience participants as they will be under supervision throughout the placement.

Dress Code: Participants should ensure they follow the Trust's Dress Code Policy.

Identity badges must be always worn by the participant.

Insurance: The Trust has Employers Liability and Public Liability insurance cover for work experience participants.

Patient and Staff Confidentiality: Work Experience participants must sign a Declaration of Confidentiality form.

Termination of Placement: The Trust reserves the right to refuse to continue a placement opportunity if any participant deviates from this policy or acts in any way to endanger themselves, other employees, patients or visitors. In this situation the school, college or partner organisation will be informed immediately. The Workforce Transformation team should also be informed and may request a brief report from the Departmental Coordinator.

Pay: All work experience placements are unpaid.

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