Title | HR Policies
---|---
Sponsoring Executive Director | Victoria Maher - Workforce Director
Author(s) | Bridget Chambers, Human Resources Manager - Corporate
Purpose | To ask the Trust Board to **approve** these updated HR policies to ensure compliance across the Trust.
Previously considered by | HR Policy Group; TNCC Policy Group; TNCC Trust meeting, Policy Approval Group (PAG), Hospital Executive Committee (HEC)

**Executive Summary**

The HR policies detailed below have recently been reviewed and updated in the light of legislative changes and procedural processes within the Trust. Policies have been updated to reflect the changes in titles of responsible managers in line with the Centre structures, and the changes required for NHS LA purposes. As these HR policies affect the terms and conditions of employees of the Trust, they require approval from the Trust Board prior to implementation:

HR24 Maternity
HR25 Adoption
HR26 Maternity Support (Paternity) Leave
HR27 Parental Leave

The above suite of policies have been updated to reflect changes in entitlements, payments and to reflect legislative changes. Flow charts have been added to enable employees and managers to follow the processes required.

**HR31 Management of Sickness Absence**

Key changes in this policy are: new triggers for managing sickness absence, increased support around the health and wellbeing agenda; a table for annual leave entitlements during sickness has been added; a new section on patterns of absence has been included.

**HR45 Dignity at Work**

This policy was updated to reflect the requirements of the NHSLA standards for dealing with bullying and harassment issues; two new flow charts have been added to clarify the processes required when dealing with bullying or harassment issues; updated in line with the changes in Equality Legislation.

**HR67 Preceptorship**

This policy has been updated to provide clarity of eligibility for Preceptorship and changes to the wording in the policy regarding employees working through Temporary Staffing Department (the bank)

The above policies have all been through the relevant committee meetings for discussion and consultation and have been approved to be forwarded to the Trust Board for final approval.
<table>
<thead>
<tr>
<th>Related SATH Objectives</th>
<th>SATH Sub-Objectives</th>
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<tr>
<td>QUALITY AND SAFETY</td>
<td>QS5. Meet regulatory requirements and healthcare standards</td>
</tr>
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<td></td>
<td>LG3. Devolve responsibility and accountability and cooperate with each other</td>
</tr>
<tr>
<td>LEARNING AND GROWTH</td>
<td>FS4. Maximise the productivity and efficiency of our services, eliminating waste and non value adding processes</td>
</tr>
<tr>
<td>FINANCIAL STRENGTH</td>
<td></td>
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**Action required by the Trust Board**

The Trust Board is asked to **APPROVE** the policies so that they can be fully implemented from 1st October 2012.