A number of HR policies have recently been amended or updated as required. Further details are attached to this report.

HR19 Retirement Policy
The existing Retirement Policy has been updated to include The Trust’s Flexible Retirement policy (HR20). It provides guidance for employees who are wishing to seek retirement and explore possible flexible retirement options. Once ratified, HR20 will be removed from the list of available policies.

HR31 Managing Attendance and Employee Wellbeing
This revised policy explains what we expect from managers, staff and our staff side colleagues when handling sickness absence, and how we will work to reduce levels of sickness absence to an agreed annual target. It is intended to support managers and staff in the management of sickness absence, in maximising the contribution our staff are able to make within their capabilities and in managing the risk of premature and unnecessary ill health retirements. The policy is accompanied by a procedure document for managers.

HR43 Work Experience Policy
The policy has been updated pending receipt of further guidance from the Local Education and Training Council (LETC) which is due in 2014.

HR46 Maintaining Personal Files and Electronic Staff Records
The purpose of this policy is to provide a standard for the way the Trust maintains personal files. The policy aims to ensure there is a consistent high standard, complying with all employment legislation.

HR52 Standards of Business Conduct
This policy has been revised to take account of new requirements following the enactment of The Bribery Act (2010) and also includes amendments put forward by our Local Counter Fraud Specialist to clarify the requirements on declaration of gifts. The policy applies to all members of staff and covers the standards of conduct expected of all Trust employees, particularly where their private interests may conflict with their public duties.

HR54 Acting Up
This revised policy applies to all staff and posts covered by the Agenda for Change agreement including relevant new or amended posts. It does not apply to Executive Directors, doctors, dentists or workers not employed by the Trust. The policy has been updated to include reference to the requirement to complete an ESR ‘change of circumstance’ form.
This revised policy (previously known as Fraud and Corruption) has been updated to take account of the requirements of The Bribery Act and the changes to the Standards of Business Conduct Policy (HR52).

### Strategic Priorities
- Quality and Safety
- Healthcare Standards
- People and Innovation
- Community and Partnership
- Financial Strength

### Operational Objectives
- PI2 Embed Employment Basics contract, pay and policy
- PI3 Increase workforce flexibility through new roles and working practices

### Board Assurance Framework (BAF) Risks
- If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience
- If we do not implement our **falls** prevention strategy then patients may suffer serious injury
- If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards
- If we do not have a clear **clinical service vision** then we may not deliver the best services to patients
- If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve
- If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

### Care Quality Commission (CQC) Domains
- Safe
- Effective
- Caring
- Responsive
- Well led

### Recommendation
To approve the HR policies for implementation in the Trust.

Please note the information regarding HR58 Anti-bribery & Fraud Policy which contains a Board Statement for ALL Trust Board members to note.

The Board is asked to note that following a period of consultation HR31 Managing Attendance and Employee Wellbeing has not been agreed by staff side colleagues, the organisation has committed to reviewing the policy in six months time and sharing this review with staff side.
1 Policies for approval prior to submission to Trust Board

1.1 Retirement Policy (HR19)

The existing Retirement Policy has been updated to include The Trust’s Flexible Retirement policy (HR20). It provides guidance for employees who are wishing to seek retirement and explore possible flexible retirement options.

The policy has also been updated to reflect legislative changes and contains updated appendices with the introduction of flow charts for NHS pension and Non NHS pension scheme members.

This policy has been approved by TNCC. HR20 will be removed from the list of available HR policies as it will no longer exist upon ratification of this policy.

1.2 Managing Attendance and Employee Wellbeing Policy and Procedure Document HR31a and HR31b)

This revised policy explains what we expect from managers, staff and our staff side colleagues when handling sickness absence, and how we will work to reduce levels of sickness absence to an agreed annual target. It is intended to support managers and staff in the management of sickness absence, in maximising the contribution our staff are able to make within their capabilities and in managing the risk of premature and unnecessary ill health retirements.

The policy is accompanied by a procedure document for managers. The key points to note are the revised trigger points:

- Where an individual’s absence reaches a total of 10 working days or 4 episodes in a rolling 12 month period OR where it appears that a pattern of absence is emerging, they will be required to attend an Informal Review Meeting at Stage 1 of the policy.
- Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 2 of the policy.
- Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 3 of the policy. This meeting could result in redeployment or the termination of their employment.

Please Note:

The Board is asked to note that following a period of consultation this Policy has not been agreed by staff side colleagues, and therefore the organisation has committed to reviewing the policy in six months time and sharing this review with staff side.

1.3 Work Experience Policy (HR43)

The policy has been updated pending receipt of further guidance from the Local Education and Training Council (LETC) which is due in 2014.
The policy outlines the application process for work experience students, and the risk assessment processes which must be in place prior to accepting students.

A Work Experience Support Pack is available on the Trust's Intranet site, within the Learning Zone for Managers and Work Placement Coordinators.

1.4 Maintaining Personal Files and Electronic Staff Records (HR46)

The purpose of this policy is to provide a standard for the way the Trust maintains personal files. The policy aims to ensure there is a consistent high standard, complying with all employment legislation.

The main amendments are:

- **Access to Personal Files**, including a reference to Information Governance Policy IG07, to ensure employees understand how they can access their employment information held by the Trust;
- **Retention and Disposal of employment Records** updated to include disposal of personal records. The minimum retention period for these records is 6 years after the individual leaves service, at which time a summary of the file must be kept until the individual’s 70th birthday, or until 6 years after cessation of employment if aged over 70 years at the time.
- **Criminal Records Bureau (CRB)** removed and **The Disclosure and Barring Service (DBS)** added due to the merger between CRB and The Independent Safeguarding Authority (ISA).

1.5 Standards of Business Conduct (HR52)

This policy has been revised to take account of new requirements following the enactment of The Bribery Act (2010) and also includes amendments put forward by our Local Counter Fraud Specialist to clarify the requirements on declaration of gifts. The policy applies to all members of staff and covers the standards of conduct expected of all Trust employees, particularly where their private interests may conflict with their public duties. The policy includes a short guide for all staff as follows:

**Do:**

- Make sure you understand the guidelines on standards of business conduct, and consult your line manager if you are not sure;
- Make sure that you are not in a position where your private interests and NHS duties may conflict;
- Declare to your employer any relevant interests. If in doubt, ask yourself:
  i. Am I, or might I be in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?
  ii. Do I have access to information which could influence purchasing decisions?
  iii. Could my outside interest be in any way detrimental to the NHS or to patients' interests?
  iv. Do I have any other reason to think I may be risking a conflict of interests?

Trust web site: [www.sath.nhs.uk](http://www.sath.nhs.uk)
If still unsure - Declare it

- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services;
- Seek your manager's permission before taking on outside work if there is any question of it adversely affecting your NHS duties (19) (special guidance applies to doctors);
- Obtain your employer's permission before accepting any commercial sponsorship;

Do not:
- Offer or accept any gifts, inducements or hospitality outside the limits of this policy;
- Abuse your past or present official position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in awarding contracts
- Misuse or make available official "commercial in confidence" information

This policy will be uploaded to the 4policies system and circulated to all senior managers as part of the dissemination process.

1.6 Acting Up (HR54)

This revised policy applies to all staff and posts covered by the Agenda for Change agreement including relevant new or amended posts. It does not apply to Executive Directors, doctors, dentists or workers not employed by the Trust. The policy has been updated to include reference to the requirement to complete an ESR 'change of circumstance' form.

1.7 Anti-bribery and Fraud Policy (HR58)

This revised policy (previously known as Fraud and Corruption) has been updated to take account of the requirements of The Bribery Act and the changes to the Standards of Business Conduct Policy (HR52).

The policy establishes a framework which will:

- Ensure that all employees understand their personal responsibility to protect the assets of the Trust, including all buildings, equipment, monies, information and goodwill from fraud, theft, corruption or any other irregularity;
- Ensure that all employees understand about the risk of bribery and its unacceptability;
- Assist in promoting a climate of openness and a culture where staff feel able to raise concerns sensibly and responsibly;
- Set out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of bribery and corruption; and
- Ensure that appropriate sanctions are considered following an investigation, which may include any or all of the following:
2 The Bribery Act

2.1 Background
The Bribery Act 2010 came into force on 1 July 2011. It reformed the criminal law of bribery and corruption making it easier to tackle these offences proactively. It creates specific criminal offences which carry custodial sentences of up to 10 years and potentially unlimited fines. It also creates a corporate offence which means the majority of organisations across the public, private and charitable sectors will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

Active Bribery is defined as “offering or giving a bribe to another person to perform an illegal, unethical or other action which breaches trust, or to reward a person for performing such an action.

Passive Bribery is defined as “requesting, agreeing to receive or accepting a bribe to perform a function or activity improperly, irrespective of whether the recipient of the bribe requests or receives it directly or through a third party and irrespective of whether it is for the recipients benefit”.

Proactively combating bribery has clear benefits for this Trust and the wider NHS. It helps prevent:
- Adverse damage to, or criticism of, the organisation’s reputation;
- Potential loss of resources from NHS care; and
- Unforeseen costs of investigations and/or defence of any legal action.

2.2 Principles
The Ministry of Justice issued six principles of the Act which can be summarised as follows:

1) Proportionate procedures. Bribery prevention procedures should be:
   - Proportionate to the risks faced and the size and complexity of the business
   - Clear, practical, accessible, properly implemented and enforced
   SaTH’s procedures are contained within HR52 Code of Business Conduct and HR59 Anti-Bribery and Fraud Policy which the Board are being asked to approve.

2) Top-level commitment. Top-level management should:
   - Take responsibility at the board level for bribery prevention
   - Foster a zero-tolerance culture toward bribery
   This paper contains the Board’s Statement regarding their commitment to bribery prevention and their zero-tolerance towards bribery. The Director of Corporate Governance has been identified as the Board-level lead for the prevention of bribery. We aim to maintain anti-bribery compliance as ‘business as usual’ rather than a one-off exercise.

3) Risk assessment. The risk assessment should:
   - Consider both internal and external risks

Trust web site: www.sath.nhs.uk
• Be performed periodically and documented

A risk assessment was undertaken by the Trust’s Counter fraud specialist and presented to Audit Committee in Autumn 2013, along with arising recommendations. This will be regularly repeated

4) Due diligence. Due diligence should be:
• Conducted on parties performing services for or on behalf of a business
• Proportionate and risk-based

Shropshire Healthcare Procurement Service exercise proportionate and risk-based due diligence for all procurement exercises at SaTH, which are audited.

5) Communication. Communication and training:
• Should ensure that bribery prevention policies and procedures are embedded and understood throughout the business
• May include external communication and a secure, confidential and accessible “speak up” procedure
• These policies were developed with full consultation, the implementation includes a mini test of compliance, publication through staff newsletters, regular audit and an annual declaration for all relevant staff. Articles have already been published by both the Counter Fraud Specialist and Lead Director. A workshop was organised for staff by the Counter Fraud Specialist, along with ongoing local training and awareness. The NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60. This provides an easily accessible route for the reporting of genuine suspicions of fraud within or affecting the NHS. There is also the Trust’s internal Whistleblowing Policy HR05.

6) Monitoring and review. Regular monitoring and review should:
• Evaluate the effectiveness of current bribery prevention procedures
• Identify and implement necessary improvements

This is included in the Counter Fraud annual plan, which is reported to Audit Committee. We are committed to the prevention, deterrence and detection of bribery, in the same way as combating fraud in the NHS.

2.3 Board Statement

Bribery is a criminal offence. Shrewsbury and Telford Hospital NHS Trust does not, and will not, offer improper inducements to anyone, for any purpose; nor do we, or will we, accept improper inducements. This approach applies to everyone who works for us, or with us. To use a third party as a conduit to channel bribes to others is also a criminal offence. We do not, and will not, engage directly in, or otherwise encourage, bribery.

In conjunction with NHS Protect, we will seek to obtain the strongest penalties – including criminal prosecution, as well as disciplinary and civil sanctions, against anyone associated with the Trust who is found to be involved in bribery activities.

Trust web site: www.sath.nhs.uk
Standards of Business Conduct

Human Resources Policy No. HR52

Additionally refer to:

- HR05 Whistleblowing (link to intranet)
- HR07 Maintaining High Standards of Performance for Doctors and Dentists (link to intranet)
- HR31 Managing Attendance and Employee Wellbeing (link to intranet)
- HR36 Disciplinary Procedure (link to Intranet)
- HR56 Intellectual Property (link to Intranet)
- HR58 Anti-Bribery and Fraud Policy
- COR1 Marketing Communications, Commercial Sponsorship and Advertising Policy
- Gov04 - Operational Guidance on NHS patients who wish to pay for additional private care (co-payment)
- SATH Trust Standing Orders (link to Intranet)
- SATH Standing Financial Instructions (link to Intranet)
- Code of Conduct for NHS Managers (link to Intranet)
- “A Code of Conduct for Private Practice”
- BMA Ethics Guidance

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Document Leads:
- Workforce Director
- Director of Corporate Governance

Date issued: February 2014

Review date: February 2017

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Version Control Sheet

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1. **POLICY STATEMENT**

1.1 This policy has been formulated in order to implement the NHS Guidelines on Standards of Business Conduct for NHS Staff and details local procedures. The policy covers the standards of conduct expected of all Trust employees, particularly where their private interests may conflict with their public duties.

1.2 This policy applies to all staff employed by the Trust including those employed via the Temporary Staffing Department. The principles of the policy also apply to volunteers, agency staff, external secondees working temporarily with the Trust or other individuals who are not directly employed by the Trust. Any concerns raised with regard to the standards set down in this policy will be investigated and appropriate action will be taken which will include raising the matter formally with the employing organisation.

1.3 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality & Diversity Policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust, or by staff who may have an essential skills need in literacy or those whose first language is not English or for persons with little experience of working life.

1.4 It is the responsibility of managers and staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

2. **OVERVIEW**

2.1 To maintain public confidence, as a public sector body, the Trust must be impartial and honest in the conduct of its business and its staff must remain beyond suspicion.

2.2 High standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. The three fundamental public service values are:

   **Accountability:** Everything done by those who work in the Trust must be able to stand the tests of parliamentary scrutiny, public judgements on property and professional codes of conduct.

   **Probity:** Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, employees, suppliers and customers.

   **Openness:** The Trust's actions should be sufficiently public and transparent to promote confidence between the Trust and its patients, our employees and the public.

2.3 These standards are national benchmarks that inform our local policies and procedures. The arrangements made in this policy have been designed to ensure compliance with the national standards.

3. **DEFINITIONS**

3.1 Active Bribery is defined as "offering or giving a bribe to another person to perform an illegal, unethical or other action which breaches trust, or to reward a person for performing such an action."

3.2 Passive Bribery is defined as "requesting, agreeing to receive or accepting a bribe to perform a function or activity improperly, irrespective of whether the recipient of the bribe..."
requests or receives it directly or through a third party and irrespective of whether it is for the recipients benefit”.

3.3 A gift (see Section 6.3) may be described as an object or item given for the benefit of a specific individual, patients, the department or the service. Examples might include boxes of chocolates, calendars, a picture for the wall, a portable television, a ticket for an event.

3.4 A donation (see Section 6.3) is a gift of money. Donations may only be accepted for the benefit of the Trust, the department or the service. The procedure contained in the Charitable Funds user guidance must be followed.

3.5 To canvass (see Section 6.12) means to seek to obtain votes or support

4. DUTIES

4.1 Board Members (Directors and Non-Executive Directors)

4.1.1 The Directors of the Trust are responsible for ensuring there are systems in place to ensure this and all related policies are implemented across the Trust.

4.1.2 The Directors of the Trust are expected to conduct themselves in an exemplary manner as regards all matters covered by this policy and to comply with all aspects of it.

4.1.3 All Board members are required to comply with the requirements of the Code of Conduct and Accountability for NHS Boards. Board members are also expected to comply with Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England.

4.1.4 Directors are required to formally declare interests that are relevant and material to the Trust.

4.2 Managers

4.2.1 Managers of the Trust are responsible for ensuring that these guidelines are brought to the attention of all employees; also that systems are put in place for ensuring that they are effectively implemented within their areas of responsibility.

4.2.2 In addition, all managers are required to comply with all aspects of the policy, including both the NHS’s generic Standards of Business Conduct for NHS Staff (see Appendix A) and the Code of Conduct for NHS Managers (see Appendix B).

4.3 All Staff

4.3.1 All staff employed by the Trust, volunteers, agency staff, external secondees working temporarily with the Trust and other individuals who are not directly employed by the Trust are required to comply with this policy, with all other Trust policies and with NHS’s generic Standards of Business Conduct for NHS staff (see Appendix A).

4.3.2 Employees are expected to act in accordance with the standards laid down by their Professional Organisations and statutory standards where applicable and are expected to:-

- Ensure that the interest of patients remains paramount at all times.
- Be impartial and honest in the conduct of their official business.
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Ensure that they do not abuse their official position for personal gain or to avoid a loss or to benefit their family or friends, religious belief, professional affiliation or political alignment.
- Ensure that they do not seek to advantage or further private business or other interest, in the course of their official duties.
- Comply with all aspects of this policy and other Trust policies.
- Consult with their line Manager if in any doubt.

4.3.3 Due to the nature of the Trust's work it is expected that all staff will act with due diligence and utmost honesty at all times. Any matters of concern must be acted upon and reported to a manager or Director as is appropriate. All employees have a duty to act on or report any acts of misconduct, dishonesty, breach of Trust rules or breach of any rules of the relevant professional bodies committed, contemplated or discussed by any other member of employee or by any third party. Any failure to do so, may be regarded as serious or gross misconduct depending on the circumstances. Similarly, where genuine concerns are raised, employees will be protected from any action for defamation. The Trust's Whistleblowing policy set out arrangements under which concerns may be raised.

4.3.4 All staff should fully understand that any breach of the Bribery Act 2010 renders the employee liable to prosecution and may also lead to loss of their employment and pension rights.

5. LEGISLATION

5.1 The Bribery Act 2010 has introduced the offences of offering and/or receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery taking place. Under the Act, bribery is defined as “inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, fees, rewards or other privileges”.

5.2 Corruption is broadly defined as “the offering or the acceptance of inducements, gifts or favours, payments or benefit in kind which may influence the improper action of any person. Corruption does not always result in a loss”. The corrupt person may not benefit directly from their deeds, however, they may be unreasonably using their position to give some advantage to another. To demonstrate the Trust has in place sufficient and adequate procedures and to show openness and transparency, all staff are required to comply with the requirements of the Standards of Business Conduct Policy.

6. STANDARDS

6.1 Failure to comply with any of the standards detailed below may result in action being taken in accordance with the Trust's Disciplinary Procedure (HR36/HR07) and prosecution under the Bribery Act 2010 or Fraud Act 2006.

6.2 The Trust will require submission of an Annual Audit of Declarations of Interest and Receipt of Gifts and/or Hospitality Form (Appendix F) from all staff at Band 8a and above and all senior medical staff for audit purposes. Managers from key areas who may be in lower bands than 8a but have purchasing powers (e.g. Stores staff) will also be required to send a declaration All Procurement staff will be required to complete an annual declaration due to the sensitivity of their posts. Members of any Committee or Group that have procurement powers eg Product Evaluation Group, Drug & Therapeutics Committee will be required to complete an annual declaration and report any relevant interest before any meeting of the group. In addition all managers are required to notify the Director of Corporate Governance of any members of their teams who they believe should complete a declaration that are not covered by this provision.
6.3 Gifts, Hospitality and Sponsorship

6.3.1 Gifts offered by patients, relatives and other users of services

Monetary donations from patients, relatives or other users of services may be accepted provided that the procedure contained in the Charitable Funds user guidance is followed. Such donations should be for the benefit of the Trust or specific wards or departments within the Trust. Monetary donations offered on a personal basis to individual members of staff must without exception, be politely but firmly declined.

**Gifts under £35** - Gifts under the value of £35 (e.g. chocolates, biscuits) offered to individuals by patients, relatives and other users of services may be accepted. Individuals should notify their line manager of receipt of all gifts under £35, cards/letters expressing appreciation received from patients, relatives and other users of services (irrespective of value) and these will be recorded on the Monthly Patient Appreciation & Gifts Monitoring Form (Appendix C). It should be noted this requirement is simply to ensure the Board to be apprised of the positive feedback from users of the services in the same way that they receive feedback of complaints made, to provide a balanced picture.

**Gifts over £35** - Gifts (not cash) valued at over £35 may only be accepted if they are intended for the benefit of patients, the department or the service (e.g. a portable television for a ward). Gifts valued at over £35 must be reported using the Gifts and Hospitality for Individuals Declaration Form (Appendix D).

Under no circumstances must money of any value be accepted unless given as a donation to the Trust (see section 3.4).

Individuals at Band 8a and above and all Senior Medical Staff should complete the Annual Audit of Declarations of Interest and Receipt of Gifts and/or Hospitality Form when required to do so. Managers from key areas who may be in lower bands than 8a but have purchasing powers (e.g. Stores staff) will also be required to send a declaration. All Procurement staff will be required to complete an annual declaration due to the sensitivity of their posts. Members of any Committee or Group that have procurement powers (e.g. Product Evaluation Group, Drug & Therapeutics Committee) will be required to complete an annual declaration and report any relevant interest before any meeting of the group. In addition, all managers are required to notify the Director of Corporate Governance of any members of their teams who they believe should complete a declaration that are not covered by this provision.

Any concerns raised through the monitoring process will be addressed with the appropriate line manager.

6.3.2 Gifts offered by potential or actual contractors or suppliers of services/products

Gifts offered by potential or actual contractors or suppliers of services/products which are of low intrinsic value such as diaries and calendars may be accepted. Individuals should notify their line manager of such gifts. In case of doubt, staff must either consult their line manager for authorisation or politely decline acceptance.

Gifts valued at over £6 (e.g. diaries or calendars) offered by potential or actual contractors or suppliers of services/products may only be accepted if they are intended for the benefit of patients, the department or the service. Such gifts must be declared using the Gifts and Hospitality for Individuals Declaration Form (Appendix D). Individuals at Band 8a and above and all Senior Medical Staff should also complete the Annual Audit of Declarations of Interest and Receipt of Gifts and/or Hospitality Form (Appendix F) when required to do so. Managers from key areas who may be in lower bands than 8a but have purchasing powers...
(eg Stores staff) will also be required to send a declaration. All Procurement staff will be required to complete an annual declaration due to the sensitivity of their posts. Members of any Committee or Group that have procurement powers eg Product Evaluation Group, Drug & Therapeutics Committee will be required to complete an annual declaration and report any relevant interest before any meeting of the group. In addition all managers are required to notify the Director of Corporate Governance of any members of their teams who they believe should complete a declaration that are not covered by this provision.

Under no circumstances must money of any value be accepted unless given as a donation to the Trust (see section 3.4).

6.3.3 Hospitality

Modest hospitality provided it is normal and reasonable (i.e. not exceeding £35) may be accepted e.g. lunches in the course of working visits are acceptable, it should however be similar to the scale of hospitality which the NHS would be likely to offer.

On occasions when the Trust considers it necessary for staff advising on the purchase of equipment to inspect equipment in operation in other parts of the country (or exceptionally, overseas) or when it is necessary to inspect a service, staff should seek prior permission from their Clinical Director or Head of Service.

Where the value of hospitality is estimated to exceed £35, this should be declared no later than two weeks after receipt using the Gifts and Hospitality for Individuals Declaration Form (Appendix D). Individuals at Band 8a and above and all Senior Medical Staff should also complete the Annual Audit of Declarations of Interest and Receipt of Gifts and/or Hospitality Form (Appendix F) when required to do so.

Any individuals who are in receipt of hospitality exceeding £35 must declare this during any subsequent procurement process and their involvement in the process must be limited as appropriate.

For lunches etc provided on the hospital site by companies, the cost should not exceed £6 per head. If this figure is exceeded it should also be declared by the individual organising the lunch etc using the Gifts and Hospitality for Individuals Declaration Form (Appendix D).

6.3.4 Sponsorship for attendance at a course or conference

Sponsorship for attendance at a course or conference (this can include travel and subsistence costs) may be accepted provided that attendance at such an event would be in the interests of the service and the offer of sponsorship is without intent to gain benefit or advantage. Employees must seek permission in advance from their Clinical Director or Head of Service and the Trust must be satisfied that acceptance will not compromise purchasing or service provision decisions in any way.

Sponsorship for attendance at a course or conference must be declared using the relevant Application for Study Leave Form (medical staff) or Request for Development and Training Support Form (all other staff). This should normally be completed before attendance at the course or conference.

6.3.5 General Principles

Care should be taken when accepting gifts, hospitality or sponsorship on a frequent basis from the same supplier/s or organisations. Any gifts, hospitality or sponsorship valued at over £3000 per individual or per company, whether as singly or accumulated over a 12
month rolling period, will be reviewed by the Procurement Service to ensure there is no conflict of interest.

6.3.6 Under no circumstances should any gift, hospitality or sponsorship be accepted where it would be in breach of an individual's professional code of conduct.

6.4 Declaration of Interests

6.4.1 It is the responsibility of the employee to inform the Trust if they, or a close relative or associate has any personal or financial interest in a business (including a private sector company, public sector organisation, or other NHS employer and/or voluntary organisation), or in any other activity or pursuit which may compete for an NHS contract to supply either goods or services to the hospital (e.g. private nursing homes).

6.4.2 In such circumstances the Trust must ensure that its interest and the interest of patients are adequately safeguarded.

6.4.3 A declaration of interest must occur either when the employee commences employment or upon acquisition of the interest.

6.4.4 Declarations should be made using the form at Appendix E and will be entered into a central register held in the Director of Corporate Governance’s office. In addition, individuals at Band 8a and above and all Senior Medical Staff should also complete the Annual Audit of Declarations of Interest and Receipt of Gifts and/or Hospitality Form (Appendix F) when required to do so and this register will be presented annually to the Trust’s Audit Committee. Managers from key areas who may be in lower bands than 8a but have purchasing powers will also be required to send a declaration (e.g. Stores staff). All Procurement staff will be required to complete an annual declaration due to the sensitivity of their posts.

6.4.5 Individuals must not, under any circumstances, seek to promote any business or service in which they, or a close relative or associate have a personal or financial interest. When a member of staff, in the normal course of their duties, refers a patient to a private nursing home or other establishment/service in which they, or a close relative or associate have a personal or financial interest, the patient must be made aware of the interest prior to referral.

6.4.6 In accordance with the BMA Ethics Guidance, consultants should not spend time during NHS consultations discussing private treatment with patients, nor should they use their NHS patient lists to promote their private practice.

6.4.7 This does not apply to cases where co-payment options are being discussed with patients. In these cases please refer to Trust Policy Gov 04 - Operational Guidance on NHS patients who wish to pay for additional private care (co-payment).

6.4.8 All other employees must comply with their relevant ethical code/guidance in relation to private work.

6.5 Preferential treatment in private transactions

6.5.1 Employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust (this does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff, e.g. NHS staff benefits schemes). To do so may contravene the requirements of the Bribery Act 2010 resulting in criminal prosecution. Such matters should be referred to the Trust's Local Counter Fraud Specialist.
6.6 **Contracts for Services**

6.6.1 All staff who are in contact with suppliers and purchasers (including external consultants), and in particular those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to the professional standards of the kind set out in the Ethical Code of the Institute of Purchasing and Supply (IPS).

6.6.2 All contracts must be awarded via the Trust’s Standing Orders and Standing Financial instructions. Failure to do so may result in disciplinary action and/or referral to the Trust’s Local Counter Fraud Specialist.

6.7 **Openness in Awarding Contracts**

6.7.1 Fair and open competition between prospective contractors or suppliers for Trust contracts is a requirement for Trust Standing Orders and of EC Directives on Public Purchasing for Works and Supplies.

6.7.2 A private, public or voluntary organisation or company bidding for NHS business should not be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors even if they have held a long-running series of previous contracts. Each new contract should be awarded solely on merit, taking into account the requirements of the Trust and the ability of the contractors to fulfil them.

6.7.3 There must be no favouritism shown to any current or previous employees, close relatives or associates in awarding contracts to businesses run by them or employing them. Contracts can be awarded to such a business if won in fair competition against other tenders and if the interested party plays no part in the selection process. Tendering and contracting should follow agreed Trust procedure.

6.8 **Secondary Employment**

6.8.1 Employees who hold or intend to hold any other paid or unpaid appointments outside the Trust, including self-employment, must obtain written approval for this from their line manager and a copy must be held on the individual’s personal file. The other employment must in no way diminish the contribution the employee is able to make to the Trust. The total weekly average hours of work should not normally exceed the limit under the Working Time Regulations. Any additional posts will need to be discussed with the manager and where the manager assesses these to be inappropriate or where the Trust’s confidentiality requirements are jeopardised, the employee will be required to give up the other employment; their employment with the Trust may be terminated should they refuse to do so.

6.8.2 Where an employee holds another appointment outside the Trust, including self-employment and is off sick from their Trust post, they should not normally undertake any paid work during the period of sickness and any intention to do so should be agreed with the manager in advance (see HR31 Managing Attendance and Employee Wellbeing, Section 13).

6.8.3 Where an employee is found to be working elsewhere, including self-employment, whilst in receipt of contractual sick pay and a GP Fit Note cannot be provided to confirm their eligibility to work, this may be treated as gross misconduct under the Trust’s Disciplinary Procedure (HR36). If they are working the same hours as their contracted Trust hours the Trust’s Local Counter Fraud Specialist will also be notified, which could result in criminal prosecution.
6.8.4 Employees may not take up any paid or unpaid employment during periods of Study Leave. Such conduct may be treated as gross misconduct under the Trust’s Disciplinary Procedure (HR36).

6.8.5 All Staff should not undertake work outside of their contracted hours where such work would be in breach of Working Times Regulations, although they are entitled to opt out of this if they so wish. This needs to be formally agreed with their manager in writing. Any work undertaken then remains subject to the preceding paragraphs of 6.8.

6.9 Private Practice (for Medical And Dental)

6.9.1 Consultants (and associate specialists) employed by the Trust under the terms and conditions of Service of Hospital Medical and Dental Staff are permitted to carry out private practice in NHS hospitals subject to the conditions outlined in the document “A Code of Conduct for Private Practice” (http://www.nhsemployers.org/SiteCollectionDocuments/DH_085195.pdf)

Consultants who have Trust contracts are also subject to the terms applying to private practice.

Where co-payment options (topping up) are being discussed, please refer to Trust Policy Gov 04 - Operational Guidance on NHS patients who wish to pay for additional private care (co-payment).

6.9.2 Other Medical and Dental employees may undertake private work for outside agencies, providing they do not do so within the time they are contracted to the NHS, and they observe the conditions in paragraph 6.9.1 above. All hospital doctors are entitled to fees for other work outside their NHS contractual duties under “Category 2” (paragraph 37 of the TCS of Medical and Dental Staff) e.g. examinations and reports for life insurance purposes.

6.10 Commercial Sponsorship of Posts – “Linked Deals”

6.10.1 Where other organisations wholly or partially sponsor a hospital post, it should be made abundantly clear to the organisation concerned, that the sponsorship deal will have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, monitoring arrangements will be established to ensure that purchasing decisions are not being influenced by the sponsorship agreement. Prior approval from a Board Director is required.

6.10.2 In all such cases the pay rate for the post will be determined by the Trust’s normal criteria i.e. by the Agenda for Change Job Matching/Evaluation process or by reference to the Medical and Dental terms and conditions of employment, not by the funding offered. Additionally, where the funding is time limited, the post should be established and offered on a fixed term basis.

6.10.3 Where an individual is employed in a commercially sponsored post, this must be stated in their contract of employment, along with a declaration to confirm that the sponsorship agreement will not seek to influence any purchasing decisions of the Trust.

6.11 “Commercial In-Confidence”

6.11.1 Staff must not misuse or make available (except as required in accordance with the Freedom of Information Act 2000 and the Trust’s Freedom of Information and Re-Use of Public Sector Information Policy) official “commercial in-confidence” information, particularly if its disclosure would prejudice the principles of a purchasing system based on fair
competition. This principle applies whether private competition or other NHS providers are concerned and whether or not disclosure is prompted by the expectation of personal gain.

6.11.2 This also applies to any Staff representatives who obtain such information as part of the consultation process in such matters.

6.12 Staff Appointments

6.12.1 If any candidate for an appointment canvasses any manager, including any member of the Trust Board, or any committee of the Trust Board, directly or indirectly, in an attempt to influence the recruitment decision, the candidate shall be disqualified from being appointed. However, this does not prevent informal discussions taking place between the applicant and manager.

6.12.2 Members of the Trust Board or management must not solicit for or recommend any person for any appointment with the Trust or attempt to influence the recruitment decision on behalf of any individual (this does not preclude them from acting as a referee for a post).

6.12.3 It is the responsibility of any member of staff involved in selection interviews to inform their manager if any relationship exists between themselves and a candidate for an appointment. Trust Board members and senior officers should disclose to the Trust Board any relationship between themselves and a candidate for an appointment of which they are aware.

6.12.4 Any individual who is found to have falsified any documents or information in support of their application for appointment will be subject to action in accordance with the Trust’s Disciplinary Procedure (HR36) and may be referred to the Local Counter Fraud Specialist for the consideration of prosecution.

7. RAISING CONCERNS

7.1 All employees have a duty to act on or report any acts of misconduct, dishonesty, breach of Trust rules or breach of any rules of the relevant professional bodies which are committed, contemplated or discussed by any other member of staff or by any third party.

7.2 Any matters of concern must be reported immediately to a manager or Director as appropriate.

7.3 Any concerns or allegations of fraud, corruption or bribery must be reported immediately to the Trust’s Local Counter Fraud Specialist, the Director of Corporate Governance or the Finance Director.

7.4 Individuals who are worried about raising their concerns should refer to the Trust’s Whistleblowing Policy (HR05).

8 TRAINING NEEDS

8.1 Training requirements to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Risk Management Training Policy. These can be accessed via the Learning Zone pages on the Trust’s intranet.
9. REVIEW PROCESS

9.1 It is recognised that as legislation changes the policy will need to be updated to reflect these requirements. Any revision will be made in consultation with recognised Trade Unions and professional staff organisations.

9.2 This policy will be reviewed 3 years from the date of ratification by Trust Board.

10. EQUALITY IMPACT ASSESSMENT (EQIA)

10.1 This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

11. PROCESS FOR MONITORING COMPLIANCE

11.1 All declarations of receipt of gifts, hospitality and sponsorship and declarations of interest will be reviewed regularly by the Trust’s Procurement team.

11.2 The Trust’s Audit Committee will review the annual audit of declarations of interests and gifts and/or hospitality of all staff at Band 8a and above and all Senior Medical Staff and managers from key areas who may be in lower bands than 8a but have purchasing powers as well as all Procurement staff.

11.3 All reports of fraud, corruption or bribery will be reported to the Trust Board in the private session.

<table>
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<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
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<td>Review of policy when updated</td>
<td>Deputy Head of HR</td>
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<tr>
<td>Duties</td>
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<td>Director of Corporate Governance</td>
<td>Annual report</td>
<td>Audit Committee</td>
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12. REFERENCES

- Fraud Act 2006 (www.legislation.gov.uk)
- Bribery Act 2010 (www.legislation.gov.uk)
- Code of Conduct for NHS Managers
- Code of Conduct and Accountability for NHS Boards
  http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- BMA Ethics Guidance
- “A Code of Conduct for Private Practice”
  http://www.nhsemployers.org/SiteCollectionDocuments/DH_085195.pdf
STANDARDS OF BUSINESS CONDUCT FOR NHS STAFF

NHS general guidelines (adapted from NHS Circular: HSG (93)5)

Introduction
1. These guidelines set out the guiding principles relating to their conduct of business in the NHS.

Responsibility of NHS employers
2. NHS employers are responsible for ensuring that these guidelines are brought to the attention of all employees; also that machinery is put in place for ensuring that they are effectively implemented.

Responsibility of NHS staff
3. It is the responsibility of staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. This primary responsibility applies to all NHS Staff, i.e. those who commit NHS resources directly (e.g. by the ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines). A further example would be staff who may have an interest in a private nursing home and who are involved with the discharge of patients to residential facilities.

Guiding principle in conduct of public business
4. It is a long established principle that public sector bodies, which include the NHS, must be impartial and honest in the conduct of their business, and that their employees should remain beyond suspicion. It is also an offence under the Bribery Act 2010 for an employee to offer or receive a bribe. Under the Act, bribery is defined as “Inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts and loans, fees, rewards or other privileges”. Corruption is broadly defined as “the offering or the acceptance of inducements, gifts or favours, payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss”. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

Staff will need to be aware that a breach of the provisions of the Bribery Act renders them liable to prosecution and may also lead to loss of their employment and pension rights in the NHS.

Principles of conduct in the NHS
5. NHS staff are expected to:
   • ensure that the interests of patients remains paramount at all times;
   • be impartial and honest in the conduct of their official business;
   • use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

6. It is also the responsibility of staff to ensure that they do not:
   • abuse their official position for personal gain or to benefit their family or friends;
   • seek to advantage or further private business or other interests, in the course of their official duties.
Implementing the guiding principles

Casual gifts
7. Casual gifts offered by contractors or others, e.g. at Christmas time, may not be in any way connected with the performance of duties so as to constitute an offence under the Bribery Act. Such gifts should nevertheless be politely but firmly declined. Articles of low intrinsic value such as diaries or calendars, or small tokens of gratitude from patients or their relatives, need not necessarily be refused. In cases of doubt staff should either consult their line manager or politely decline acceptance.

Hospitality
8. Modest hospitality provided it is normal and reasonable in the circumstances, e.g. lunches in the course of working visits, may be acceptable, though it should be similar to the scale of hospitality which the NHS as an employer would be likely to offer.

9. Staff should decline all other offers of gifts, hospitality or entertainment. If in doubt they should seek advice from their line manager.

Declaration of interests
10. NHS employers need to be aware of all cases where an employee, or his or her close relative or associate, has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the employing authority.

11. All NHS staff should therefore declare such interests to their employer, either on starting employment or on acquisition of the interest, in order that it may be known to and in no way promoted to the detriment of either the employing authority or the patients whom it serves.

12. One particular area of potential conflict of interest which may directly affect patients, is when NHS staff hold a self-beneficial interest in private care homes or hostels. While it is for staff to declare such interests to their employing authority, the employing authority has a responsibility to introduce whatever measures it considers necessary to ensure that its interests and those of patients are adequately safeguarded. This may for example take the form of a contractual obligation on staff to declare any such interests. Advice on professional conduct issued by the General Medical Council recommends that when a doctor refers a patient to a private care home or hostel in which he or she has an interest, the patient must be informed of that interest before referral is made.

13. NHS employers should:
- Ensure that staff are aware of their responsibility to declare relevant interests (perhaps by including a clause to this effect in staff contracts)
- Consider keeping registers of all such interests and making them available for inspection by the public.
- Develop a local policy, in consultation with staff and local staff interests, for implementing this guidance. This may include the disciplinary action to be taken if an employee fails to declare a relevant interest, or is found to have abused his or her official position, or knowledge, for the purpose of self-benefit, or that of family or friends.
Preferential treatment in private transactions
14. Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of their NHS employer. (This does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff, for example NHS staff benefits schemes.)

Contracts
15. All staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to professional standards of the kind set out in the Ethical Code of the Institute of Purchasing and Supply (IPS).

Favouritism in awarding contracts
16. Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of NHS Standing Orders and of EC Directives on Public Purchasing for Works and Supplies. This means that:
   • no private, public or voluntary organisation or company which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
   • each new contract should be awarded solely on merit, taking into account the requirements of the NHS and the ability of the contractors to fulfil them.

17. NHS employers should ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

Warnings to potential contractors
18. NHS employers will wish to ensure that all invitations to potential contractors to tender for NHS business include a notice warning tenderers of the consequences of engaging in any corrupt practices involving employees of public bodies.

Outside employment
19. NHS employees are advised not to engage in outside employment which may conflict with their NHS work, or be detrimental to it. They are advised to tell their NHS employing authority if they think they may be risking a conflict of interest in this area: the NHS employer will be responsible for judging whether the interests of patients could be harmed, in line with the principles in paragraph 5 above. NHS employers may wish to consider the preparation of local guidelines on this subject.

Private practice
20. Consultants (and associate specialists) employed under the Terms and Conditions of Service of Hospital Medical and Dental Staff are permitted to carry out private practice in NHS hospitals subject to the conditions outlined in the handbook "A Guide to the Management of Private Practice in the NHS". (See also PM(79)11). Consultants who have signed new contracts with Trusts will be subject to the terms applying to private practice in those contracts.
21. Other grades may undertake private practice or work for outside agencies, providing they do not do so within the time they are contracted to the NHS, and they observe the conditions in paragraph 20 above. All hospital doctors are entitled to fees for other work outside their NHS contractual duties under "Category 2" (paragraph 37 of the TCS of Hospital Medical and Dental staff), e.g. examinations and reports for life insurance purposes. Hospital doctors and dentists in training should not undertake locum work outside their contracts where such work would be in breach of their contracted hours. Career grade medical and dental staff employed by NHS Trusts may agree terms and conditions different from the National Terms and Conditions of Service.

Rewards for Initiative (please refer to HR56 Intellectual Property policy)

22. NHS employers should ensure that they are in a position to identify potential intellectual property rights (IPR), as and when they arise, so that they can protect and exploit them properly, and thereby ensure that they receive any rewards or benefits (such as royalties) in respect of work commissioned from third parties, or work carried out by their employees in the course of their NHS duties. Most IPR are protected by statute; e.g. patents are protected under the Patents Act 1977 and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988. To achieve this, NHS employers should build appropriate specifications and provisions into the contractual arrangements which they enter into before the work is commissioned, or begins. They should always seek legal advice if in any doubt in specific cases.

23. With regard to patents and inventions, in certain defined circumstances the Patents Act gives employees a right to obtain some reward for their efforts, and employers should see that this is effected. Other rewards may be given voluntarily to employees who within the course of their employment have produced innovative work of outstanding benefit to the NHS. Similar rewards should be voluntarily applied to other activities such as giving lectures and publishing books and articles.

24. In the case of collaborative research and evaluative exercises with manufacturers, NHS employers should see that they obtain a fair reward for the input they provide. If such an exercise involves additional work for an NHS employee outside that paid for by the NHS employer under his or her contract of employment, arrangements should be made for some share of any rewards or benefits to be passed on to the employee(s) concerned from the collaborating parties. Care should however be taken that involvement in this type of arrangement with a manufacturer does not influence the purchase of other supplies from that manufacturer.
Short guide for all staff

Do:

- Make sure you understand the guidelines on standards of business conduct, and consult your line manager if you are not sure;
- Make sure that you are not in a position where your private interests and NHS duties may conflict;
- Declare to your employer any relevant interests. If in doubt, ask yourself:
  i. Am I, or might I be in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?
  ii. Do I have access to information which could influence purchasing decisions?
  iii. Could my outside interest be in any way detrimental to the NHS or to patients' interests?
  iv. Do I have any other reason to think I may be risking a conflict of interests?
If still unsure - Declare it
- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services;
- Seek your manager's permission before taking on outside work if there is any question of it adversely affecting your NHS duties (19) (special guidance applies to doctors);
- Obtain your employer's permission before accepting any commercial sponsorship;

Do not:

- Offer or accept any gifts, inducements or hospitality outside the limits of this policy;
- Abuse your past or present official position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in awarding contracts
- Misuse or make available official "commercial in confidence" information
Chartered Institute of Purchasing and Supply  
Code of ethics  
Your commitment to the profession  
Use of the code  
Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. 
Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. 
The Institute’s Royal Charter sets out a disciplinary procedure which enables the CIPS Board of Trustees to investigate complaints against any of our members and, if it is found that they have breached the code to take appropriate action. Advice on any aspect of the code is available from CIPS.  
This code was approved by the CIPS Council on 11 March 2009.  
As a member of The Chartered Institute of Purchasing & Supply, I will:  

- maintain the highest standard of integrity in all my business relationships  
- reject any business practice which might reasonably be deemed improper  
- never use my authority or position for my own personal gain  
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way  
- foster the highest standards of professional competence amongst those for whom I am responsible  
- optimise the use of resources which I have influence over for the benefit of my organisation  
- comply with both the letter and the intent of:  
  - the law of countries in which I practise  
  - agreed contractual obligations  
  - CIPS guidance on professional practice  
- declare any personal interest that might affect, or be seen by others to affect, my impartiality or decision making  
- ensure that the information I give in the course of my work is accurate  
- respect the confidentiality of information I receive and never use it for personal gain  
- strive for genuine, fair and transparent competition  
- not accept inducements or gifts, other than items of small value such as business diaries or calendars always to declare the offer or acceptance of hospitality and never allow hospitality to influence a business decision  
- remain impartial in all business dealing and not be influenced by those with vested interests  

Advice on any aspect of the code of ethics is available from CIPS  
(http://www.cips.org/Documents/About%20CIPS/CIPS%20Code%20of%20Ethics.pdf)
Appendix B

CODE OF CONDUCT FOR NHS MANAGERS - 2002

Introduction

The Code sets out the core standards of conduct expected of NHS managers. It will serve two purposes:
- to guide NHS managers and employing health bodies in the work they do and the decisions and choices they have to make.
- to reassure the public that these important decisions are being made against a background of professional standards and accountability.

Code of Conduct for NHS Managers

As an NHS manager, I will observe the following principles:
- make the care and safety of patients my first concern and act to protect them from risk;
- respect the public, patients, relatives, carers, NHS staff and partners in other agencies;
- be honest and act with integrity;
- accept responsibility for my own work and the proper performance of the people I manage;
- show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community;
- take responsibility for my own learning and development.

This means in particular that:

1. I will:
   - respect patient confidentiality;
   - use the resources available to me in an effective, efficient and timely manner having proper regard to the best interests of the public and patients;
   - be guided by the interests of the patients while ensuring a safe working environment;
   - act to protect patients from risk by putting into practice appropriate support and disciplinary procedures for staff; and
   - seek to ensure that anyone with a genuine concern is treated reasonably and fairly.

2. I will respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies. In my capacity as a senior manager within the NHS I will seek to ensure that no one is unlawfully discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin. I will also seek to ensure that:
   - the public are properly informed and are able to influence services;
   - patients are involved in and informed about their own care, their experience is valued, and they are involved in decisions;
   - relatives and carers are, with the informed consent of patients, involved in the care of patients;
   - partners in other agencies are invited to make their contribution to improving health and health services; and
• NHS staff are:
  – valued as colleagues;
  – properly informed about the management of the NHS;
  – given appropriate opportunities to take part in decision making.
  – given all reasonable protection from harassment and bullying;
  – provided with a safe working environment;
  – helped to maintain and improve their knowledge and skills and achieve their potential; and
  – helped to achieve a reasonable balance between their working and personal lives.

3. I will be honest and will act with integrity and probity at all times. I will not make, permit or knowingly allow to be made, any untrue or misleading statement relating to my own duties or the functions of my employer.

I will seek to ensure that:
• the best interests of the public and patients/clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements;
• NHS resources are protected from fraud and corruption and that any incident of this kind is reported to the NHS Counter Fraud Services;
• judgements about colleagues (including appraisals and references) are consistent, fair and unbiased and are properly founded; and
• open and learning organisations are created in which concerns about people breaking the Code can be raised without fear.

4. I will accept responsibility for my own work and the proper performance of the people I manage. I will seek to ensure that those I manage accept that they are responsible for their actions to:
• the public and their representatives by providing a reasonable and reasoned explanation of the use of resources and performance;
• patients, relatives and carers by answering questions and complaints in an open, honest and well researched way and in a manner which provides a full explanation of what has happened, and of what will be done to deal with any poor performance and, where appropriate giving an apology; and
• NHS staff and partners in other agencies by explaining and justifying decisions on the use of resources and give due and proper consideration to suggestions for improving performance, the use of resources and service delivery.

I will support and assist the Accountable Officer of my organisation in his or her responsibility to answer to Parliament, Ministers and the Department of Health in terms of fully and faithfully declaring and explaining the use of resources and the performance of the local NHS in putting national policy into practice and delivering targets.

For the avoidance of doubt, nothing in paragraphs two to four of this Code requires or authorises an NHS manager to whom this Code applies to:
• make, commit or knowingly allow to be made any unlawful disclosure;
• make, permit or knowingly allow to be made any disclosure in breach of his or her duties and obligations to his or her employer, save as permitted by law.

If there is any conflict between the above duties and obligations and this Code, the former shall prevail.
5. I will show my commitment to working as a team by working to create an environment in which:
   
   • teams of frontline staff are able to work together in the best interests of patients;
   • leadership is encouraged and developed at all levels and in all staff groups; and
   • the NHS plays its full part in community development.

6. I will take responsibility for my own learning and development. I will seek to:
   
   • take full advantage of the opportunities provided;
   • keep up to date with best practice; and
   • share my learning and development with others.

Implementing the Code

1. The Code should be seen in a wider context that NHS managers must follow the ‘Nolan Principles on Conduct in Public Life’, the ‘Corporate Governance Codes of Conduct and Accountability’, the ‘Standards of Business Conduct’, the ‘Code of Practice on Openness in the NHS’ and standards of good employment practice.

2. In addition many NHS managers come from professional backgrounds and must follow the code of conduct of their own professions as well as this Code. In order to maintain consistent standards, NHS bodies need to consider suitable measures to ensure that managers who are not their employees but who
   (i) manage their staff or services; or
   (ii) manage units which are primarily providing services to their patients
also observe the Code.

3. It is important to respect both the rights and responsibilities of managers. To help managers to carry out the requirements of the Code, employers must provide reasonable learning and development opportunities and seek to establish and maintain an organisational culture that values the role of managers. NHS managers have the right to be:
   • treated with respect and not be unlawfully discriminated against for any reason;
   • given clear, achievable targets;
   • judged consistently and fairly through appraisal;
   • given reasonable assistance to maintain and improve their knowledge and skills and achieve their potential through learning and development; and
   • reasonably protected from harassment and bullying and helped to achieve a reasonable balance between their working and personal lives.

Breaching the Code

4. Alleged breaches of the Code of Conduct should be promptly considered and fairly and reasonably investigated. Individuals must be held to account for their own performance, responsibilities and conduct where employers form a reasonable and genuinely held judgement that the allegations have foundation. Investigators should consider whether there are wider system failures and organisational issues that have contributed to the problems. Activity, the purpose of which is to learn from and prevent breaches of the Code, needs to look at their wider causes.

5. Local employers should decide whether to investigate alleged breaches informally or under the terms of local disciplinary procedures. It is essential however that both forms of investigation should be, and be seen to be, reasonable, fair and impartial. If Chief Executives or Directors are to be investigated, the employing authority should use individuals who are employed elsewhere to conduct the investigation. The NHS Confederation, the Institute of Healthcare Management and the Healthcare Financial...
Management Association are among the organisations who maintain lists of people who are willing to undertake such a role.

Application of Code

6. This Code codifies and articulates certain important contractual obligations that apply to everyone holding management positions. These include Chief Executives and Directors who as part of their duties are personally accountable for achieving high quality patient care. The Department of Health will in the next few months issue a proposed new framework of pay and contractual arrangements for the most senior NHS managers. Under this framework the job evaluation scheme being developed as part of the ‘Agenda for Change’ negotiations is likely to be used as the basis for identifying which other managerial posts (in addition to Chief Executives and Directors) should be automatically covered by the Code. The new framework will also specify compliance with the Code as one of the core contractual provisions that should apply to all senior managers.

7. For all posts at Chief Executive/Director level and all other posts identified as in paragraph 6 above, acting consistently with the Code of Conduct for NHS Managers Directions 2002, employers should:
   • include the Code in new employment contracts;
   • incorporate the Code into the employment contracts of existing postholders at the earliest practicable opportunity.

Action

8. Employers are asked to:
   (i) incorporate the Code into the employment contracts of Chief Executives and Directors at the earliest practicable opportunity and include the Code in the employment contracts of new appointments to that group;
   (ii) identify any other senior managerial posts, i.e. with levels of responsibility and accountability similar to those of Director-level posts, to which they consider the Code should apply. (The new framework for pay and contractual arrangements will help more tightly define this group in due course.)
   (iii) investigate alleged breaches of the Code by those to whom the Code applies promptly and reasonably as at paragraphs four to five;
   (iv) provide a supportive environment to managers (see paragraph three above).

Effective date: 9 October 2002
MONTHLY PATIENT APPRECIATION & GIFTS/HOSPITALITY
MONITORING FORM

Use this form to record gifts, letters/cards and donations as expressions of appreciation from patients, relatives and other service users

(please see Section 6.3 of Trust policy HR52 Standards of Business Conduct)

WARD/DEPARTMENT

SITE ____________________________  MONTH/YEAR ___________

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of individual providing gift/hospitality/donation</th>
<th>Description of gift, hospitality, donation or card/letter of appreciation</th>
<th>Value of gift/hospitality/donation £</th>
<th>Name of individual reporting receipt of gift, hospitality or donation</th>
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Signed _________________________________ (Ward/Department Manager)

Department _____________________________ Date _______________________

Please complete this form and return it on the first day of the month to:

Patient Services Officer, Princess Royal Hospital

(Please enter information for one month only on each form)

WARDS/DEPARTMENTS: Gifts, donations, letter/cards as expressions of appreciation to wards/departments from patients, relatives and other service users should be reported using this form. Receipt of such gifts will be monitored and a report presented half yearly to the Trust Board and TNCC (see Section 6 of HR52 Standards of Business Conduct)

INDIVIDUALS: Any gifts, hospitality or sponsorship received by individuals that are valued at over £35 per head must be declared using the Gifts and Hospitality for Individuals Declaration Form at Appendix D of Trust policy HR52 Standards of Business Conduct.
Appendix D

GIFTS AND HOSPITALITY FOR INDIVIDUALS DECLARATION FORM
Please see Section 6.3 of Trust policy HR52 Standards of Business Conduct

Name _______________________________ Job Title ______________________________

Department _______________________________

I wish to declare offer or receipt of:

☐ a gift from a patient, relative or other user of service valued at over £35.
☐ a gift from a potential or actual contractor or supplier of services/products to the Trust valued at over £6.
☐ hospitality from a potential or actual contractor or supplier of services/products to the Trust valued at over £35 per head.
☐ A on-site lunch provided by an external organisation exceeding £6 per head

Details of patient, relative or user of service, contractor or supplier:

Company name _______________________________

Contact name _______________________________

Address _______________________________________

________________________________________________________________________________________

Description of gift or hospitality _______________________________________________________________

________________________________________________________________________________________

Approximate value of gift or hospitality £ __________ Date offered ______________

Accepted / declined / donated to charity (please delete as appropriate)

Details __________________________________________________________________________________

Reason _________________________________________________________________________________

☐ I confirm that I am not involved in any purchasing authorisation of services or goods from the contractor/supplier within the next 6 months.

Signed ________________________________________________________ Date ___________________

Please complete this form and return it to the Director of Corporate Governance within two weeks of receipt of the gift, hospitality or sponsorship

PLEASE NOTE: Receipt of gifts and hospitality will be regularly monitored by the Trust’s Procurement Team.

Date Procurement Informed
(to be completed by Director of Corporate Governance)

Standards of Business Conduct

Policy Number HR52

Page 25 of 29
DECLARATION OF INTEREST FORM

I confirm that the declaration below is an accurate reflection of a personal interest.
I understand that this return may be selected for an audit.

Signed:............................................ Dated:............................................

Guide Notes

Section 1
To be completed by everyone

Name

_____________________________________________

Job Title

_____________________________________________

Department

_____________________________________________

Section 2
Complete if applicable or state n/a -
Shareholdings in excess of 1% and
ownerships/directorships of organisations who
seek, or may seek, to do business with the NHS
should be stated. This includes charitable or
voluntary organisations
Please detail all associated & subsidiary companies

Shareholdings - please state type of business; trading name and address of business.

Section 3
To be completed by any member of staff who has undertaken additional work outside the Trust.
(A single declaration of any weekly/regular commitment at job planning review/appraisal and on the annual declaration – Appendix F, is sufficient)

Details of all secondary employment (private and fee-paying work including the
provision of advice, undertaking presentations, lectures or tours of instruction)

PLEASE NOTE: To be declared within two weeks of the interest being known.
Declarations of interest will be regularly monitored and will be presented annually to the Trust’s Audit Committee.

PLEASE SEND RETURN TO: Director of Corporate Governance, Stretton House, RSH
(julia.clarke@sath.nhs.uk)
APPENDIX F

ANNUAL AUDIT OF DECLARATIONS OF INTEREST
AND RECEIPT OF GIFTS AND/OR HOSPITALITY

I confirm that the information I have provided below is an accurate reflection of gifts, hospitality and personal interest I held, offered or received during xxxx/xx.

I confirm that any outside/additional employment is consistent with the declaration made to my Manager/Clinical Director as part of my appraisal/job plan.

I understand this return may be selected for an audit.

Signed:……………………………………….. Dated:……………………………………

Name: ……………………………………Job Title……………………………….Department……………………

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<th>Details</th>
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<td>Shareholding, personal or financial interest in any business that seek, or may seek, to do business with the NHS. (Shareholdings in excess of 1% and directorships should be stated). This includes charitable or voluntary organisations.</td>
<td>Please state type of business, trading name and address. If none are held please write this in the space provided.</td>
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<tr>
<td>Secondary employment - Details of all secondary employment (private and fee-paying work including the provision of advice, undertaking presentations, lectures or tours of instruction). A single declaration of any weekly/regular commitment at job planning review/appraisal and on this annual declaration – is sufficient</td>
<td>Please state name of employer and role If no such work has been undertaken please write this in the space provided.</td>
</tr>
<tr>
<td>Gifts valued at over £35 offered by patients, relatives and other users of services, whether accepted or declined</td>
<td>Please state description and value of gift and name of donor, date accepted/declined (continue on a separate sheet if necessary). If none please write this in the space provided.</td>
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<tr>
<td>Gifts valued at over £6 offered by potential or actual contractors or suppliers of services/products, whether accepted or declined</td>
<td>Please state description and value of gift and name of donor, date accepted/declined (continue on a separate sheet if necessary. If none please write this in the space provided)</td>
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<td>Hospitality received valued at over £35, whether accepted or declined</td>
<td>Please state description and value of gift and name of donor, date accepted/declined (continue on a separate sheet if necessary). If none please write this in the space provided.</td>
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<tr>
<td>Sponsorship for attendance at a course or conference, whether accepted or declined</td>
<td>Please state description and value of sponsorship and name of sponsor, date accepted/declined (continue on a separate sheet if necessary). If none please write this in the space provided</td>
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PLEASE RETURN TO DIRECTOR OF CORPORATE GOVERNANCE, TRUST HQ, STRETTON HOUSE, RSH or email to julia.clarke@sath.nhs.uk
**HR52 Code of Business Conduct Checklist**

This form should be used for all new Trust wide guidance and any which will result in significant changes.

Completed forms should be submitted to the Chief Compliance Officer for evidence of compliance with the policy.

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**Dissemination Method**

Will be placed on the HR pages of the Trust intranet; information published in the Staff Quarterly Newsletter, Team Briefs. Also agreed with LNC Separate update to HEC and Trust Board along with Board Statement.
Anti-Bribery and Fraud Policy

Human Resources Policy No. HR58

Additionally refer to:
- HR05 Whistleblowing (link to intranet)
- HR36 Disciplinary Procedure (link to Intranet)
- HR52 Standards of Business Conduct (link to intranet)
- Trust Standing Orders (link to Intranet)
- Standing Financial Instructions (link to Intranet)
- Code of Conduct for NHS Managers (link to Intranet)
- Code of Conduct for NHS Managers (link to Intranet)
- COR1 Marketing Communications, Commercial Sponsorship and Advertising Policy

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## Version Control Sheet

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<td>January 2016</td>
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<td>Title change from &quot;Fraud and Corruption&quot; Amendments to take account need to include Anti-Bribery Amendments to take account of revised HR52 Standards of Business Conduct policy</td>
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1. **Policy Statement**

1.1 This policy has been formulated in order to ensure compliance with relevant legislation, including the Bribery Act 2010 and the Fraud Act 2006 which imposes extensive obligations on all commercial organisations, including those in the healthcare sector, to ensure that they have adequate procedures in place to prevent bribery, fraud and corruption. The policy establishes a framework which will:

- Ensure that all employees understand their personal responsibility to protect the assets of the Trust, including all buildings, equipment, monies, information and goodwill from fraud, theft, corruption or any other irregularity;
- Ensure that all employees understand about the risk of bribery and its unacceptability;
- Assist in promoting a climate of openness and a culture where staff feel able to raise concerns sensibly and responsibly;
- Set out the Trust’s responsibilities in terms of the deterrence, prevention, detection and investigation of bribery and corruption; and
- Ensure that appropriate sanctions are considered following an investigation, which may include any or all of the following:
  - Criminal prosecution
  - Civil prosecution
  - Internal/external disciplinary action (including referral to professional/regulatory bodies)

1.2 This policy should be used in conjunction with Trust policy HR52 Standards of Business Conduct and the Trust’s Standing Financial Instructions.

1.3 This policy applies to all staff employed by the Trust. The principles of the policy also apply to volunteers, agency staff, external secondees working temporarily with the Trust or other individuals who are not directly employed by the Trust. Any concerns raised with regard to the standards set out in this policy will be investigated and appropriate action will be taken which will include raising the matter formally with the employing organisation.

1.4 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust’s Equality & Diversity Policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust, or by staff who may have an essential skills need in literacy or those whose first language is not English or for persons with little experience of working life.

2. **Overview**

2.1 To maintain public confidence, as a public sector body, the Trust must be impartial and honest in the conduct of its business and its staff must remain beyond suspicion.

2.2 High standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. The three fundamental public service values are:

- **Accountability:** Everything done by those who work in the Trust must be able to stand the tests of parliamentary scrutiny, public judgements on property and professional codes of conduct.

- **Probity:** Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, employees, suppliers and customers.
Openness: The Trust's actions should be sufficiently public and transparent to promote confidence between the Trust and its patients, our employees and the public.

2.3 These standards are national benchmarks that inform our local policies and procedures. The arrangements made in this policy have been designed to ensure compliance with the national standards, as well as with all prevailing legislation.

2.4 Any act of bribery or fraud will be normally be regarded as gross misconduct and subject to investigation in accordance with the Trust's Disciplinary Procedure (HR36) which could result in dismissal. Such acts may also result in criminal or civil prosecution and/or recovery of any losses being sought by the Trust.

3. Raising Concerns

3.1 All employees have a duty to act on or report any acts of misconduct, dishonesty, breach of Trust rules or breach of any rules of the relevant professional bodies which are committed, contemplated or discussed by any other member of staff or by any third party.

3.2 Any concerns or allegations of bribery or fraud must be reported immediately to the Trust's Director of Corporate Governance or the Finance Director who will then ensure that appropriate procedures are followed. If the Director of Corporate Governance or the Finance Director are implicated the matter should be reported to the Chief Executive, the Chairman or a Non-Executive Director of the Trust.

3.3 Employees can also call the NHS Fraud and Corruption Reporting Line on freephone 0800 028 40 60. This provides an easily accessible route for the reporting of genuine suspicions of fraud within or affecting the NHS. It allows NHS staff who are unsure of internal reporting procedures to report their concerns in the strictest confidence. All calls are dealt with by experience trained staff and any caller who wishes to remain anonymous may do so.

3.4 Individuals who are worried about raising their concerns should refer to the Trust's Whistleblowing Policy (HR05).

3.5 Anyone who is unsure about whether a particular act constitutes fraud, corruption or bribery should contact the Director of Corporate Governance for guidance.

3.6 Anonymous letters, telephone calls etc are occasionally received from individuals who wish to raise matters of concern, but do not wish to use official channels. These will always be taken seriously.

3.7 Individuals must not, under any circumstances, communicate with any members of the press, media or other third party, in the first instance, about a suspected act of bribery as this may seriously damage the investigation and any subsequent actions to be taken. Anyone wishing to raise such issues should discuss the matter with the Director of Corporate Governance or the Chief Executive or refer to the Trust’s Whistleblowing Policy (HR05).
4. Definitions

4.1 Bribery

4.1.1 Active Bribery is defined as “offering or giving a bribe to another person to perform an illegal, unethical or other action which breaches trust, or to reward a person for performing such an action.

4.1.2 Passive Bribery is defined as “requesting, agreeing to receive or accepting a bribe to perform a function or activity improperly, irrespective of whether the recipient of the bribe requests or receives it directly or through a third party and irrespective of whether it is for the recipients benefit”.

4.1.3 Examples of a bribe may include (this list is not exhaustive):

- A payment made to influence an individual who is responsible for deciding whether the Trust should be selected as the preferred bidder for the provision of services in a procurement process.
- A payment made to a third party by a contractor instructed by the Trust in order to facilitate quicker services from the third party. The Trust need have no knowledge of this payment.
- An offer made by a pharmaceutical company to a member of staff of payment (or other incentives such as employment of a family member) in an attempt to influence their decision-making in respect of the selection of a pharmaceutical product to appear on the Trust’s drug formulary.
- An offer made by a patient to a member of staff of payment or a gift or any other incentive to place them at the top of a waiting list for a particular aspect of their care.

4.1.4 It should be noted that it is not necessary for the person involved to benefit directly from their actions for bribery still to have occurred.

4.2 Fraud

4.2.1 Fraud can be committed in three ways:

- By false representation (lying about something using any means, words or actions)
- By failing to disclose (not saying something when there is a duty to do so)
- By abuse of position of trust (abusing a position where there is an expectation to safeguard the financial interest of another person, the Trust or the organisation).

5. Duties

5.1 Board Members (Directors and Non-Executive Directors)

5.1.1 The Directors of the Trust are responsible for ensuring there are systems in place to ensure this and all related policies are implemented across the Trust.

5.1.2 The Directors of the Trust are expected to conduct themselves in an exemplary manner as regards all matters covered by this policy and to comply with all aspects of it.

5.1.3 All Board members are required to comply with the requirements of the Code of Conduct and Accountability for NHS Boards and the Standards for NHS Boards and CCG Governing Bodies in England. This is required by Trust’s Standing Orders and any non-compliance will result in the appropriate investigation and action.
5.1.4 Directors are required to formally declare interests that are relevant and material to the Trust.

5.2 **Senior Compliance Officer**

5.2.1 The Director of Corporate Governance is the Trust’s designated Senior Compliance Officer and is responsible for ensuring that this policy is implemented effectively and for carrying out various functions as described in this policy and others referred to within this policy.

5.2.2 The Director of Corporate Governance will be responsible for:

- Ensuring appropriate guidance and training, monitoring compliance and sanctioning changes to the policy.
- Reviewing annually the suitability, adequacy and effectiveness of Trust anti-bribery and fraud arrangements with Local Counter Fraud Service (LCFS) and implement improvements as and when appropriate.
- Reporting the results of annual reviews to the Trust Board.
- Reporting immediately to the LCFS any incident or suspicion that comes to their attention.

5.3 **Finance Director**

5.3.1 The Finance Director, in conjunction with the Chief Executive is responsible for monitoring compliance with the NHS Standard Contract Counter Fraud provisions set out in General Conditions 6.1 and the NHS Protect Standards for Providers: Fraud, Bribery and Corruption.

5.3.2 When any incident or suspicion of bribery or fraud comes to the attention of the Trust, the Finance Director, in consultation with NHS Protect, LCFS and the Director of Corporate Governance, is responsible for deciding whether there is sufficient cause to conduct an investigation and whether the Police and External Audit need to be informed.

5.3.3 The Finance Director, in conjunction with the LCFS, the Director of Corporate Governance and the Workforce Director, is responsible for determining the appropriate course of action to be taken when concerns are raised.

5.3.4 Investigations will be led by the LCFS in conjunction with a suitably competent manager of the Trust with accountability for the timely completion remaining with the Finance Director.

5.3.5 The Finance Director is also responsible for:

- consulting with the Chief Executive in cases where any loss resulting from an act of fraud may be above the agreed limit or where the incident may lead to adverse publicity;
- informing the Audit Committee of all categories of loss.

5.3.6 If, following investigation, any act of bribery or fraud is found to have occurred, the Finance Director will report to the Trust’s Audit Committee:

- The circumstances
- The investigation process
- The estimated loss
- The steps taken to prevent a recurrence
- The steps taken to recover the loss.
This report should also be made available to the Trust’s Board.

5.4 **Local Counter Fraud Specialist**

5.4.1 The role of the LCFS is to ensure that all case of actual or suspected bribery or fraud are notified to the Finance Director and the Director of Corporate Governance and for reporting regularly to the Finance Director on the progress of any investigations when/if referral to the Police is required.

5.4.2 The LCFS will also provide advice and guidance to the Trust to ensure that appropriate systems and processes are in place to prevent bribery and fraud and any system weaknesses are identified and rectified.

5.4.3 The LCFS is responsible for leading any investigations into bribery or fraud and providing support to the Trust’s Investigating Officer.

5.4.5 The LCFS is responsible for:

- Ensuring all cases of actual or suspected bribery or fraud are properly investigated;
- Where appropriate and in consultation with the Finance Director, reporting cases to the Police;
- Reporting any case and the outcome of the investigation through the NHS Counter Fraud National Case Management System;
- Ensuring that the Trust’s incident and losses reporting systems are followed;
- Liaising with the Workforce Director to ensure that appropriate disciplinary procedures are followed;
- Informing the Finance Director of regional team investigations, including progress updates.

5.4.6 If, following investigation, any act of bribery or fraud is found to have occurred, the LCFS will prepare a report for the Finance Director or Director of Corporate Governance to the Trust’s Audit Committee detailing:

- The circumstances
- The investigation process
- The estimated loss
- The steps taken to prevent a recurrence
- The steps taken to recover the loss.

5.5 **Workforce Director**

5.5.1 The Workforce Director will ensure that appropriate employment policies are in place and consistent with this policy and that these are effectively communicated to all staff.

5.5.2 The Workforce Director (or his/her designated representative) is responsible for ensuring the appropriate use of the Trust’s Disciplinary Procedure and for ensuring compliance with employment legislation.

5.5.2 The Workforce Director (or his/her designated representative) will work closely with the Director of Corporate Governance, Finance Director and LCFS to ensure that all matters are resolved effectively.

5.6 **Internal and External Audit**
5.6.1 Members of the Internal and External Audit teams are responsible for reporting any incident or suspicion to the Finance Director immediately.

5.7 **Procurement**

5.7.1 The Procurement team are responsible for:

- ensuring compliance with the Trust’s Standing Financial Instructions and all relevant policies and procedures;
- designing appropriate systems and processes to ensure that any risks of bribery or fraud in procurement practices are eliminated;
- providing advice and guidance to managers and staff;
- ensuring that all procurement practices are conducted in a fair and transparent manner and are documented with due diligence;
- ensure that agreements are in place with contractors and suppliers that provide assurance of compliance with anti-bribery arrangements.
- Monitoring performance against contracts/agreements and requiring correction of deficiencies, applying sanctions or terminating contracts/agreements if appropriate;
- ensuring that the Trust does not deal with contractors or suppliers known or reasonably suspected to pay bribes;
- reporting any breaches or concerns immediately to the Finance Director.

5.8 **Managers**

5.8.1 Managers of the Trust are responsible for ensuring that these guidelines are brought to the attention of all employees; also that systems are put in place for ensuring that they are effectively implemented within their areas of responsibility.

5.8.2 Managers are responsible for promoting a culture within their teams where bribery and/or fraud will not be tolerated.

5.8.2 In addition, all managers are required to comply with all aspects of this policy. As part of that responsibility, line managers must:

- Inform staff of the all relevant policies as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms;
- Assess the types and extent of bribery risks involved in the operations for which they are responsible;
- Ensure that adequate control measure are put in place to minimise the risks. Typical controls include defining clear roles and responsibilities, identifying and assessing sensitive/at-risk roles, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of key functions are not invested in one individual and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively;
- Ensure that controls are complied with;
- Ensure that all related policies and procedures are complied with;
- Take action in accordance with this policy in all instances of actual or suspected bribery.

5.9 **All Staff**

5.9.1 All staff employed by the Trust, volunteers, agency staff, external secondees working temporarily with the Trust and other individuals who are not directly employed by the Trust are required to comply with this policy. Trust Policy HR52 Standards of Business Conduct and all other Trust policies and with the Trust’s Standing Orders and Standing Financial Instructions.
5.9.2 Employees are expected to act in accordance with the standards laid down by their Professional Organisations and statutory standards where applicable and are expected to:

- Ensure that the interest of patients remains paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Protect the assets of the Trust, including information and goodwill as well as property from fraud, theft, corruption or any other irregularity;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money;
- Ensure that they do not abuse their official position for personal gain or to avoid a loss or to benefit their family or friends, religious belief, professional affiliation or political alignment;
- Ensure that they do not seek to advantage or further private business or other interest, in the course of their official duties;
- Behave at all times in ways that engender the trust of patients, relatives and other users of the service, fellow employees and the public at large;
- Ensure that they are not placed in a position which leaves them at risk of being open to being bribed or of accusations of fraud or corruption;
- Be alert to the possibility that others might be attempting to deceive;
- Consult with their line Manager if in any doubt;

5.9.3 Due to the nature of the Trust's work it is expected that all staff will act with due diligence and utmost honesty at all times. Any matters of concern must be acted upon and reported to a manager or Director as is appropriate. All employees have a duty to act on or report any acts of misconduct, dishonesty, breach of Trust rules or breach of any rules of the relevant professional bodies committed, contemplated or discussed by any other member of employee or by any third party. Any failure to do so, may be regarded as serious or gross misconduct depending on the circumstances. Similarly, where genuine concerns are raised, employees will be protected from any action for defamation. The Trust's Whistleblowing policy set out arrangements under which concerns may be raised.

5.9.4 All staff should fully understand that any breach of the Bribery Act 2010 renders the employee liable to prosecution and may also lead to loss of their employment and pension rights.

6. Legislation

6.1 The Bribery Act 2010 has introduced the offences of offering and/or receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery taking place. Under the Act, bribery is defined as “inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, fees, rewards or other privileges”.

6.2 Bribery is a criminal offence for both individuals and organisations and can be punished with imprisonment of up to 10 years or unlimited fines. If any employee were to be accused of bribery, the Trust's reputation might be damaged considerably and any subsequent enforcement action will be time-consuming and hinder the Trust from focussing on its core business and service delivery.

6.3 Corruption is broadly defined as “the offering or the acceptance of inducements, gifts or favours, payments or benefit in kind which may influence the improper action of any person. Corruption does not always result in a loss”. The corrupt person may not benefit directly from their deeds, however, they may be unreasonably using their position to give some advantage to another. To demonstrate the Trust has in place sufficient and adequate
procedures and to show openness and transparency, all staff are required to comply with the requirements of the Standards of Business Conduct Policy.

7  **Training Needs**

7.1 Training requirements to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Risk Management Training Policy. These can be accessed via the Learning Zone pages on the Trust's intranet.

8.  **Review Process**

8.1 It is recognised that as legislation changes the policy will need to be updated to reflect these requirements. Any revision will be made in consultation with recognised Trade Unions and professional staff organisations.

8.2 This policy will be reviewed 3 years from the date of ratification by Trust Board.


9.1 This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

10.  **Process for Monitoring Compliance**

10.1 All reports of bribery, fraud or corruption will be reported to the Trust Board in the private session.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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11. References

- Fraud Act 2006 (www.legislation.gov.uk)
- Bribery Act 2010 (www.legislation.gov.uk)
- Code of Conduct for NHS Managers  
  (www.nhsemployers.org/EmploymentPolicyAndPractice/UKEmploymentPractice/Pages/CoreStandardsForNHSManagers.aspx)
- Standards of Business Conduct for NHS Staff  
  (www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4017845)
- Code of Conduct and Accountability for NHS Boards

12. Useful Contacts

Senior Compliance Officer
Julia Clarke, Director of Corporate Governance
Tel: 01743 261467  
Mob: 07803 757715  
Email: Julia.clarke@sath.nhs.uk

Local Counter Fraud Specialist
Lorna Barry
Tel: 0121 695 5539  
Mob: 07909 890690  
Email: lobarry@deloitte.co.uk

NHS Fraud and Corruption Reporting Line
Tele: 0800 028 40 60 (FREEPHONE)
### New Document Consultation Checklist

**HR58 Anti-Bribery and Fraud Policy**

<table>
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**Dissemination Method**

Will be placed on the HR pages of the Trust intranet; information published in the Staff Quarterly Newsletter, Team Briefs. Also agreed with LNC. Separate update to HEC and Trust Board along with Board Statement.
Retirement

Human Resources Policy No. HR19

Additionally refer to
HR01 Equality and Diversity
HR22 Pension Scheme
HR28 Flexible Working Policy
HR31 Managing Sickness Absence
HR32 Ill Health Retirement

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<td>December 2016</td>
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<td>Target audience:</td>
<td>All employees, Managers</td>
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Version Control Sheet

| Document Lead/Contact: | Louise Graham – HR Manager  
louise.graham@sath.nhs.uk |
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1 Policy Statement

1.1 This policy sets out the Trust’s arrangements for retirement, including flexible retirement options and also covers the arrangements for recognition of long service upon retirement.

2 Introduction

2.1 The Trust values the loyalty and commitment given to the NHS by members of its employees and believes that support should be available for all employees retiring from the service to enable them to cope with this transition.

2.2 This policy provides guidance for both managers and employees on retirement and aims to support the Trust to meet service needs, to support the implementation of the NHS Plan, promote the principles of the Improving Working Lives Standard and ensure the Trust is compliant with employment legislation.

2.3 A flowchart providing an overview of the process for organising retirement gifts and presentations can be found in appendix A. Further information is available from line managers and the Human Resources Department.

3 Scope

3.1 This policy applies to all employees directly employed by the Trust, whether full-time or part-time, permanent or temporary and including those employed via the Temporary Staffing Department.

3.2 The policy does not apply to individuals employed by agencies or other contractors. Issues relating to retirement and pension arrangements for these individuals should be referred to the appropriate employer.

3.3 In implementing this policy, managers must ensure that all employees are treated fairly and within the provisions and spirit of the Trust’s Equality and Diversity Policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for employees new to the NHS or Trust, by employees whose literacy or use of English is weak or for persons with little experience of working life.

4 Responsibilities

4.1 Trust Board

4.1.1 The Trust Board has a strategic responsibility to ensure that the policy is communicated to all employees and is effectively implemented.

4.2 Trust Managers

4.2.1 All Trust Managers are responsible for the equitable implementation of this policy and for ensuring that all employees are aware of their responsibilities under it. Support and guidance may be sought from Human Resources.

4.2.2 Managers have a responsibility to ensure that they are familiar with this policy and for explaining the policy to their staff.

4.2.3 Managers are responsible for processing all retirement requests in a timely manner.
4.2.4 Managers are also responsible for bringing any mutually beneficial improvements to this policy to the attention of the Trust.

4.3 **Employees**

4.3.1 All employees will observe the principles of the policy and where appropriate follow the stated application processes.

4.4 **Human Resources**

4.4.1 The Human Resources function is responsible for:

i) Providing support and guidance to employees and managers on the implementation and application of this policy

ii) Monitoring the application of this policy and updating it as required.

4.5 **Trade Union Representatives**

4.5.1 Trade Union representatives are responsible for supporting the fair and equitable application of this policy and providing support to their members when requested.

5 **Retirement**

5.1 In line with the Equality Act 2010, the Trust does not operate a compulsory retirement age for its employees.

5.2 Before making any decision about retirement or flexible retirement, employees are advised to discuss options with their managers, consult the relevant pension scheme rules or seek independent financial advice.

5.3 Details of any pre-retirement or financial planning courses/seminars will be publicised throughout the Trust so that those nearing retirement can attend to assist with planning for their future. It is recommended that employees attend a financial planning course some time before their expected retirement date so that they can make the necessary plans.

5.4 The Trust also provides, as an important aspect of our commitment to Health and Wellbeing, a number of flexible retirement options:

- To wind down into reduced hours (available to both NHS Pension Members and Non-Pensionable members of staff)

- To step down into a less demanding and lower paid role in a way that preserves NHS Pension Scheme entitlement already built up.

- To retire and start receiving an NHS Pension but to return to part-time/full-time/occasional work. This could include working during a specified period (e.g. winter or during annual leave periods) or being available for temporary assignments to help cover staff shortages. There must be a break of 7 days before returning from retirement to work in the Trust.

- For members of the New 2008 NHS Pension Scheme, there is also the opportunity to draw down some of the accrued pension benefits whilst continuing in NHS employment.
6 Retirement Options

6.1 This section is intended to give brief details about the NHS pension scheme. The scheme is subject to change, therefore, the information provided here may alter – managers and employees should refer to the Pensions Manager or the NHS Pensions web-site for more information at www.pensions.nhsbsa.nhs.uk.

6.2 This Section applies to those employees who belong to the NHS Pension Scheme and is subject to the rules of the Scheme. It is a summarised version of the terms and does not take precedence over those terms. It is important that employees understand which of the two NHS Pension Schemes they are a member of, and if in doubt, the Pensions Manager, will be able to advise. Employees can also refer to HR22 NHS Pension Scheme Policy.

6.3 Updated 1995 NHS Pension Scheme (Amended 2008)

6.3.1 Employees who:
• were a contributing member of the NHS Pension Scheme prior to the 1st April 2008; or
• returned to NHS employment before the 1st October 2008 with the entitlement to preserved benefits or after transferring NHS benefits to another pension arrangement; or,
• returned to NHS employment on or after the 1st October 2008 following a break in pensionable employment of less than 5 years and having preserved benefits or having transferred NHS benefits to another pension arrangement;

will be a member of the updated 1995 NHS Pension Scheme (Amended 2008) and the following rules will apply.

6.3.2 All members of the updated 1995 scheme will have a normal retirement age of 60 and pension benefits are based on the best pensionable pay in the last three years prior to retirement and the length of service.

6.3.3 In addition, female nurses, midwives and physiotherapists who were members of the scheme prior to 6th March 1995, and have not had a break of service of more than 5 years are entitled to retire with full benefits from 55 under ‘Special Class’ rules, provided the last 5 years’ membership has been in one of these jobs. Members should be aware that abatement will apply if they return to work in the NHS, which means that their pension plus post retirement earnings must not exceed the pensionable pay prior to retirement, or their NHS Pension benefits could be suspended.

6.3.4 Male nurses, male midwives and male physiotherapists who were members of the NHS pension scheme prior to 6th March 1995 may receive early benefits for membership from 17th March 1990. Full benefits for membership prior to this will not be paid until age 60, however, reduced benefits, as for voluntary early retirement, may be claimed as an option. Again, abatement rules as in 5.3.3 could apply.

6.3.5 All members may take voluntary early retirement and receive pension benefits from age 50, subject to approval from the NHS Pensions Agency. Benefits will be worked out in the normal way, but will be reduced on a sliding scale dependent upon age (this is called the “actuarial reduction”). If employees wish to retire early under the terms of the NHS Pension Scheme (i.e. before age 60 for most employees or before age 55 for the special classes detailed above) then individuals should contact the Pensions Manager for further information before giving formal notice. In such cases the individual:

• will have to leave all their NHS jobs and
• will not be able to rejoin the Scheme if they return to NHS work and
must have sufficient Pension Scheme membership to qualify for a reduced pension equivalent to the statutory Guaranteed Minimum Pension.

The Pensions Manager can provide an estimate of the pension benefits due, which will be reduced in accordance with the terms of the NHS Pension Scheme. Further details may be obtained from the Pensions Manager or from the NHS Pensions website at www.pensions.nhsbsa.nhs.uk

6.3.6 Members may apply to ‘Step Down’ to a less demanding post and make a request to voluntarily protect their higher pay. The member must be over the minimum pension age of 50 and be accepting a reduction in pay of at least 10% (this does not include going from whole time to part time). The reduction in pay must be as a result of the member taking up a post that is less demanding and with less responsibilities and must be supported by their Manager as an active ‘Step Down’ to retirement. In addition, the reduction of pay in the new post must be for a minimum of 12 months and the request to protect the higher pensionable pay must be made within 15 months of their pay reducing.

6.3.7 If a member’s pay is reduced through no fault of their own, the member can apply for the higher rate of pay to be protected for pension purposes. This must be done within three months of the pay reducing and does not have to be reduced more than 10% nor does the member need to be over the minimum retirement age.

As the reduction is through no fault of the member, for pension purposes a protection of pay can be applied for more than once.

6.3.8 Members of staff must take a break of at least one week to include a Saturday and Sunday before the member of staff returns to work. For the first calendar month following the date of retirement the member must not exceed 16 hours work per week, or their NHS pension will be suspended. After this timeframe, employees can increase their hours (with agreement from their line manager). Please note that the date of retirement will be extended for any outstanding annual leave paid in lieu at termination of employment and this must be taken into account before a commencement date is agreed for the new post.

6.3.9 Staff who retire, take their pension benefits and return to work cannot normally rejoin the NHS Pension Scheme to earn additional pension benefits with the exception of individuals who retired on the grounds of Ill-health and were re-employed before the age of 50.

6.4 New 2008 NHS Pension Scheme

6.4.1 Employees who joined the NHS Pension Scheme on or after the 1st April 2008 or have exercised the choice option to transfer will be a member of the ‘New’ NHS Pension Scheme and their minimum retirement age is 65.

6.4.2 Special class status (the opportunity to retire at age 55 with no loss of benefits) is not available to ‘New’ Scheme members, even for those exercising the choice option, and the voluntary early retirement age increases to 55, after which benefits will be reduced on a sliding scale depending upon age at the chosen date of retirement.

6.4.3 A key feature of the 2008 section of the NHS Pensions Scheme is the provision for partial retirement, or ‘draw down’. On reaching age 55 members become eligible to take some of their pension if they reduce their pay by switching to a lower paid job or reducing their hours of work. A break in employment is not required to take advantage of this provision to ‘draw down’ some of their pension.

To be eligible for draw down members must:
• be age 55 or older;
• be reducing actual pensionable pay by at least 10% (or a 10% reduction in commitment for GPs);
• have had the previous level of pensionable pay for at least 12 months;
• expect the new level of pensionable pay to last at least 12 months;
• not have already drawn down twice.

Subject to overall limits, members can draw down a minimum of 20% and up to a maximum of 80% of their pension entitlement earned to date, whilst continuing to build up further membership.

6.5 NEST (National Employment Savings Trust)

6.5.1 With effect from 1st May 2013, under the Government’s Pension Reforms the Trust were required to Auto-Enrol staff who were non-eligible for membership in the NHS Pension Scheme into an alternative pension scheme provided they meet certain criteria. Non-eligible members who would be enrolled into NEST are:-

• Those already in receipt of an NHS Pension
• Those in receipt of a Tier 2 Ill Health Pension
• Those who are over 60/65 with preserved benefits
• Those employed by a General Dental Service or Personal Dental Services contractor
• Those holding an honorary appointment only
• Those who have a whole time post with another Employer
• Those who have already reached maximum NHS Pensionable service

6.5.2 Once members are Auto-enrolled into NEST they will receive a welcome pack which will include a booklet explaining what NEST offers savers and also gives instructions should they wish to ‘opt out’ of the scheme. Both the employee and the employer contribute to NEST but the member is able to ‘top up’ personally and take the pension with them should they leave the NHS. NEST retirement pot is available at any time from age 55. More information is available on the NEST website at www.nestpensions.org.uk.

7 Retirement Procedure

7.1 Members of the NHS Pension Schemes only (see Appendix C)

7.1.1 On request from the employee, the Pensions Manager can give an estimate of probable benefits receivable. Lump sums are due on the first day of pensionable retirement, and the first payment of pension is normally made in the month after the month of retirement provided papers are submitted at the appropriate time. Any queries regarding these payments should be addressed to the Pensions Manager. All outstanding monies, including any accrued holiday pay will be paid shortly after the leaving date, usually the next pay day; Pay Services will notify the NHS Pensions Agency where these will affect the employee’s NHS pension.

7.1.2 When a member of the NHS Pension Scheme is intending to retire in the near future, Managers should advise the employee to contact the Pensions Manager in Pay Services at least 5 months prior to the proposed date of retirement.
7.1.3 Employees intending to retire must give written **contractual notice** in accordance with their contract of employment (as outlined below) to their line manager.

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<tr>
<th>Pay Band</th>
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<td>4 weeks irrespective of service</td>
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<td>7</td>
<td>8 weeks irrespective of service</td>
</tr>
<tr>
<td>8 – 9</td>
<td>12 weeks irrespective of service</td>
</tr>
</tbody>
</table>

It is recommended that a minimum of 5 months’ written notice is given to their line manager so that the necessary pension arrangements can be made.

7.1.4 Once a definite retirement date is known and has been agreed with the employee, the line Manager should contact the Pensions Manager in Pay Services to confirm the retirement date of the employee to start the process for pension payment.

7.1.5 For all retirements 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 when pension payments will be received, which is why it is recommended that the relevant forms are requested from the Pensions Manager at least 5 months prior to the proposed retirement date.

7.1.6 The Pensions Manager will send the application forms to the individual. On completion (of parts 7 – 14 inclusive) these forms are to be returned to the Pensions Manager along with original copies of the relevant certificates. If preferred, the certificates can be copied and verified by Line Managers by writing clearly on the copies;“ I have seen the original document and this is true copy of the original”, signing and printing their name and position, together with the Trust address and the date. To prevent potential loss in the post. Alternatively, members may personally take certificates to Pay Services for verification.

7.1.7 The Pensions Manager will then complete the relevant section on the form and process electronically to the Pensions Agency, where the individual’s pension is calculated.

7.1.8 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 the Human Resources Information System (HRIS) Department of the date of termination via the Termination of Contract form and confirm any outstanding annual leave (a copy must be sent to the Pensions Department).

7.1.9 The HRIS team 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.

7.2 **NEST Scheme members**

7.2.1 **NEST scheme members** will be able to access the ‘Retirement Toolkit’ available on the NEST website [www.nestpensions.org.uk](http://www.nestpensions.org.uk) which will be available for up to six months before their intention to retire. Members need to inform NEST when they plan to draw their pension to enable them to invest in what NEST believe is the most appropriate way for the member.
7.3 **Non NHS Pension Scheme members (see Appendix D)**

7.3.1 Employees intending to retire are asked to give written notice in accordance with their contract of employment (as outlined below) to their line manager.

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<th>Pay Band</th>
<th>Notice Period from the employee</th>
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<tr>
<td>1 – 6</td>
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</table>

7.3.2 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 the Human Resources Information System (HRIS) Department of the date of termination via the Termination of Contract form and confirm any outstanding annual leave.

7.3.3 The HRIS team 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.

8 **Flexible Retirement Options**

8.1 **Request to Wind down, Step Down, Draw Down**

8.1.2 NHS Pension Scheme / Non NHS Pension Scheme / NEST members who wish to access one of the flexible retirement options listed in section 4.4 are advised to apply in accordance with the Trust’s Flexible Working Policy (HR28).

8.2 **Request to continue working after claiming NHS Pension**

8.1.2 Employees wishing to continue working after receiving their NHS pension, need to complete a Flexible Working Application Form in accordance with the Trust’s Flexible Working Policy (HR28) and submit to their line Manager no later than 5 months before the date of retirement.

8.1.3 The decision whether to agree to such a request will be made in accordance with the provisions documented in the Trust’s Flexible Working Policy (HR28).

9 **Retirement Presentations and Gifts**

9.1 It is customary and desirable that employees retiring after long service with the NHS will have their contribution recognised.

9.2 A retirement presentation should be organised for all employees leaving who are retiring from ALL employments, normally at age 55 or more.

9.3 The line manager will be responsible for organising the event or presentation, which should be of a style appropriate to the NHS, the length of NHS service and acceptable to the retiree. The line manager should involve the team in the organisation of the event, which should be held on Trust premises. The proposed arrangements should be discussed with the line Management
Executive member, who may authorise a contribution of up to £100 towards the cost of a finger buffet with non-alcoholic drinks.

9.4 Any agreed Trust contribution should be charged to Trust Funds and Managers are asked to liaise with their Finance lead. Where Trust Funds are insufficient then the costs will be charged to departmental revenue. **No other costs may be charged to the Trust.**

9.5 Employees **retiring** at age 55 or more after 15 or more years NHS service will receive a gift. The Manager arranging the retirement should liaise with the Chief Executive’s office to arrange the presentation of the gift by a Trust Board member. The gift will take the form of vouchers (which may be used in a wide range of retailers) to the value of £12.50 for every completed year of NHS service. A certificate signed by the Trust Chairman will also be presented.

9.6 The period of service will count all NHS service, whether continuous or not, but will exclude any employment taken into account for a redundancy or other loss of office payment.

9.7 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. HRMC will be notified by Pay Services.

9.8 Vouchers received by employees with more than 20 years service are not taxable in line with Inland Revenue arrangements.

9.9 It is the line Manager’s responsibility to follow the process set out in Appendix A (Application Form Appendix B) for those retiring employees who are entitled to receive a Retirement Gift and Certificate.

10 **Training**

10.1 Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Development and Training Support Policy (HR59).

10.2 This information can be accessed via the Learning Zone pages on the Trust intranet.

11 **Review Process**

11.1 The Trust will review this policy when there are changes to relevant legislation or good practice, or within the normal policy review cycle.

12 **Equality Impact Assessment (EQIA)**

12.1 This policy applies to all employees and positively applies benefits to older people in accordance with statutory requirements.
Process for Monitoring Compliance

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References

14.1 Legislation

- Equality Act 2010

14.2 Other references

- NHS Pensions
  Available at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

- The NHS Employers Website provides further information and resources on retirement options.
  Available at [www.nhsemployers.org](http://www.nhsemployers.org)

- Agenda for Change Terms and conditions Handbook. (AfC). (2011) 

- ACAS Retirement Rights [www.acas.org.uk](http://www.acas.org.uk)
Appendix A  Retirement Gifts and Presentations

Line Manager completes the Application Form for Retirement Gift (Appendix B) and sends it to Pay Services

Pay Services will:
- Prepare the Retirement certificate
- Calculate the value of the award
- Confirm the value of the award with the Finance Department
- Contact the Manager with details of the amount of the award

The Finance Department will order the vouchers according to the Manager’s instructions, and will send these to the Manager/inform the Manager when they are available for collection.

The retirement gift may then be purchased by the employee.
Appendix B  Application for Retirement Gift

Eligibility: Employees who have been employed by the NHS for 15 years or more and who are retiring from ALL employments at age 55 or more. Such service need not be consecutive.

Surname: ........................................................................................................

First names: ...................................................................................................
(Please underline which name(s) should be written on the Retirement Certificate)

Personal number: .................. Date of Birth: .................................

Date of Retirement: ........................................................................................

Job Title: ......................... Department: ..............................

Details of Full Service History
(To enable Pay Services to calculate the value of the gift)

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Additional Details can be attached on separate sheet if necessary

Name of Manager submitting request: ..........................................................

Ext no...............

NOTE: Pay Services will contact the above manager with details of the amount of the award. An award must be in the form of vouchers and will be charged to the appropriate department budget.

Pay Services use only:

Vouchers sent to Manager: ............... (Date)

Certificate sent to Manager: ............... (Date)

PLEASE FORWARD THIS FORM TO PAY SERVICES DEPARTMENT
Appendix C  Retirement Process – NHS Pension Scheme Members

At least 5 months prior to the planned date of retirement

Employee to liaise with pensions department, line manager or seek independent financial advice (4.2)

If employee wishes to apply for flexible retirement (Section 6) the employee should apply (6.2) using the Trust's Flexible Working Policy (HR28)

Employee to request pensions estimate and retirement forms from Pensions Department (5.6.1 and 5.6.5). Pensions department to provide estimate and forms to employee

Manager or employee to confirm retirement date with Pensions Department (5.6.4) and send necessary pensions forms and certificates to Pensions Department (5.6.5)

Employee to provide manager with 5 months written notice of intention to retire (5.6.3). Manager to complete necessary ESR forms (5.6.7)

Pensions department to send retirement forms to NHS Pensions Agency (5.6.6 and 5.6.4)

At least 3 months prior to the planned date of retirement

If employee meets criteria in section 7.2 manager to organise retirement presentation, gift (if employee has relevant service) and certificate (7.3 and 7.4) – see Appendix B flowchart
Appendix D  Retirement Process – Non NHS Pension Scheme Members

1. Employee to liaise with line manager, or may seek independent financial advice (4.2)

2. If employee wishes to apply for flexible retirement (Section 6) the employee should apply (6.2) using the Trust’s Flexible Working Policy (HR28)

3. Employee to provide notice of retirement in writing (5.8)

4. If employee meets criteria in section 7.2 manager to organise retirement presentation, gift (if employee has relevant service) and certificate (7.3 and 7.4) – see Appendix B flowchart
Managing Attendance and Employee Wellbeing

Policy Document

Human Resources Policy No. HR 31(a)

This Policy Document must be read in conjunction with the accompanying HR31(b) Procedure Document.

For a full list of references and associated documentation, please see Sections 25 & 26

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| Distribution | Please refer to the intranet version for the latest version of this policy. **Any printed copies may not necessarily be the most up to date** |

| **Key Words** | Sickness, absence, management of absence, review, health, wellbeing, occupational health, phased return, graduated return, interim flexible working arrangements, patterns of absence, sick pay, ill health retirement, trigger point |

| **Dissemination** |  |

**Version history**

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Policy Statement

1.1 We are committed to improving the health, wellbeing and attendance of all employees. We value the contribution all our staff make to the delivery of high quality patient care and the success of our Trust. When an employee is unable to be at work due to ill health, we miss their contribution.

1.2 We are committed to encouraging and supporting staff in sustaining good health and attendance at work. We are focused on what our staff can do, or might be capable of doing with reasonable help, rather than what they cannot do due to illness or injury. We encourage our managers to make reasonable temporary workplace adaptations when required to enable employees to work rather than to take sick leave, because staff do not always need to be fully fit to undertake work. As far as is reasonably possible, we are committed to retaining staff in employment should they become disabled. Our emphasis is on supporting the individual within the context of our need to deliver a high quality service to our patients.

1.3 Our commitment to the health and wellbeing of our staff is clear and is set out in our People Strategy. We will take proactive steps to improve the health and wellbeing of all employees and in the implementation of this policy and procedure we will take every opportunity to improve the overall health and wellbeing of our workforce.

1.4 We respect the right of our staff to take sick leave in accordance with this policy when they are unable to work due to illness or injury. However we also recognize that work is generally good for the physical and mental health and wellbeing of individuals. We know that our patients receive better care from our own staff who are fit and well. We also know that outcomes are much better for staff whose ill health is managed supportively and quickly. Finally, we know that sickness absence costs our Trust a lot of money each year. For all these reasons we have an obligation to manage the health, wellbeing and attendance of our staff effectively.

1.5 This policy explains what we expect from managers, staff and our staff side colleagues when handling sickness absence, and how we will work to reduce levels of sickness absence to an agreed annual target. It is intended to support managers and staff in the management of sickness absence, in maximising the contribution our staff are able to make within their capabilities and in managing the risk of premature and unnecessary ill health retirements.

1.6 This policy is not designed to be used to manage poor performance unless the underlying cause of the poor performance is identified as relating to an individual’s health condition.

1.7 Managers will work in partnership with staff and staff side colleagues to ensure that, where possible, staff are able to continue working despite experiencing periods of ill health or disability.
2 Overview
2.1 This policy applies to all staff, including medical staff, who are directly employed by the Trust, whether full time or part time, permanent or temporary or via the Temporary Staffing Department.

2.2 The policy does not apply to individuals employed by agencies or other contractors. Issues relating to sickness absence for these individuals should be referred to the appropriate employer.

2.3 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of Trust policy HR01: Equality & Diversity Policy. Special attention should be paid to ensure the policy is understood when using it for staff new to the NHS or Trust, by staff whose literacy or use of English is weak, or for persons with little experience of working life.

3 Definitions
Episode: An unbroken period of sickness absence lasting one or more days.

Fit Note: Statement of Fitness for Work issued by a GP to certify absence from work of 8 calendar days or more.

Food handler: A term referring to an individual (directly employed or an agency worker/external contractor) who:
- directly touches open food as part of their work; or
- touches food contact surfaces or other surfaces in rooms where open food is handled.

Gastroenteritis: An over-arching term which includes diarrhoea, vomiting and Norovirus.

Long term sickness absence: Absence from work for reasons of ill health that is (or is likely to extend to) a period of 4 weeks or more.

Management of absence: An active and responsive process of using information about the absence of an individual or group of individuals to generate an appropriate action plan with a view to promoting good health and attendance at work.

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Medical Exclusion: Suspension from work on health grounds either:

- for the purpose of reducing the risk of infection to patients (this includes food handlers) and set out in detail in the following documents:
  o Trust Infection Control policy: Management of Infections in Staff
  o Trust Food Safety Policy
  o Code of Practice and Procedure No. 1: Reporting and Notification of Conditions of Illness – Employment Practices

  or

- for reasons summarised in the Employment Rights Act 1996 and set out in detail in the following legislation
  o The Control of Lead at Work Regulations 1980 (as amended)
  o The Ionising Radiations Regulations 1999 (as amended)
  o The Control of Substances Hazardous to Health (COSHH) Regulations 1988 (as amended)

Please see Section 9 of this policy.

Monitoring absence: Scrutinising absence records (of an individual or group of individuals) with a view to initiating management action if appropriate.

Recording absence: Documenting an absence (its duration, the reason given etc).

Short term sickness absence: Absence from work for reasons of ill health for an occasional episode or for a period of time of up to 4 weeks.

Sickness Absence: Absence from work due to ill health.

Trigger Point: Point at which absences from work may warrant specific action under this policy and procedure.

Working Day: A shift of sickness absence.

Work-related Disease: A Notifiable infectious disease (such as hepatitis or tuberculosis) contracted as a result of work; or

An occupational disease which is on the list for reporting to the HSE under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Please see Section 25 of this policy for website addresses.

Work-related Injury: A physical or psychological injury that has occurred at work.

Please see Section 11 of this policy.
4 Duties and Responsibilities

4.1 It is the responsibility of all parties to comply with:
- health and safety requirements;
- the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (as amended) – please refer to Section 11;
- disability discrimination legislation;
- other relevant legislation.

4.2 It is the responsibility of the Human Resources team to:
- provide advice and support on all aspects of this policy;
- Work closely with managers to ensure that the policy and procedure are applied effectively.

4.3 It is the responsibility of the Care Group Director/Deputy Chief Operating Officer or equivalent Head of a corporate function (i.e. a manager one step away from a Board position) to:
- ensure effective management of health and wellbeing within their areas of responsibility;
- take timely decisions regarding the extension of paid sick leave;
- take decisions regarding the termination of employment with the Trust;
- take decisions regarding eligibility for Temporary Injury Allowance using the NHS Injury Benefit Scheme Employer Guidance.

Although ultimate responsibility rests with the Care Group Director/Deputy Chief Operating Officer or equivalent Head of a corporate function, it can be delegated on an operational basis if necessary.

4.4 It is the responsibility of managers to:
- ensure they support the health and wellbeing of their staff;
- ensure they understand and are fully trained in the use of this policy and procedure;
- ensure that their staff understand this policy and procedure and how to access it;
- ensure that their staff understand the requirement for certifying sickness absence;
- communicate appropriately and regularly with absent staff;
- work with the appropriate department (e.g. Pay Services, eRostering) to ensure that the individual receives the correct sick pay, taking account of the provisions relating to work-related injury or disease;
- monitor the absence of individuals and manage these individuals appropriately under this policy and procedure;
- ensure that individuals are aware of the trigger point that will cause a review as their absences approach that total;
- carry out timely return to work discussions after every sickness absence and complete the necessary Return to Work Form (Appendix A);
- refer individuals to occupational health services where appropriate in order to access independent support and advice;
- provide access to early interventions (e.g. physiotherapy or counselling services) as soon as reasonably practicable, particularly in cases of musculoskeletal injury or stress;
- take decisions on the management of an individual's case based on all available information;
- as appropriate, work with the individual to arrange an appropriate return to work or re-orientation programme;
- as appropriate, work with the individual to identify reasonable adjustments to the workplace should these be required;

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• ensure that there is an appropriate local procedure for the reporting of sickness absence that is consistent with this policy and made available to all staff;
• develop reporting arrangements and act on resulting reports, recognising that high levels of sickness absence are a risk to quality, safety and finances within the organisation;
• work closely with accredited representatives to ensure that the policy and procedure are applied in a fair and equitable manner;
• regularly monitor and review arrangements to identify where and how the management of absence in their department can be improved, in partnership with accredited representatives.

4.5 It is the responsibility of staff to:
• take responsibility for their own health and wellbeing;
• take responsibility for their regular attendance at work in accordance with their contract of employment;
• ensure that they understand this policy and procedure and how to access it;
• notify their manager in accordance with this policy should they be unfit to attend work due to ill health;
• notify their manager if they are sick during annual leave;
• understand that as their absences reach a certain trigger point, their manager will carry out a review;
• communicate and maintain appropriate contact with their manager when absent from work, updating their manager on progress with treatment as necessary;
• notify their manager should they be unavailable for regular contact (e.g. they are undergoing inpatient treatment);
• communicate as soon as possible with their manager should they be unable to return to work as agreed;
• participate in return to work discussions with their manager after every sickness absence and complete the necessary Return to Work Form (Appendix A);
• as appropriate, work with their manager to identify reasonable adjustments to the workplace should these be required;
• for absence of 7 calendar days and less, to self-certify that absence using the Return to Work Form (Appendix A);
• for absence of 8 calendar days or more, to provide a copy of the Fit Note to their manager within 3 calendar days of its issue, unless there are justifiable reasons for a delay;
• for continuous long term absence, to provide continuous copies of Fit Notes to their manager within 3 calendar days of the expiry of the previous note (even during periods of no pay), unless there are justifiable reasons for a delay;
• where they want their manager to take it into account, to declare that they have a disability (within the bounds of the Equality Act);
• co-operate fully in the use of this policy and procedure.

4.6 Where the employee is a member of a Trade Union or Professional Organisation and has asked for representation, it is the responsibility of that accredited representative to:
• Support the employee effectively;
• Provide the employee with advice on all aspects of this policy;
• Liaise with the employee and manager to ensure that meetings take place in a timely manner;
• Work closely with managers to ensure that the policy and procedure are applied effectively;
• Work with the employee and the manager to facilitate a return to work as soon as is reasonable, taking into account advice from any other appropriate specialities (e.g. Human Resources, Occupational Health, Health & Safety or Manual Handling);
• Support the organisation’s health and wellbeing agenda.

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4.7 Where the employee brings a colleague employed by the Trust to any meetings, it is the responsibility of the accompanying colleague to:
- Provide emotional support to the employee, not to represent them.

5 General Principles

5.1 Managers, the Human Resources team and accredited representatives will work in partnership in the best interests of the individual, patients and the service and in support of the organisation's health and wellbeing agenda.

5.2 At all formal stages of the procedure, staff have the right to be accompanied by an accredited representative of a Trade Union / Professional Organisation or colleague employed by the Trust. Family members or partners who are also employed by the Trust are not able to accompany an individual.

5.3 Where staff develop gastroenteritis, even though they may feel better after the initial period of illness has passed NHS Choices health advice states that individuals may remain infectious for up to 48 hours after symptoms stop. This being the case, the entire period of absence from work will be defined as sickness absence.

5.4 Where it is suspected that an individual's sickness absence may be attributable to alcohol or substance misuse, please refer to Trust policy HR09: Alcohol and Substance Misuse. Where it is suspected that an individual's sickness absence may be attributable to domestic violence, please refer to available advice in relation to domestic abuse. In both cases, please make an immediate referral to the Trust's Occupational Health service for advice.

5.5 The management of sickness absence under this policy and procedure will be handled with the utmost confidentiality by all those involved.

5.6 If a member of staff reports for duty but is not fit to stay at work, this day will be classed as a full day's attendance for pay purposes. However the part day of absence will be recorded for monitoring purposes. Where a pattern is detected, it will be used to initiate management action.

5.7 Unless there are exceptional circumstances, the failure to report sickness absence in accordance with departmental and Trust procedures, will result in absence being classified as unauthorised and unpaid. In this situation the manager must notify Pay Services.

5.8 Failure to attend Occupational Health appointments without justifiable reasons may result in management decisions on the most appropriate course of action being taken based on the information available.

5.9 Any abuse of this policy and procedure, including falsifying sickness or evidence of sickness, providing misleading information may lead to the individual losing their entitlement to NHS sick pay and Statutory Sick Pay.

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5.10 Sickness absence in itself is not a disciplinary matter. However Trust policy HR36: Disciplinary Procedure may be used in certain circumstances, such as:

- where an explanation for absence is not forthcoming or satisfactory;
- where this policy and procedure is not followed by any party;
- where sickness absence is not reported in accordance with departmental and Trust procedures;
- where sickness or evidence of sickness is believed to have been falsified, or misleading information is provided by the individual as part of their explanation for sickness absence;
- where an individual fails to attend Occupational Health appointments and management meetings without justifiable reasons;
- where a Fit Note is not provided within 3 days of issue without justifiable reasons.

6 Occupational Health Services

6.1 Advice provided by our occupational health service is independent of both the Trust and member of staff.

6.2 Staff may be referred by their manager to the Trust’s Occupational Health service for access to clinical advice, fast track referral to physiotherapy, or the staff counselling service (please refer to Trust policy HR66: Staff Counselling Services).

6.3 Staff may refer themselves to the Trust’s Occupational Health service at any time, although they will be encouraged to discuss their circumstances with their line manager to ensure that appropriate workplace support can be provided.

6.4 Occupational Health advice can be sought by the line manager at any time to obtain an independent clinical opinion regarding an individual’s health and, as far as possible, to support the individual to remain in work. In some cases (e.g. musculoskeletal injury or stress), there is an evidence base to suggest that the earlier occupational health advice is sought, the better the outcome for the individual. For these reasons the Trust supports managers in making early intervention referrals to Occupational Health.

6.4 Medical evidence should be made available to support the review process and occupational health advice should be sought by the line manager on:

- the prospects of a likely return to the previous employment with or without adjustments;
- the need for a phased return with or without a need for adjustments;
- the need for redeployment on a temporary or permanent basis into a suitable existing vacancy;
- the prospects for an ill health retirement application.

7 Early interventions

7.1 In order to support staff appropriately and avoid the possibility of unnecessary long term absence, ill health retirement or termination of employment, managers are encouraged to consider interventions as early as is practically possible.

Occupational Health can be contacted for an early intervention referral once an absence has reached 7 days, and earlier if it is apparent that the absence is likely to extend beyond 7 days or the manager believes it would be supportive of the employee. Occupational Health contact information can be found on the intranet.

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Early interventions may include:

- rehabilitation – identifying appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity through intervention with appropriate treatment (e.g. physiotherapy or counselling);
- temporary redeployment – identifying a suitable temporary role within the individual’s capabilities that they can carry out for a defined period en route to full recovery;
- graduated return - enabling staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, through interim flexible working arrangements, whilst receiving their normal pay (refer to Section 14);
- redeployment into a suitable existing vacancy - enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or termination;
- occupational health support – managers should seek advice on long term sickness cases from their occupational health service as early as reasonably practical. Individuals may also be referred for advice and support about the best way of seeking a return to work.

Consideration should be made on a case by case basis.

8. **Special Circumstances**

8.1 Managers should consider the circumstances of every case and manage the individual accordingly. Please see the Management Guidelines for more information.

8.2 There may be circumstances where whilst it is necessary to appropriately manage a period of absence, the monitoring period may be extended, the number of episodes rather than days may be considered or the absence may be discounted when calculating whether a trigger point has been reached. The HR team will be available to advise where appropriate. Examples of such circumstances could be (this list is not exhaustive):

- Infections that are proven (through the use of appropriate testing) to have been contracted during the course of employment; (see appropriate Infection Control and HR policies);
- Injuries that have occurred at work (see Section 11 Work-Related Injury/Absence);
- Medical exclusion (see Section 3 Definitions and 9 Medical Exclusion);
- Pregnancy related illness (see HR24 Maternity Leave);
- A medical condition that comes under the remit of the Equality Act 2010 (Section 14);
- Where staff are awaiting or recovering from surgery or other treatments;
- Terminal illness.

8.3 Any decision to discount absence from the calculation of trigger points must be reviewed by the manager should there be a further episode of sickness absence.

9. **Medical Exclusion**

9.1 Exceptionally, and only in the circumstances set out in 9.7, it may be necessary to consider the exclusion of a member of staff from work on health grounds. The manager must explore the possibilities for temporary redeployment prior to reaching the decision that exclusion is the only possibility.

9.2 Medical exclusion should normally be for a short time period, and usually no longer than one week. In order to make a decision on the appropriate time period, managers must consider the illness or health condition, the individual’s normal place of work and any advice received from relevant sources (e.g. Occupational Health, the Director of Infection Prevention and Control (or in their absence another Consultant Microbiologist)).
9.3 Any period of medical exclusion from work will be managed as suspension on full pay (i.e. the pay that would have been due had the employee worked as contracted). If the precise pay is unknown, e.g. where the individual works variable shift rotas, then pay will be based on the average of the previous 3 months’ pay. Managers should liaise with Pay Services on this and confirm the arrangement to the individual.

9.4 Should a member of staff unreasonably refuse temporary alternative employment, action may be taken in accordance with Trust policy HR36: Disciplinary Procedure.

9.5 The active case management of individuals who have been excluded on health grounds remains with the line manager and must be kept under regular review. The manager is responsible for taking advice from relevant sources (e.g. Occupational Health, the Director of Infection Prevention and Control (or in their absence another Consultant Microbiologist)) in order to identify and appropriately manage the longer term outcome.

9.6 The period of exclusion should be recorded for the purpose of monitoring but will not be taken into account in the calculation of trigger points.

9.7 The circumstances where medical exclusion may be considered are:

9.7.1 For reasons summarised in the Employment Rights Act 1996
   9.7.1.1 The Act specifies certain circumstances where the Trust is legally required to suspend a member of staff from work on health grounds. These are detailed specifically in the Control of Lead at Work Regulations 1980 (as amended), the Ionising Radiations Regulations 1985 (as amended), and the Control of Substances Hazardous to Health (COSHH) Regulations 1988 (as amended).

9.7.2 For the purpose of reducing the risk of infection to patients (including food handlers)
   9.7.2.1 Where a member of staff has contracted an illness that may be of harm to patients, it is important that the risks to those patients are minimised. Advice must be sought from Occupational Health, Infection Control and/or any other expert sources (e.g. the Trust’s Hygiene and Compliance Officer for food handlers) in order for the manager to take a decision on the most appropriate course of action for their service in each case.

   9.7.2.2 Where it is possible to identify temporary alternative employment for the employee during the period of infection, and this action does not pose a risk to patients, then the employee should remain at work for the period of infection.

   9.7.2.3 Where, in exceptional circumstances, no temporary alternative employment can be found, the individual will be excluded from duty immediately on health grounds.

10. Managing Patterns of Absence
10.1 If a manager believes a potential pattern or trend of absence has been identified, they will raise their concerns with the individual at the time they become aware. They will seek to understand the reasons for the potential pattern of absence and utilise any of the support mechanisms at their disposal in order to assist the individual to achieve consistent attendance at work.

10.2 If appropriate, the manager may refer the individual to Occupational Health.
10.3 If, after this meeting, the manager genuinely believes a pattern has been identified, they will manage the individual in line with the review processes set out in this document and in HR31(b): Managing Attendance and Employee Wellbeing – Procedure Document.

11. Work-Related Injury/Absence
11.1 Where an employee is absent due to an accident or physical/psychological injury or having contracted a disease attributable to NHS employment, a DATIX form must be completed as soon as possible following the event. If the individual makes a request for Injury Allowance (please see Trust policy HR21: NHS Injury Benefits), the manager will provide the Workforce Director with all the information necessary to make a timely decision in accordance with the Injury Allowance policy. If a decision is made to grant Injury Allowance, the manager must notify Pay Services immediately.

11.2 Where a physical injury at work results in absence lasting seven days or more (whether immediately or some time after the event), or where it is linked to an occupational disease, the incident must be reported to the Health and Safety Executive under RIDDOR regulations (please see Trust policy HS03: Accident and Incident Reporting Policy). Further advice is available from the Health & Safety team.

11.3 Where sickness absence is due to work-related injury or disease (as defined in Section 3), sick pay will include unsocial hours payments.

12. Disability Discrimination
12.1 Where an individual has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities, the management of their absence may fall within the scope of equality legislation. This legislation protects individuals against discrimination on the grounds of their disability and the Trust has a legal obligation to accommodate their disability as far as is reasonable. Please refer to Trust policy HR40: Employment of People with Disabilities.

12.2 Generally, conditions falling within the scope of the legislation must:
- affect an individual’s everyday living activities, whether affecting their ability to perform their normal work duties or not.
- have lasted for at least 12 months or be likely to last for the rest of the affected person’s life.

12.3 An individual may still be considered to have an impairment if the condition goes into remission but is likely to recur. Additionally, a condition which is controlled or treated by medication or physical aids is still considered to be on-going if the absence of measures is likely to lead to a recurrence of symptoms.

13. Individuals with more than one job
13.1 Where a member of staff is off sick from a Trust job, they are indicating they are not fit to fulfil their role as an employee either in full or adjusted in line with their GP Fit Note or Occupational Health Guidance. No other paid employment (including other Trust jobs and Bank employment within the Trust) should normally be undertaken during the period of sickness.

13.2 Exceptionally, where the Fit Note has specified and allowed other employment, an individual may continue to work in that role whilst remaining off sick from their (other) Trust role. The individual must ensure that they notify their line manager(s) within the Trust that they are working elsewhere, and provide a copy of the Fit Note that authorises this. The line manager should liaise with the HR team and Pay Services in order to ensure that appropriate payments are made.
13.3 Where a member of staff is found to be working elsewhere whilst in receipt of contractual sick pay and a Fit Note cannot be provided to confirm their eligibility to work, this may be treated as gross misconduct under Trust policy HR36: Disciplinary Procedure. The Trust Counter Fraud Officer will also be notified, which could result in criminal prosecution.

14. **Interim Flexible Working Arrangements**

14.1 Where staff are awaiting or recovering from surgery or other treatments, or are returning to work following a period of long term sickness absence, it may be appropriate for their manager to agree an interim package of flexible working arrangements. In reaching their decision, the manager must consider the needs of the individual within the context of the needs of their service.

14.2 The aim of an interim flexible working arrangement is to help the individual fulfil their potential to the extent of their capability for a defined period. During an interim flexible working arrangement, the individual receives their full contractual pay whilst working differently.

14.3 Interim flexible working arrangements may take the form of the individual’s full role carried out on a part time basis, a part of their full role, or another alternative role. It is important to ensure that the Fit Note enables this, and it may be appropriate to obtain Occupational Health advice for the plans.

14.4 Flexible working arrangements agreed in the run up to impending surgery or other treatment should be aimed at supporting the individual to stay in work in some capacity as opposed to taking sick leave, which may exacerbate their condition.

14.5 Flexible working arrangements agreed as part of a graduated return to work would normally be for between 1-2 weeks. Only in exceptional circumstances would the flexible working arrangements extend beyond this timescale, and then (subject to Occupational Health advice) for normally no more than 4 weeks. An extended agreed package may include the use of some of the individual’s annual leave.

14.6 Where an individual wishes to extend a flexible working arrangement in excess of that recommended by Occupational Health, they will be expected to use their own annual leave to do so.

14.7 Should it become apparent during a graduated return to work that the individual will be unable to fulfil their full role, the manager must consider all other possible solutions (e.g. permanent part time working, redeployment into a suitable existing vacancy) to retain the individual in employment with the Trust. If it becomes apparent that the individual will not be able to return to their full role within a reasonable period of time it may be necessary for the manager to consider the termination of employment (please see Section 19).

15 **Sickness and Annual Leave / Public Holidays**

15.1 If an employee falls ill during a period of annual leave their annual leave entitlement will be reinstated as long as their illness is medically certified and they have reported their sickness absence in accordance with this policy and procedure. Their reinstated annual leave may then be taken at a later date within the same or next annual leave year. Failure to follow normal reporting procedures will result in annual leave not being reinstated.

15.2 Employees on long term sickness absence will accrue their full occupational annual leave entitlement during the first 3 months of sickness absence in any leave year. After this period full time employees will accrue statutory annual leave only, at the rate of 12.5 hours per month, (pro-rata for employees contracted for less than 37.5 hours per week). The entitlement will be calculated on a rolling monthly basis, reset at the start of each leave year. (For a ready-reckoner demonstrating the effects for staff employed on Agenda for Change terms and conditions of employment please see Appendix A.)
15.3 Should an employee on long term sickness absence wish to go on annual leave, they may request annual leave in accordance with their normal annual leave process. They must support their request with a Fit Note that supports the holiday in the context of their sickness absence. They may request any annual leave accrued prior to and during the current period of sickness absence. In these circumstances, the employee will remain off sick but pay will be granted as if the individual were not absent due to ill health.

15.4 Where an employee requests payment in lieu of annual leave, payment will only be made for those days in the leave year over and above the statutory 20 days, (28 days minus 8 Public Holidays), accrued up to the date payment is made.

15.5 An employee on sick leave for all or part of the annual leave year is entitled to any untaken annual leave accrued in accordance with this policy when they return to work, which might be in the next leave year, up to the statutory maximum of 20 days (pro-rata for part time staff).

15.6 Employees are not entitled to an additional day off if sick on a Bank Holiday.

16 Sickness and Maternity, Adoption, Maternity Support or Parental Leave, or Time Off for Special Circumstances

16.1 Where an individual falls ill during a period of Maternity, Adoption, Maternity Support Leave, Parental or Special Leave, that leave will continue as planned and will not be treated as sick leave.

16.2 If an individual is sick immediately following a period of Maternity Leave, this will be treated as sickness absence. The manager must notify Pay Services that the individual has returned to work from Maternity Leave as normal and has commenced sickness absence (using the appropriate paper or electronic recording system.) Absence will then be managed in accordance with this policy and procedure.

17 Sick Pay

17.1 All staff are eligible for sick pay in accordance with NHS Terms and Conditions of Service Handbook or National Conditions of Service for Medical Staff except in the following circumstances:
- where a member of staff fails to adhere to this policy and/or departmental sickness absence procedures, or
- where the absence is found not to be due to the sickness of the individual receiving sick pay, or
- where, following an accident, damages are received from a third party (please refer to paragraph 14.16 of the Agenda for Change Terms and Conditions of Service).

17.2 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved (please refer to paragraph 14.15 of the Agenda for Change Terms and Conditions of Service).

17.3 Where sickness absence is due to work-related injury or disease, sick pay will include unsocial hours payments.

17.4 In exceptional circumstances and in accordance with paragraph 14.12 of the Agenda for Change Terms and Conditions of Service, the Trust may use its discretion to extend the period of paid sick leave beyond the standard period.
17.5 An application for extended paid sick leave must be made in writing to the Care Group Director/Deputy Chief Operating Officer or equivalent Head of a corporate function (i.e. a manager one step away from a Board position) as appropriate. The individual making the request will be expected to demonstrate that they have made all efforts to obtain State benefits before any such request will be considered. The decision of the Care Group Director/Deputy Chief Operating Officer/Head of a corporate function (i.e. a manager one step away from a Board position) will be final, and will be communicated in writing to the employee.

18 Applications for Ill Health Retirement

18.1 An individual may seek advice on ill-health retirement from their line manager and the Trust’s Pensions Officer, at any time.

18.2 An individual may make an application for ill-health retirement if they meet the relevant criteria (please see Trust policy HR32: Ill Health Retirement). It is advisable to make an application prior to the termination of employment.

18.3 Members of the NHS Pension Scheme may not apply for ill health retirement without the support of their manager. Any application must be supported by a medical practitioner who may be the Occupational Health Consultant, the individual’s own GP or consultant.

18.4 Members of the NHS Pension Scheme may also be eligible for “step down and wind down” arrangements as an alternative to ill health retirement. For further information please contact the Trust’s Pensions Manager.

18.5 During the management of an individual’s sickness absence, a decision may be taken to terminate their employment on the grounds of incapability independently of any application they may have made to the NHS Pension Scheme for ill health retirement.

18.6 Where ill health retirement is approved by the NHS Pensions Agency, the Trust is required to formally terminate the employment of the individual. Depending on the circumstances of the individual’s case, this formal termination of employment may take the form of a meeting or simply the issue of written contractual notice as appropriate. In exceptional circumstances this may take place in the absence of the individual.

19. Termination of Employment on the Grounds of Incapability due to Ill Health

19.1 If it becomes apparent that the only remaining route is the termination of a member of staff’s contract of employment on the grounds of incapability, it is important that the following actions have been taken beforehand:

- all reasonable efforts have been made to obtain appropriate medical evidence via the Trust’s Occupational Health Service, including recent occupational health advice, on the likely outcome of a successful ill health retirement application; and
- all other options should have been considered, including rehabilitation, phased return, a return to work with or without adjustments and redeployment into a suitable existing vacancy with or without adjustments in order to return the individual to work where possible; and
- the employee has been fully consulted and advised of the consequences of their continued inability to attend work regularly.

19.2 The authority to terminate employment rests with the Care Group Director/Deputy Chief Operating Officer or equivalent Head of a corporate function. Where appropriate, the authority to dismiss may be delegated in writing to another manager.

19.4 The decision to terminate the employment of an individual will be taken at a formal meeting at Stage 3. The formal meeting will be chaired by a manager with authority to
dismiss, who will be supported by a member of the HR team (who may have been the individual supporting the line manager during the management of the absence to date).

19.5 The line manager will be responsible for completing a detailed summary of the case history to date, including Occupational Health reports. They will discuss this detailed summary at the formal meeting. An example of a format for this and the minimum information required is included in the Management Guidelines.

19.6 The line manager will ensure that the detailed summary of the case history to date is made available no less than 7 days in advance of the formal meeting both to the individual and to the manager chairing the meeting.

19.7 The manager chairing the formal meeting will ensure that each party has the opportunity to comment on and challenge the detailed summary of the case history provided and provide mitigating evidence where relevant. Both parties do not have to be present in the formal meeting at the same time.

19.8 The manager chairing the formal meeting will first hear from the line manager, and then the individual. They will reach a decision based on the evidence available from the detailed summary of the case history and any relevant information provided at the formal meeting.

19.9 In certain circumstances (e.g. where the employee is not well enough to attend, or has failed to attend previous meetings) and normally with the consent of the individual, it may be appropriate to conduct this meeting in their absence. Where the individual wishes to nominate a Trade Union or Professional Organisation representative to act on their behalf, they must notify their line manager and provide written consent to the Trade Union or Professional Organisation representative.

19.10 Contractual notice must be given to a member of staff whose contract is being terminated on grounds of incapability due to ill-health.

19.11 Termination of employment may take place before occupational sick pay has expired where:

- there is no reasonable prospect of a return to work in the foreseeable future (long term sickness absence); or
- sickness absence has exceeded the triggers (short term absence).

19.12 If an individual's employment is terminated under this policy any annual leave accrued in accordance with this policy but not taken, including that accrued during sickness absence, will be paid in lieu.

20. **Appeals against Termination of Employment**

20.1 Employees have a right of appeal against termination of employment. The right shall be stated in the written notice of termination. If an employee wishes to exercise this right, they should write to the designated manager setting out the grounds for appeal not later than 14 calendar days after the receipt of the letter.

20.2 The person to whom the appeal should be addressed will be as stated in the written notice of termination; typically the next level of management.

20.3 The lodging of an appeal will not suspend the notice of dismissal.

20.3 The manager hearing the appeal will arrange a meeting – normally within 14 calendar days - at which the employee may be accompanied by an accredited representative of a Trade Union/Professional Organisation or colleague employed by the Trust.
20.4 Where an individual or their representative cannot attend a formal review meeting, it will be rescheduled to a mutually agreed date as quickly as possible and normally within 14 calendar days of the original date.

20.5 In the event that either the employee or their representative fails to attend the rescheduled meeting, the appeal hearing will proceed in their absence. A decision will be made based upon the evidence available.

20.5 The purpose of the appeal panel is not to re-hear the case but to review the decision to dismiss, and to assess whether this was appropriate based on the evidence presented at the formal meeting. The appeal hearing will consider:
   - Why the employee considers the decision unfair or unreasonable; and
   - The rationale and justification of the decision to dismiss.

20.6 The decision of the manager hearing the appeal is final.

20.7 The manager hearing the appeal will confirm the outcome in writing to the employee, with a copy to the employee’s representative, normally within 7 calendar days of the hearing.

21. **Training**

21.1 Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Development and Training Support Policy (HR59).

21.2 This information can be accessed via the Learning Zone pages on the Trust intranet.

22. **Review Process**

22.1 The Trust will review this policy when there are changes to relevant legislation or good practice, or within the normal policy review cycle.

23. **Equality Impact Assessment (EqIA)**

23.1 This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.
24. Process for Monitoring Compliance

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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<td>Review of policy when updated</td>
<td>Workforce Director</td>
<td>On policy review</td>
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<td>Monthly sickness absence reports</td>
<td>ESR Team HR Team</td>
<td>Monthly Annual report</td>
<td>TNCC, Hospital Executive Committee, Operating Delivery Group, Trust Board</td>
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<td>Occurrences of 10 days absence</td>
<td>ESR report</td>
<td>Senior HR Business Partner</td>
<td>6 months post-implementation</td>
<td>Workforce Committee TNCC Policies</td>
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<td>Referrals into the Disciplinary Procedure</td>
<td>HR Activity report</td>
<td>Senior HR Business Partner</td>
<td>6 monthly</td>
<td>Workforce Committee TNCC Policies</td>
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<td>Grievances arising from inequitable application of this policy and procedure</td>
<td>HR Activity report</td>
<td>Senior HR Business Partner</td>
<td>6 monthly</td>
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25 References

25.1 Legislation
Equality Act 2010 (as amended)
Employment Act 1996

25.2 Other References
Agenda for Change Terms and Conditions handbook. Available from: http://intranet/hr/Non_Medical_Staff_Terms_and_Conditions.asp
Health and Safety Executive requirements on Reportable Incidents. Available from: http://www.hse.gov.uk/riddor/what-must-i-report.htm

26 Associated Documentation

Leave Accrued During Periods of Sickness Absence  
Years 1-5 of Employment

<table>
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<tr>
<th>Month of Absence</th>
<th>Leave Earned During Sickness Absence (hrs) for Agenda for Change staff (please pro rata for part time staff)</th>
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* In accordance with Trust policy HR30: Annual Leave and Public Holidays, when calculating the entitlement hours will be rounded up to the nearest 0.5 decimal point (i.e. the nearest half hour) at the end of the calculation only.

** For medical staff, please insert the appropriate monthly annual leave entitlement for the first three months.
## Leave Accrued During Periods of Sickness Absence
### Years 5-10 of Employment

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* In accordance with Trust policy HR30: Annual Leave and Public Holidays, when calculating the entitlement hours will be rounded up to the nearest 0.5 decimal point (i.e. the nearest half hour) at the end of the calculation only.

** For medical staff, please insert the appropriate monthly annual leave entitlement for the first three months.
Leave Accrued During Periods of Sickness Absence  
More than 10 Years of Employment

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* In accordance with Trust policy HR30: Annual Leave and Public Holidays, when calculating the entitlement hours will be rounded up to the nearest 0.5 decimal point (i.e. the nearest half hour) at the end of the calculation only.

** For medical staff, please insert the appropriate monthly annual leave entitlement for the first three months.
Absences that Trigger a Review

This is a summary of the Trust's position. For full details on trigger points and their use, please refer to Section 4. of Trust Procedure HR31(b): Managing Employee Attendance and Wellbeing.

- Where an individual has short term or repeated short term absence, or a pattern of absence, their absence will trigger management action as follows:
  - Where an individual's absence reaches a total of 10 working days or 4 episodes in a rolling 12 month period OR where it appears that a pattern of absence is emerging, they will be required to attend an Informal Review Meeting at Stage 1 of this policy.
  - Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 2 of this policy.
  - Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 3 of this policy. This meeting could result in redeployment or the termination of their employment.

- Where an individual has long term absence, or it becomes apparent that an absence will be long term, their absence will trigger management action as follows:
  - As soon as it becomes apparent that the absence will extend to 4 weeks or more, they will be required to attend an Informal Review Meeting at Stage 1 of this policy.
  - As soon as it becomes apparent that the absence will extend to 8 weeks or more, they will be required to attend a Formal Review Meeting at Stage 2 of this policy.
  - As soon as it becomes apparent that the absence will extend to 20 weeks or more, they will be required to attend a Formal Review Meeting at Stage 3 of this policy. This meeting could result in redeployment or the termination of their employment.
Managing Attendance and Employee Wellbeing

Procedure Document

Human Resources Policy No. HR 31(b)

This Procedure Document must be read in conjunction with Trust Policy HR31(a): Managing Attendance and Employee Wellbeing.

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### Version Control Sheet

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**Distribution**

Please refer to the intranet version for the latest version of this policy. *Any printed copies may not necessarily be the most up to date.*

**Key Words**

Sickness, absence, management of absence, review, health, wellbeing, occupational health, phased return, graduated return, interim flexible working arrangements, patterns of absence, sick pay, ill health retirement, trigger point

### Version history

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</table>
1 **Reporting Sickness Absence**

1.1 Any individual who is unable to attend work due to ill health is required to personally contact their manager (or other authorised person as specified in departmental procedures) explaining the nature of the illness and if possible, giving some indication of the likely return to work date to assist their manager in planning for any cover that may be required.

1.2 If, in exceptional circumstances, the member of staff is unable to notify their manager personally, clear reasons should be given by the individual reporting the absence.

1.3 Notification by text message, e-mail or any form of social media is not acceptable.

1.4 Where reasonably possible, it is expected that a member of staff will notify their manager of sickness absence in an appropriate timescale for their work area bearing in mind that it may be necessary to find cover for the absence – for example:
   - in areas such as wards which operate a 24 hour service, no later than 1 hour before the start of their shift;
   - for staff on night duty, no later than 4 hours before the start of their shift;
   - in areas staffed during usual ‘office hours’, (e.g. 9 am – 5 pm), as close to the normal departmental start time as possible.

2 **Certifying Sickness Absence**

2.1 The individual must self-certify sickness absence of less than 8 calendar days inclusive by signing the Return to Work Form.

2.2 The individual must ensure that sickness absence is certified by a Statement of Fitness for Work (Fit Note) issued by a GP from the 8th calendar day of a period of absence onwards.

2.3 The Fit Note must be provided to the individual’s manager within 3 calendar days of its issue, unless there are justifiable reasons for a delay.

2.4 During a period of long term absence, continuous copies of Fit Notes must be provided within 3 calendar days of the expiry of the previous note (even during periods of no pay), unless there are justifiable reasons for a delay.

2.5 Where there are specific circumstances relating to an individual’s sickness absence they must ensure that their Fit Note is appropriate for those. Such circumstances may include:
   - holding two jobs – being off sick from one whilst continuing to work in the other;
   - wishing to take annual leave during a period of sickness absence;
   - wishing to reclaim annual leave should they have been sick on that day;
   - wishing to participate in an interim flexible working arrangement.

Please see the relevant sections of Trust policy HR31(a): Managing Attendance and Employee Wellbeing.

3 **Returning to Work**

3.1 Arrangements for returning to work after any sickness absence should be discussed with the individual’s line manager.

3.2 If an individual finds they are able to return to work sooner than indicated, they should inform their manager as soon as possible so that any cover that has been arranged can be cancelled.

3.3 If an individual is unable to return to work as expected, they are required to inform their manager as soon as possible.

....cont’d
3.4 Should an individual wish to return to work before the date indicated on their Fit Note, they can providing that:

- it is safe for them to return; and
- they judge that returning early will not have a detrimental effect on their own health.

Should their line manager have concerns they must discuss these with the individual. In some circumstances they may wish to consider obtaining appropriate medical advice.

3.5 Where an individual is able to return to work but is not rostered for duty on that day, it is important that they telephone their manager to confirm that they are fit to return to work to ensure that their sickness absence is correctly recorded.

4. Absences that Trigger a Review

4.1 Triggers are based on number of days an individual is absent and/or the number of episodes of absence. They should be pro rated for:

- part time staff
- full time staff working their hours in less than 5 days a week
- staff employed less than a year.

The only aspect of the triggers that can be pro rated are the working days, using the formula below. Episodes must not be pro rated.

\[
\text{No. of normal working days per week for member of staff} \times \text{Trigger in working days} = \text{Pro rated trigger for member of staff}
\]

4.2 Where an individual has short term or repeated short term absence, or a pattern of absence, their absence will trigger management action as follows:

4.2.1 Where an individual’s absence reaches a total of 10 working days or 4 episodes in a rolling 12 month period OR where it appears that a pattern of absence is emerging, they will be required to attend an Informal Review Meeting at Stage 1 of this policy.

4.2.2 Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 2 of this policy.

4.2.3 Where an individual is absent for a further 5 working days or 2 episodes in the following 6 months OR where a pattern of absence continues, they will be required to attend a Formal Review Meeting at Stage 3 of this policy. This meeting could result in redeployment or the termination of their employment.

4.3 Where an individual has a combination of short and long term absences, all instances of sickness absence will be counted as episodes and the individual managed using the episode triggers for short term absence.
4.4 Where an individual has long term absence, or it becomes apparent that an absence will be long term, their absence will trigger management action as follows:

4.4.1 As soon as it becomes apparent that the absence will extend to 4 weeks or more, they will be required to attend an Informal Review Meeting at Stage 1 of this policy.

4.4.2 As soon as it becomes apparent that the absence will extend to 8 weeks or more, they will be required to attend a Formal Review Meeting at Stage 2 of this policy.

4.4.3 As soon as it becomes apparent that the absence will extend to 20 weeks or more, they will be required to attend a Formal Review Meeting at Stage 3 of this policy. This meeting could result in redeployment or the termination of their employment.

4.5 Where there is a specific and time-limited recovery pathway for a particular illness or surgery, a manager must use their discretion to decide on an appropriate set of triggers and actions for the individual case.

5 A Structured Review Process

5.1 Return to Work Discussions

5.1.1 When an individual returns to work after a period of absence, their manager will meet with them informally to welcome them back to work and identify what, if any, support is necessary to assist them to remain in work. Ideally these discussions will take place on the first day of return, or in a timely manner, recognising the pressures of the workplace. A Return to Work Form (Appendix A) must be completed at this discussion.

5.2 Informal and Formal Reviews

5.2.1 Regular reviews are triggered at certain points, and are used to assess and determine what support or appropriate further action is needed at each stage.

5.2.2 There may be as many informal and formal reviews as appropriate in order to effectively support the individual and manage their absence. Before reaching a Formal Review Meeting at Stage 3 it is essential that a thorough exploration of the facts has been undertaken and any possible adjustments or other alternatives have been explored – at as many meetings as necessary.

5.2.3 It is important to take account of the length of the individual’s sick pay entitlement when setting review dates, and a review must be scheduled before the individual’s sick pay reduces or ends.

5.2.4 Informal reviews may be carried out face to face or by telephone. A file note of the conversation, including any plans made and targets set to support the individual in improving their attendance at work, must be made. Where the information recorded on the Return to Work Form is inadequate for this purpose, a specific form or letter may be used – an example format is included in the Management Guidelines. A copy of plans and targets must be provided for the individual, and a copy retained on their personal file. Where a Return to Work Form is completed after the informal review has taken place, the plans and targets must be reiterated on that form.
5.2.5 The effective date of commencement for the individual's plans and targets will be (please see Section 3 above):

<table>
<thead>
<tr>
<th>For the management of short term absence</th>
<th>The date of the return to work following the episode triggering a review.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the management of long term absence</td>
<td>The actual trigger point.</td>
</tr>
</tbody>
</table>

5.2.6 Formal reviews and meetings should be normally carried out face to face, with the outcome confirmed in writing. An example format is included in the Management Guidelines. A copy of the outcome confirmation must be provided for the individual, and a copy retained on their personal file. It should include any plans and targets set to support the individual in improving their attendance at work, as well as the consequences of further sickness absence from work.

5.2.7 Review meetings will be arranged as soon as reasonably practicable. At informal stages, little or no notice is necessary. At formal stages, reasonable notice will be given. At the stage of a formal meeting, management will aim to give 7 calendar days notice but may schedule an earlier date if circumstances dictate it or where the individual agrees.

5.2.8 Where an individual or representative cannot attend a formal review meeting, it will be rescheduled to a mutually convenient date as quickly as possible after the original date.

5.2.9 In the event that either the employee or their representative fails to attend the rescheduled meeting, a decision will normally be made in their absence based upon the evidence available. The individual will be notified of the outcome in writing.

5.2.10 Should an individual be unfit to attend review meetings at the workplace, it may be appropriate for a manager to discuss and agree an alternative location with the individual, such as their home or other suitable meeting place.

5.2.11 Staff who return to work from a long-term absence and are subsequently absent again within three months due to a re-occurrence of the same condition will be managed at the same stage of the procedure as they were being managed at previously.

5.3 Moving on to the next Stage of Sickness Absence Management

5.3.1 Whether an individual is being managed due to short term or long term sickness absence, the manager should move on to the next relevant stage of the procedure for managing sickness absence where it becomes apparent that:

- they are unlikely to return to work within a reasonable and predictable recovery period;
- they have not returned to work or remained at work in accordance with the plan agreed at the review meeting;
- they have breached the triggers set;
- they remain at work, but are unable to perform all duties required within their role.

5.3.2 Where special circumstances apply (please see HR31(a): Managing Attendance and Employee Wellbeing - Policy Document Section 8: Special Circumstances), or where a manager is using their discretion to set triggers appropriate to a specific recovery pathway (please see paragraph 10.5), they may also use their discretion as to whether to progress to the next stage of the procedure for managing sickness absence.
5.4 Formal Review Meetings at Stage 3

5.4.1 At a Stage 3 formal review meeting, during either the management of short term or long term absence, the chairperson will take account of all of the evidence (e.g. application for ill-health retirement) and make a decision on the appropriate way forward (e.g. return to substantive employment, redeployment into a suitable existing vacancy, extension of a monitoring period or the termination of employment).

5.4.2 In exceptional circumstances in order to facilitate the wishes of the individual, and only with the express agreement of the individual, the manager may progress directly to Stage 3.

5.4.3 Please refer to Trust Policy HR31(a): Management of Attendance and Employee Wellbeing – Policy Document Section 19: Termination of Employment on the Grounds of Incapability due to Ill Health.
# Return to Work Form

To be completed following EVERY episode of sickness absence. For absences of up to 7 calendar days, this form will act as the self certification form. For absences of 7 calendar days or more, the member of staff must also provide Statement of Fitness for Work (Fit Note).

<table>
<thead>
<tr>
<th>Surname:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names:</td>
<td></td>
</tr>
<tr>
<td>Post Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Absence reported to:</th>
<th>At (time)</th>
<th>On (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for absence:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First day of illness:</th>
<th>Last day of illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day of absence:</td>
<td>Date of return to work:</td>
</tr>
<tr>
<td>Total number of days of absence for this episode:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has a Statement of Fitness for Work (Fit Note) been provided?:</th>
<th>Yes / No / Not Required (please delete)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the absence the result of an injury at work, or work-related accident or illness?</th>
<th>Yes / No (please delete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please give further details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date reported:</th>
<th>To whom reported:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incident report form completed:</th>
<th>Yes / No (please delete)</th>
<th>Datix No:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Incident reported to HSE under RIDDOR</th>
<th>Yes / No (please delete)</th>
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</table>

<table>
<thead>
<tr>
<th>Is the absence the result of an accident where damages may be claimed from a third party (e.g. road traffic accident)?</th>
<th>Yes / No (please delete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please give further details:</td>
<td></td>
</tr>
</tbody>
</table>
If the individual is a food handler, please ask the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No (please delete)</th>
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</thead>
<tbody>
<tr>
<td>Any diarrhoea or vomiting in the past 48 hours?</td>
<td></td>
</tr>
<tr>
<td>Any diarrhoea or vomiting whilst abroad, or within 2 weeks of return?</td>
<td></td>
</tr>
<tr>
<td>Blood present in stool during illness?</td>
<td></td>
</tr>
<tr>
<td>Has the individual been absent with a gastrointestinal illness for more than 5 days?</td>
<td></td>
</tr>
</tbody>
</table>

If the individual answers **No** to all statements, they can return to normal duties.

If the individual answers **Yes** to any statement, refer to Occupational Health for assessment. They must not work with patients or food until medical clearance is given.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No (please delete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where a septic skin lesion is present, can it be covered with a blue waterproof dressing?</td>
<td></td>
</tr>
<tr>
<td>Does the individual have any jaundice or have they had any contact with Hepatitis A?</td>
<td></td>
</tr>
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If **No**, refer to Occupational Health for assessment.

If **Yes**, refer to Occupational Health for assessment.

### Summary of Sickness Absence in Previous 12 Months

<table>
<thead>
<tr>
<th>No. working days/shifts:</th>
<th>No. Episodes</th>
<th>Summary reasons:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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### What action will now take place?

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes / No (please delete)</th>
</tr>
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<tbody>
<tr>
<td>Management referral to Occupational Health</td>
<td></td>
</tr>
<tr>
<td>Management referral to Counselling Services</td>
<td></td>
</tr>
<tr>
<td>Management referral to Fast Track Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Individual provided with details of support agencies they may approach (e.g. Disability Employment Advisory Service, Job Centre Plus, Remploy, Access to Work etc)</td>
<td></td>
</tr>
<tr>
<td>Date for Review Meeting arranged</td>
<td></td>
</tr>
</tbody>
</table>

If there is a likelihood that the condition will recur, require further treatment or become part of an ongoing health condition, please detail the agreed support arrangements:

Please detail the agreed mechanisms of support indicated above:
What will happen next?

| If attendance at work does not improve, the individual will reach the trigger point for the next Stage once the following number of episodes and/or days is reached: | Episodes AND/OR |
| | Days |

OR

If attendance at work does not improve, the individual will reach the trigger point for the next Stage if the following pattern of absence continues:

What is the agreed plan?

Summary of Plans and Targets agreed to support individual and maximise attendance:

| Effective Date of Commencement of Plan: | Plan End Date: |

Employee Declaration

I certify that I have been unable to work during the above period due to sickness as stated. I confirm the content of the discussions above and agree to the plans and targets set out.

Signature: Date:

Manager Confirmation

Manager Signature: Date:

Please retain this form on the personal file and provide a copy for the employee
Flow Chart for instances of Short Term Absence or a Pattern of Absence

Each case is to be managed appropriately in accordance with this policy and procedure.

There may be as many informal and formal reviews as appropriate in order to effectively support the individual and manage their absence. Before reaching a Formal Review Meeting at Stage 3 it is essential that a thorough exploration of the facts has been undertaken and any possible adjustments or other alternatives have been explored – at as many meetings as necessary.
Flow Chart for instances of Long Term Absence

Each case is to be managed appropriately in accordance with this policy and procedure.

There may be as many informal and formal reviews as appropriate in order to effectively support the individual and manage their absence. Before reaching a Formal Review Meeting at Stage 3 it is essential that a thorough exploration of the facts has been undertaken and any possible adjustments or other alternatives have been explored – at as many meetings as necessary.

Individual absent from work due to sickness

As soon as it becomes apparent that the absence will extend to 4 weeks or more

Informal Review carried out at Stage 1 and appropriate actions agreed

As soon as it becomes apparent that the absence will extend to 8 weeks or more

Formal Review carried out at Stage 2 and appropriate actions agreed

As soon as it becomes apparent that the absence will extend to 20 weeks or more

Formal Review carried out at Stage 3 and appropriate actions agreed
Work Experience Policy

Human Resources Policy No HR43

Additionally refer to:
- HR01 Policy for Equality and Diversity
- HR53 Dress Code and Appearance
- HS01 Trust Health and Safety Policy
- HS08 Safe Moving and handling Policy
- HS11 Health and Safety Risk Assessment Templates Policy
- Work Experience Support Pack – Trust Intranet Learning Zone

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<tr>
<td>V2 approved by</td>
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<tr>
<td>V2 date approved</td>
<td>December 2013</td>
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<td>V2 Ratified by:</td>
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<tr>
<td>Document Lead</td>
<td>Head of Education</td>
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<td>Lead Director</td>
<td>Workforce Director</td>
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<tr>
<td>Date issued:</td>
<td>December 2013</td>
</tr>
<tr>
<td>Review date:</td>
<td>December 2016</td>
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<tr>
<td>Target audience:</td>
<td>All Trust managers and staff in areas where Work Experience opportunities are available.</td>
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HR 43 Work Experience Policy

Version Control Sheet

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<tr>
<th>Document Lead/Contact:</th>
<th>M Beales, Head of Education</th>
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<td></td>
<td><a href="mailto:mary.beales@sath.nhs.uk">mary.beales@sath.nhs.uk</a></td>
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<td>Version</td>
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<tr>
<td>Status</td>
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<tr>
<td>Date Equality Impact Assessment completed</td>
<td>Updated May 2013</td>
</tr>
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<td>December 2013</td>
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<td>December 2016</td>
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<tr>
<td>Key Words</td>
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<td>Quarterly Staff Newsletter</td>
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Version history

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<td>K. Adams</td>
<td>FINAL</td>
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<td>J. Tudor</td>
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Policy Statement

1.1 The Trust is committed to providing work experience for young persons and adults and works in partnership with local Schools, Colleges and other organisations to provide work placements.

1.2 This policy outlines the process to be followed when placing people for work experience, and the considerations that should be made by Trust departments.

1.3 The aim of work experience is to give people the opportunity to find out about careers within a health and social care environment.

Scope

2.1 Work experience at the Trust is open to everyone in line with HR01 Equality and Diversity Policy. The majority of work experience requests are from school/college students; however there is no upper age limit in place when considering someone for a placement. But for reasons of health & safety, and the protection of young people, some departments have a minimum age requirement in place for work placement students.

2.2 Work placements will be offered on the basis of: the Trust’s ability to provide placements; availability of time and resources necessary; level of interest expressed by the student in the area of work selected; any objective and justifiable requirements or restrictions which affect the suitability of the student for the work selected; and the health and safety requirements affecting the requested work or work area. Students with learning disabilities are welcomed, providing a suitable placement can be found following risk assessment.

2.3.1 This policy excludes the offer of placements to students from Higher Education Institutes (HEIs) who are covered under separate arrangements. The Trust has formal agreements to host students from specified HEIs.

2.3.2 Overseas Health Professionals wishing to gain experience in the UK through a ‘clinical attachment’ are also excluded. Applications by Overseas Doctors must be made via the Regional Overseas Associate Dean. Further information is available on the following website:

http://www.westmidlandsdeanery.nhs.uk/OverseasDoctors/ClinicalAttachment.aspx

Definitions

3.1 Work experience may be defined as: “A placement on the employer’s premises in which people can carry out a particular task or duty, or a range of tasks or duties, more or less as would an employee, but with the emphasis on the learning aspects of the experience”. All work experience placements will be unpaid.

3.2 Work experience can take the form of various activities such as work shadowing, work observation or visits and work-based projects. Where appropriate, work experience is governed by the Education Act 1996, as amended by the School Standards & Framework Act 1998. This policy complies with those standards and with Shropshire and Telford & Wrekin Education Standards.
4 Process

4.1 All people enquiring about work experience should be directed to the website (www.sath.nhs.uk), where they will find all details about departments offering placements, the member of staff to contact, and an application form. People who do not have access to the internet at home should be directed to access via their school/college or their local library. Alternatively staff should send an application form in the post. In addition, all schools and colleges throughout Shropshire have access to and are supported by Shropshire, Telford & Wrekin Education Business Links who have copies of the Trust’s Work Experience Directory. This details opportunities available within the Trust by vocational area.

4.2 An application form must be completed, without exception, for all placements, even those of a short duration these should be sent to the relevant department to be considered for a work placement.

4.2.1 It should be noted that private arrangements are not permitted between members of staff and personal acquaintances or family members. This is to protect the member of staff, the organisation and the student. No offer of a placement should be made, even in principle, before the formal application process has been made.

4.4 A Work Experience Support Pack is available for Managers/Work Placement Coordinators on the Trust’s intranet site, within the Learning Zone. This contains all documentation that needs to be completed for any work placement.

4.5 Once a department has received an application for work experience, they must send a written response, within 1 month of receipt, to either confirm or reject the application (refer to the Work Experience Support Pack documents for example letters). If confirming the placement, details such as dress code, start and finish times etc, should also be included.

4.6 Details of each placement should be sent to the Corporate Education Department. For monitoring and health & safety purposes this will be retained on the Work Experience database. Confirm student’s name, name of school/college etc, department they will be working in, contact whilst in the department and dates of placement. Refer to the Work Experience Support Pack for the Notification of Work Placement form.

4.7 At the end of the experience, people on placement should be asked to complete the evaluation form found in the Work Experience Support Pack. A copy should be sent to the Corporate Education Department.

5 Responsibilities

5.1 Department Managers

5.1.1 Individual department managers will decide whether they can offer a placement or not. Each department manager is also responsible for selecting their own Work Placement Coordinator, whose name will appear in the work placement directory – the Corporate Education Department must be notified of the coordinator’s name.

5.1.2 If a department does offer a placement, the member of staff coordinating the placement must adhere to the following responsibilities:

- To ensure all individuals on placements are properly prepared and briefed on the hazards within the workplace (achieved by pre-placement interview, phone call or letter). Control measures to reduce or eliminate risk of injury before a student starts their placement should be in place (refer to section on risk assessments).
• To monitor students at all times to ensure the health, safety and wellbeing of both the student and patients/clients. Each department has a responsibility to ensure proper supervision at all times, and to ensure that patient care is not compromised at any time.
• To induct the Work Experience Student on the first day – an induction checklist can be found in the Work Experience support packs; it must be used and signed by the student. All information must be relayed to the Work Experience Student on or before their first day.
• To notify the Corporate Education Department of placement details. Refer to the above section and the Work Experience Support Pack for full details required.
• To complete a risk assessment form (refer to the Work Experience Support Pack). Refer also to the risk assessment section of this policy for further details.
• To return all relevant paperwork from the Work Experience Support Pack to the Corporate Education Department.
• To maintain links, where appropriate, with the organisation providing the student (e.g. school, college etc), as they may want to visit the student whilst on site.

5.1.3 The Trust Health & Safety Policy (HS01) section on Protection of Young Persons should be read in conjunction with this policy and adhered to.

5.1.4 Departments also have responsibilities for patient confidentiality, safety and other staff as outlined in section 10.

5.1.5 Some departments do not permit Work Experience Students in their areas due to the nature of the work they do (e.g. A&E, Theatres). It is therefore essential that the person supervising a Work Experience Student seeks permission from the manager of these areas, prior to taking a Work Experience Student there, including those students ‘shadowing’ a Doctor. This will involve the completion of an additional Risk Assessment.

5.2 Workforce Directorate – Corporate Education Department

5.2.1 The Corporate Education Department has responsibility to ensure the policy is kept up to date and to log all work placements that take place across the Trust.

5.2.2 The Corporate Education Department has responsibility to ensure the information held on the Trust website and on the Intranet relating to Work Experience is kept up to date and reviewed annually as a minimum.

5.2.3 The Corporate Education Department will incorporate a report on work experience activity into an annual report to the Workforce Committee.

5.3 Schools/Colleges/Partner organisations

5.3.1 The above groups must provide relevant information relating to any medical or behavioural conditions affecting the work experience student.

5.3.2 It is the responsibility of the above groups to assess suitability/maturity of students to the type of placement they are seeking. For example, could they cope with seeing patients displaying confused/aggressive behaviour or witnessing a patient vomit or receiving a blood transfusion?

5.4 Work Placement Student

5.4.1 It is every student’s responsibility to abide by the following guidelines, for the health and safety of both themselves and others using the health service.
• Students must obey all safety instructions and read the fire procedure notices displayed. They must ensure that they are aware of the procedure in case of fire in the area where they are working.

• If a student has an accident, incident or near miss, however slight, whilst working it must be reported to the head of the department immediately and the Work Experience Coordinator in the Corporate Education Department. A Datix/Incident Form must be completed and sent to the Health & Safety Advisor.

• If a student has an accident or is taken ill during their time in the Trust their parent or guardian should be informed immediately and a follow up call made to the school or college.

• Under NO circumstances must a work experience student carry out or assist in carrying out patient moving and handling procedures. A member of staff must be called if a patient requires assistance.

5.4.2 Students must also act in accordance with Section 10 of this policy in relation to patient and staff confidentiality and safety guidelines.

6 Risk Assessments

6.1 A ‘generic’ risk assessment form should be completed by the department before any work placements are introduced within the department. This should include a focus on the specific risks to young or inexperienced people working within the department, including consideration and guidance in relation to the moving and handling of loads, reference should be made to the Trust Safe Moving and Handling Policy (HS08). This document must be modified and updated as appropriate and signed off by the manager of the department concerned. Department Managers are responsible for keeping copies of the risk assessments. Any queries should be referred to the Trust’s Health and Safety Team.

6.2 Shropshire, Telford & Wrekin Education Business Links have a responsibility on behalf of the Education Committees of Shropshire County Council and Telford and Wrekin Borough Council to approve businesses offering placements to schools and colleges and are required to carry out work place risk assessments on an annual basis for all Departments offering placements. This will be completed each year in conjunction with Corporate Education. Any new area wishing to offer work placements for the first time must undergo this assessment prior to taking any students and must contact the Corporate Education Department to arrange.

7 Young People and Risk Assessments for Individual Students

7.1 For young persons (defined as those under 18 years of age) departments should:

• carry out a risk assessment specific to the individual student prior to commencement of the work placement and identify any significant risks, this will highlight any control measures that can be implemented to ensure 'so far as reasonably practicable' the health, safety and welfare of the work placement candidate during their period of work experience;
• ensure that, due to the student's possible lack of awareness of existing or potential risks, immaturity and inexperience, the work placement student does not carry out activities associated with the work placement that are beyond their psychological or physical capabilities;
• ensure that the student is made aware of any risks within the work area and any activities they are not permitted to undertake.
HR 43 Work Experience Policy

- ensure students do not undertake work activities, and are not exposed to any physical processes or to biological or chemical agents, that may have long term effects on their health;
- ensure the student is supervised at all times especially during patient contact.
- ensure, as a minimum, that students are given the same level of health, safety and welfare provision as would be given to Trust employees;
- ensure the student is informed how to report accidents, incidents and concerns
- Inform the school or college of any significant finding as a result of the risk assessment and the measures that will be undertaken to eliminate or minimise the risks in order to ensure the health, safety and welfare of the work placement candidate during their period of work experience.

8 Dress Code

8.1 Students should be advised of suitable clothing in line with the Trust’s Dress Code and Appearance Policy (HR53)

8.2 An identity badge must be worn by the student at all times during their time within the Trust. A temporary paper, non photographic identity badge should be obtained as soon as the student commences the placement, available from the Estates Department on either site. The badge will detail the students name; state they are a ‘Work Experience Student, Ward/Dept ‘X’, school/college attended, and the dates of the placement. The Estates Department will log the presence of the student on site as per the temporary contractor’s record.

8.3 Before attending on the first day the department co-ordinator should advise the student of the type of clothing suitable for work in that particular department (e.g. flat shoes, etc). In clinical areas there is a requirement to comply with the ‘bare below the elbows’ rule. Any protective clothing must be supplied by the department. Where there is no specific clothing requirement, students should be advised to wear suitable attire.

9 Insurance

9.1 The Trust carries Employer Liability Insurance. Work Experience Students will be treated as employees for the purposes of insurance against personal injury and injury caused to others. The Trust does not carry insurance against damage to property; therefore, students should be advised against bringing valuables into the Trust.

10 Patient and Staff Confidentiality and Safety Guidelines

10.1 Work Experience Students are NOT under any circumstances permitted to read medical files. Whilst working they may see or hear things of a confidential nature. Anything concerning the diagnosis, treatment or personal affairs of a patient must not be discussed with anyone else. No personal information of any kind regarding patients, living or deceased, or concerning staff, may be disclosed. Any breach can result in legal proceedings.

10.2 Work Experience Students must sign a Declaration of Confidentiality form (copy of form in the Work Experience Support Pack) and be briefed of the importance of this requirement on or before the first day in the department.

10.3 Work Experience Students are NOT permitted to be actively involved with treatment or participate directly in anything of a clinical nature. The agreement of the patient must be obtained by the responsible clinician before a student observes any clinical procedure. The person supervising the student should consider whether the procedure is likely to
have a detrimental psychological effect on the student, if deemed likely to, they must not permit the student to observe the activity. Patients should be made aware the student is on work experience and is NOT a medical student.

10.4 Work Experience Students are NOT normally permitted to attend during clinician/patient consultations. Exceptions would only be made if the clinician had previously obtained the patient's permission for the work experience student to be present, as above.

10.5 Any equipment (including wheelchairs and trolleys) used by a Work Experience Student must have been risk assessed in line with the guidance in relation to young people, they must have received instruction in the correct and safe usage and be supervised by a member of staff (or responsible adult) at all times. Managers/supervisors are ultimately responsible for the appropriate allocation of tasks being undertaken by students within their department.

10.6 Work Experience Students must at all times respect the rights and choice of the patient and treat them with dignity and respect.

11. Termination of Placement

11.1 The Trust reserves the right to refuse to continue a placement opportunity if any student deviates from the policy or acts in any way to endanger themselves, other employees, patients or visitors. In this situation the school or college will be informed immediately of the occurrence. The Corporate Education Department should also be informed by telephone and may request a brief report from the Departmental Coordinator detailing the occurrence for future reference. The situation may also dictate the completion of a Datix/incident form.

12 Training Needs

12.1 There is no mandatory training associated with this policy. If members of staff have any queries about operating the content of this policy they should contact their line manager in the first instance or the Corporate Education Department for advice.

13 Implementation

13.1 The policy will be implemented through informing staff and managers of policy changes by use of existing communication methods, for example, corporate newsletters, Intranet. Existing Work Placement coordinators will have copies of the revised policy directly e-mailed to them highlighting any amendments.

14 Review process

14.1 The Trust will review this policy when there are any changes to national guidance, relevant legislation or good practice, or within the normal policy review cycle.

15 Outcome of Equality Impact Assessment (EIA)

The outcome of the EIA on this policy showed that there was no detriment to people with any of the protected characteristics and that there was a positive impact for young people.

16 Process for monitoring compliance
## HR 43 Work Experience Policy

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**Duties**

*To be addressed through the monitoring below*
Maintaining Personal Files and Electronic Staff Records

Human Resources Policy No. HR46

Additionally refer to

HR04 Verification of Professional Registrations
HR33 Recruitment and Selection
HR34 CRB Checks
HR36 Disciplinary Procedure
IG07 Subject Access Requests

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| **Document Lead/Contact:** | Jenny Deakin  
HR Information Systems Manager  
Jenny.Deakin@sath.nhs.uk |
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Any printed copies may not necessarily be the most up to date |
| **Key Words**             | Maintain, Personal, Records, ESR, Information,  
Employee, Staff |
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placed on notice board. |

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## Contents

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1 Policy Statement
The purpose of this policy is to provide a standard for the way the Trust maintains personal files. The policy aims to ensure there is a consistent high standard, complying with all employment legislation. The policy details the entitlement of staff in relation to their personal files.

The policy seeks to promote good practice in the creation, maintenance and disposal of personal records. The policy aims to help the records manager understand the role that records play in the organisation, good personal records are necessary to allow the best use of available staff and promote efficiency in the organisation.

2 Scope
2.1 This Policy applies to all staff employed by the Trust. It does not apply to external contractors or agency staff.

2.2 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust’s Equal Opportunities Policy. Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust; by staff whose literacy or use of English is weak or for persons with little experience of working life.

3 Definitions
3.1 The Data Protection Act
The Data Protection Act 1998 is a UK Act of Parliament which defines UK law on the processing of data on identifiable living people.

The Act provides a broad framework of general standards that have to be met and considered in conjunction with other legal obligations. The Act regulates the processing of personal data, held both manually and on computer and incorporates eight data protection act principles.

3.2 Personal Data
Personal data means data which relates to a member of staff who can be identified from the data and other information that is held by the Trust.

3.3 Data Controller
The Trust is the Data Controller. The Trust must adhere to the eight Data Protection Act principles for all personal data.

3.4 Data Subject
The Data Subject is the individual who is the subject of personal data.

3.5 The Electronic Staff Record (ESR)
The ESR programme is a Department of Health (England) system, providing an integrated HR and Payroll system used across the whole of the NHS in England and Wales.

The ESR workforce records functionality encompasses the three major areas of workforce management – new joiners, changes and leavers. The information held includes employee demographic and personal details (e.g. name, address, emergency contacts, equal opportunities data, competencies, memberships and qualifications) and assignment information (e.g. grade, post, contracted hours, place of work, salary).

3.6 CRS Smartcard
NHS Care Records Service (CRS) Smartcards controls access to ESR. Smartcards are similar to a chip and PIN credit or debit card, but are more secure as they do not use a magnetic strip
and have an alphanumeric Passcode rather than a PIN. A Smartcard is printed with the users name, photograph and unique identifier number.

3.7 **Retention**
Retention is the period of time a document should be kept or "retained" both electronically and in paper format.

3.8 **Disposal**
Documents which have reached the end of their administrative life should be destroyed in as secure a manner as is appropriate to the level of confidentiality or protective markings they bear. This can be undertaken on site or via an approved contractor.

4 **Responsibilities**

4.1 **Chief Executive and Directors**
The Chief Executive and the Executive Board have an overall responsibility to oversee this Policy and to ensure its correct application.

4.2 **Human Resources**
The Human Resources Department will have a responsibility to provide advice in relation to the application of this policy and relevant employment law and best practice.

4.3 **Managers**
All managers are responsible for ensuring that:
- They comply with the requirements of this Policy and related policies.
- Personal files are kept up to date and information contained is relevant.
- Any disciplinary letters with time limits are removed after the specified time.
- Staff have access to their personal files on request as per policy IG07.
- The security of the personal file is maintained.
- The relevant ESR form is completed (copy kept on file) and forwarded to the HRIS Team following confirmation of change of contractual and personal details.
- The personal file is forwarded to the relevant manager where a member of staff transfers internally within the Trust.
- They will not divulge any personal information about an individual to anyone in the Trust or external source other than for an employment reference, management of an individual or the individual has consented to the disclosure of their information to the person making the request.

4.4 **Staff**
Employees are responsible for informing their manager in writing (attaching documentary evidence where necessary) of any changes in personal details relevant to the Trust, for example:
- Change of address or telephone number
- Change in the name/address of emergency contact details
- Change in name
- Change in bank details
- Achievement of any professional qualifications
- Professional Registration details
- Change in residency status
5 Legislation

5.1 The Data Protection Act
The Data Protection Act sets a clear routine for processing personal information, applying to paper records and computerised records. The Act determines how personal information or data should be kept or treated and gives individuals (the "Data Subject") greater control over how their personal information is gathered, used, housed and shared, while requiring those who record and use personal information (the "Data Controller") to be open about how they use the information and to adhere to the Data Protection Act principles. The Act is based on eight principles as follows:

- Personal data shall be processed fairly and lawfully.
- Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose(s)
- Personal data shall be adequate, relevant and not excessive in relation to the purpose(s) for which they are processed.
- Personal data shall be accurate and, where necessary kept up to date.
- Personal data shall not be kept for longer than is necessary for the purpose for which it is collected.
- Personal data shall be processed in accordance with the rights of the data subjects under this Act.
- Appropriate technical and organisational measures should be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to countries outside the European Economic Area unless the country ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

5.2 Access to Personal Files (Subject Access Requests)
- The Data Protection Act allows members of staff to find out what information is held about them by the Trust. Staff are entitled to be given copies of all personal data held, if such a request is made please refer to IG07 policy.

6 Computerised Files (including ESR and other Local Databases)

6.1 ESR and other local databases, records staff details relating to:
- Recruitment and Selection
- Job details and pay
- Employment (including promotion, transfers, disciplinary procedures, termination and redundancy)
- Training and Development.
- Personal details (see para 4.4)
- Career progression.

6.2 ESR records are held nationally and can be transferred via an Inter Authority Transfer when an employee leaves the Trust to take up employment within another NHS organisation.

7 Security of Files

7.1 It is the responsibility of the line manager to ensure that all manual employment records are kept in locked storage, with access by staff that have designated authority.
7.2 Computerised records e.g. ESR MUST be protected by a system of passwords or accessed via a CRS smartcard and only authorised staff should have access to these records. When leaving the workstation staff must log off or lock their workstation, in order to ensure security of data.

7.3 Following a full and proper investigation, any breaches of security identified will be treated as a disciplinary issue.

8 Confidentiality

8.1 All the information contained within the personal file whether it is manual or computerised is treated as confidential. However, the Trust has a statutory duty to supply legally required information to certain government agencies or departments such as the Inland Revenue or the DWP.

8.2 If an outside agency e.g., Bank or Building Societies contact the Trust for information, the employees' written consent must be obtained before the information is supplied.

8.3 Following a full and proper investigation, any breaches of confidentiality identified will be treated as a disciplinary issue.

9 Retention and Disposal

9.1 Personal records are classed as major records, including records such as, letters of appointment, contracts, references and related correspondence, registration authority forms, training records and equal opportunity monitoring records (if retained) (including those for locum doctors). The minimum retention period for these records is 6 years after the individual leaves service, at which time a summary of the file must be kept until the individual's 70th birthday, or until 6 years after cessation of employment if aged over 70 years at the time.

9.2 The summary should contain everything except attendance books, annual leave records, duty rosters, clock cards, timesheets, study leave applications, training plans.

Minor Human Resources records, which include records such as attendance books, annual leave records, individual duty rosters, clock cards and timesheets must be retained (including those for locum doctors) for 2 years after the year to which they relate.

Executive and Non Executive Directors’ personal files must be retained permanently.

9.3 Personal records (including copies) not selected for archival preservation and which have reached the end of their administrative life should be destroyed in as secure a manner as is appropriate to the level of confidentiality or protective markings they bear. This can be undertaken on site or via an approved contractor.

A record of the destruction of records, showing their reference, description and date of destruction should be maintained and preserved by the Records Manager, so that the Trust is aware of those records that have been destroyed and are therefore no longer available. Disposal schedules would constitute the basis of such a record.
10 Training Needs
There is no mandatory training associated with this policy. If staff have queries about its operation, they should contact their line manager in the first instance.

11 Review process
The Trust will review this policy every 3 years, unless there are significant changes at either a national policy level, or locally. In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

12 Equality Impact Assessment (EQIA)
An Equality Impact Assessment has been carried out on this policy which has been found not to discriminate against any groups of staff or potential members of staff.

13 Process for monitoring compliance

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14 References
http://www.ico.gov.uk/for_organisations/data_protection/the_guide
The principles of the Data Protection Act in detail

http://intranet/information_governance/ig_policies.asp
Records Management – NHS Code of Practice

http://www.connectingforhealth.nhs.uk/systemsandservices/rasmartcards
Registration Authority and Smartcards

http://www.electronicstaffrecord.nhs.uk/home/
Electronic Staff Record

http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/Pages/Employment-Check-Standards.aspx
NHS Employment Check Standards

https://www.gov.uk/government/organisations/disclosure-and-barring-service/about
Disclosure and Barring Service
Appendix A  Contents of an Employment Personal File

Personal files help to ensure staff receive their correct pay, holidays, pension and other entitlements and benefits. They can be used to monitor fair and consistent treatment for staff. Below is checklist for the Data to be held on Personal files (this list is not exhaustive):

1) Advertisement - for the post that individual was recruited from
2) Person Specifications - for all posts individual has held
3) Job Descriptions - for all posts individual has held
4) Application Form – a record that the individual has confirmed that information given is correct and accurate at the time of giving
5) References – under the Data Protection Act copies of original references, obtained for vetting purposes as part of the recruitment process should only be held for up to 6 months. They should then be confidentially destroyed. A record may be kept of, a) the date references were requested/received; from whom, the result (but not the content) and the recruitment decision made.
6) Medical Clearance - declaration from Occupational Health
7) Recruitment Checklist – tracking the progress of the recruitment process
8) Disclosure and Barring Service (DBS) – The only information that can be kept on the personal record is:
   • the level of check requested, including any checks against one or both of the barred lists
   • the position for which the certificate was requested
   • Date check for outcome was made on the electronic version of the database (available during 2013 – date to be specified)
9) Correspondence – invite to interview letter; offer of appointment letter; acceptance letter; and DBS Memo.
10) Induction programme – this should include details of attendance at the Trust Induction Programme and any specific programmes for that individual. It will also include any individual/local induction checklists including a record/confirmation that the individual has received copies of relevant work documentation.
11) A copy of the ESR New Starter Form
12) Terms and Conditions of Employment (the employment ‘contract’) – two copies should be issued within 8 weeks of commencement – one for retention by the individual, the other should be returned signed for retention on the personal file. A copy should also be held on the personal file pending receipt of the post holder’s signed copy.
13) Professional Registration Details – a copy of the registration card and any updates should be held on the file.
14) Copy of Driving Licence and relevant car insurance details (if appropriate)
15) Proof of Identity – see the NHS Employment Check Standards
16) Change Forms – these should be followed up by a variation to contract letter if appropriate and a copy retained on file.
17) Medical Certificates – self certificates and those issued by GPs, Hospitals.
18) A copy of a Visa and passport – documentations confirming eligibility to work in the UK (where necessary).
19) Documentation appertaining to authority to reside in the UK (where applicable).
20) Copies of Qualifications – those relevant to the post including all those specified as being required in the person specification.
21) Correspondence – relating to the individual’s employment
22) Disciplinary Record Documentation – relating to and disciplinary action taken against the member of staff. In accordance with the Trust’s Disciplinary Procedure records should be kept on individual’s Personal Files detailing the nature of any breach of discipline, the date, nature
and duration of action taken, its outcome and any subsequent developments. These records should be destroyed when the period of the warning has elapsed. Individuals have the right to confirm with their manager that this has taken place. Investigation files will be retained within Human Resources.

23) **Individual Performance Reviews/Appraisals/Personal Development Plans.**

24) **Study Leave Forms** or details of any training/development undertaken.

25) **Sickness Absence** – for the current year these may be held centrally but at the end of each year this should be transferred to the individual’s personal file. Documentation should include Return to Work Interviews. It should also include any information/correspondence received/obtained in connection with the individual’s health and/or sickness absence.

26) **Annual Leave** – for the current year these may be held centrally but at the end of each year this should be transferred to the individual’s Personal File and retained for 2 years.

27) **Other Leave** – Records of other leave, including special leave and/or maternity leave taken, including the relevant application forms and approval notification.

28) **Accident/Adverse Event Reports** – copies of any accidents or adverse events in which the individual has been involved during their employment.

29) **Grievance** - correspondence relating to grievances raised. Investigation files will be retained within Human Resources.

30) **Employment Termination Records** – Employee resignation letter and copy of their ESR termination form.
Acting Up
Human Resources Policy HR54

**Additionally refer to:** NHS Terms and Conditions of Service Handbook (Agenda for Change)

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1 Document Statement

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

1.2 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions of the Trust’s Equal Opportunities Policy. Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust, by staff whose literacy or use of English is weak or for persons with little experience of working life.

2 Overview

2.1 From time to time it will be necessary for staff to cover the duties of another member of staff. Such temporary allocation of duties within an employee’s competence is a normal part of work and will include duties at the same or differing levels and in the same or a different capacity.

2.2 These arrangements are designed to cover the extended absence from work of the usual post holder due to sickness, maternity or other extended leave, or as a result of a vacancy, normally where the cover is to last for more than one month.

2.3 The arrangements in this policy are taken from the national Agenda for Change agreement and will be automatically updated by any change to that agreement.

3 Definitions

3.1 Acting Up: Temporary movement to a higher pay band.

4 Duties

4.1 It is the responsibility of managers to ensure that the use of acting up arrangements are limited to covering periods of extended absence, i.e. as caused by long term sickness absence, maternity leave or as a result of a vacancy where the cover is to be required for at least one month. Where there is a requirement to cover an individual’s role over a shorter period every effort must be made to ensure that this is covered by an individual employed on the same band as the post that they are covering.

4.2 However, all staff may be required to cover a different job at a different level for a short period without becoming eligible for payment, providing the role is within their competence.

5 Qualification

5.1 To qualify for payment, the period of acting up must satisfy the requirements of the relevant section of the Agenda for Change Terms and Conditions Handbook on Temporary Movement to a Higher Pay Band (section 6.32 – 6.34) as set out below.

“6.32 Individuals may be moved into a higher pay band where it is necessary to fill a post on temporary basis when a vacancy is unfilled, but being advertised, or the post is being held open for someone who is due to return, e.g. from long-term sick leave, maternity leave or from extended training.
6.33 Pay should be set either at the minimum of the new pay band or, if this would result in no pay increase (by reference to basic pay plus any recruitment and retention premium if applicable) the first pay point in the band which would deliver an increase in pay. Temporary movement into a new pay band should not normally last more than six months or less than one month except in instances of maternity leave or long term sick leave where a longer period may be known at the outset. In circumstances where the individual is not required to carry out the full responsibilities of the post, pay will be determined by job evaluation.

6.34 Where temporary movement into a higher pay band results in only one extra pay point the incremental date remains the same. Where temporary movement results in more than one extra pay point the incremental date for the period of the temporary movement becomes the date the movement began.

6 Authorisation

6.1 All formal periods of acting up are to be treated as temporary promotions and must be authorised using the vacancy authorisation process. Authority for acting up into posts at band 8 and above will rest with the line Trust Board Director, and with the Centre Chief/ Centre Manager /Head of Service for posts in bands 1-7. Authority should be obtained before any commitment is made to the individual member of staff who is to act up.

7 Process

7.1 The individual must be advised in writing of their temporary banding and given a date that the temporary movement to a higher band will cease.

7.2 The appropriate ESR Change of Circumstances Form must be completed and sent to HR Information Systems. This must include the following details:

- the start date of the acting up;
- the name of the person who is absent/has left;
- reason for the absence (e.g. long term sickness, unfilled vacancy being advertised etc);
- confirmation that the person acting up is to carry out the full range of the responsibilities of the post being temporarily covered; and
- the date that the temporary movement to a higher band will cease. At this date the appropriate manager should complete a further ESR Change of Circumstances Form returning the employee to their original post; this form must include full details of the previous post.

8 Overtime, Other Enhancements and Additional Hours

8.1 If the higher graded job does not qualify for overtime or other enhancements, the person acting up is not eligible for such payments.

8.2 If the higher graded job does qualify for overtime or other enhancements, then the person acting up will be eligible for such payments based on the rate applicable to the higher graded job.
8.3 Part-time staff who are acting up will be eligible for additional hours at plain time at the higher rate up to the number of hours worked per week by equivalent full time staff and then at the overtime rates applicable to equivalent full time staff.

8.3 All other terms and conditions will remain unchanged.

9 Training Needs

9.1 There is no mandatory training associated with this policy. If staff have queries about its operation, they should contact their line manager in the first instance.

10 Review process

10.1 This policy will be reviewed when Agenda for Change terms and conditions of employment change or at 5 years whichever is the sooner.

11 Equality Impact Assessment (EQIA)

11.1 This policy applies to all relevant employees equally and does not discriminate positively or negatively between protected characteristics.

12 Process for monitoring compliance

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring (job title)</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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<tr>
<td>Active management of the circumstances of all individuals who are seconded or acting up</td>
<td>ESR report</td>
<td>Relevant member of HR Operational team</td>
<td>Monthly</td>
<td>Centre Management Team</td>
</tr>
<tr>
<td>Length of acting up period is in accordance with the limits set out in this policy</td>
<td>ESR report</td>
<td>Relevant member of HR Operational team</td>
<td>Monthly</td>
<td>Centre Management Team</td>
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13 References


14 Associated Documentation

There is no associated documentation