

Title:	Supporting Breast Feeding Employees		
Author(s)	Barbara Spratt (Infant Feeding Lead) [REDACTED] [REDACTED] [REDACTED]		
Ownership:	Damian McAlister, Director, Human Resources and Organisational Development		
Approval by:	Policy Committee Executive Team	Approval date:	04/10/17 11/10/17
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Key words:	Breast feeding, return to work, support, mother, baby, rights		
Links to other policies	Breast Feeding Policy – SG 126/09		

Date	Version	Author	Comments
01/11/2016	0.1	B. Spratt/U Martin	Initial Draft
04/10/2017	1	B Spratt/U Martin	Amendments following consultation with Midwifery, Breastfeeding, Neo Natal and Community Stakeholders and Health Improvement, B Well group including Trade Unions, Occupational Health, Health and Safety and Health Improvement. Following Workforce Policy Subcommittee meeting 22/02/17 further amendments made taking into consideration Policy Committee comments. (This included further consultation with PHA and Infection Control)

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The Belfast Health and Social Care Trust (BHSCT) acknowledges that breastfeeding is the healthiest way for a mother to feed her baby and recognises the important health benefits now known to exist for both mother and infant. All mothers have the right to make a fully informed choice as to how they feed and care for their babies; therefore, the provision of accurate, up-to-date and impartial information to all parents at an appropriate time is essential.

WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

The BHSCT has developed the following policy to provide a workplace environment that supports breastfeeding employees in continuing to breastfeed their infants following return to work after maternity leave.

The Trust recognises that supporting breastfeeding has benefits to the organisation such as a reduction in absenteeism and staff turnover and important health benefits to mother and baby.

This policy has been developed in light of good practice guidelines from the Health and Safety Executive for Northern Ireland (HSE).

1.2 Purpose

The purpose of this policy ensures women who work within the BHSCT are supported to continue to breastfeed on their return to work after maternity leave if they wish to do so. It also provides guidance for Trust management in supporting an employee who is breastfeeding on return to work.

1.3 Objectives

- To provide a supportive workplace for breastfeeding employees.
- To give clarity to managers on issues around supporting employees who are breastfeeding.

2.0 SCOPE OF THE POLICY

The policy applies to BHSCT managers and employees alike. It provides broad guidance for all Trust areas for those employees planning to return to work whilst continuing to breastfeed.

3.0 ROLES/RESPONSIBILITIES

The specific responsibilities of Staff, Managers and Human Resources Staff are outlined in appendix 1.

4.0 **KEY POLICY PRINCIPLES**

Key Policy Statement(s)

The Belfast Trust recognises the value of breastfeeding for mothers and babies and strives to provide a workplace environment that supports breastfeeding employees to continue to breastfeed their infants following a return to work.

The policy outlines:

1. The Organisation's responsibilities to women who wish to continue to breastfeed their infants following a return to work.
2. The Employee's responsibilities who wish to continue to breastfeed their infants following a return to work.

4.1 The key policy principles are summarised in appendix 1

5.0 **IMPLEMENTATION OF POLICY**

5.1 **Dissemination**

This policy will be available on the BHSCT HUB to all current employees. It will be included as part of the new employee induction training and on application for maternity leave.

5.2 **Resources**

Training on the policy will be provided via information and awareness sessions and mandatory equality training.

5.3 **Exceptions**

Not applicable

6.0 **MONITORING**

The policy has been developed in light of good practice guidelines from the Health and Safety Executive for Northern Ireland (HSE) and recognises the value of breastfeeding for mothers and babies.

7.0 **EVIDENCE BASE / REFERENCES**

- 'Breastfeeding - A Great Start: A Strategy for Northern Ireland (2013-23)'.
<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/breastfeeding-strategy-2014.pdf>
- Health and Safety Executive NI (2014) A Guide for new and expectant mothers who work. <http://www.hse.gov.uk/mothers/>
- Public Health Agency Promoting breastfeeding for mothers returning to work: a guide for employers.
<http://www.publichealth.hscni.net/publications/promoting-breastfeeding-mothers-returning-work-guide-employers-1>

ACAS (2014) Accommodating breastfeeding employees in the workplace.

<http://www.acas.org.uk/media/pdf/2/i/Acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf>

- World Health Organisation – Infant and Child Feeding
<http://www.who.int/mediacentre/factsheets/fs342/en/> accessed on 10/11/12

8.0 CONSULTATION PROCESS

This policy was widely circulated during the consultation process to Trust management. Other groups included in the circulation were Trade Unions, Health Improvement, bWell group, Occupational Health, and Health and Safety at work.

9.0 APPENDICES/ATTACHMENTS

Appendix 1 - Guidelines on How to Support Breast Feeding Employees

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact. X

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



11 October 2017

Date: _____

Damian McAlister
Director of Human Resources and
Organisational Development



11 October 2017

Date: _____

Martin Dillon
Chief Executive

Introduction

The Trust subscribes to providing a workplace environment that supports breastfeeding employees in continuing to breastfeed their infants following their return to work. The Trust encourages employees and management to have a positive, accepting attitude toward working women who are breastfeeding and discrimination and harassment of breastfeeding mothers in any form is unacceptable and will not be tolerated.

Organisation's responsibilities

The Trust acknowledges that supporting breastfeeding has benefits to the organisation such as a reduction in absenteeism and staff turnover and important health benefits to mother and baby. Employees who wish to continue to breastfeed following return to work shall receive:

- **Breaks for breastfeeding or expressing milk**

Breastfeeding employees are allowed to breastfeed* or express milk during work hours using their normal breaks and as part of additional lactation breaks (usually 20 minutes once or twice a day) as agreed with their line manager.

If additional time is needed beyond the agreed set breaks and lactation breaks employees may use personal leave or may make up the time by coming into work earlier or leaving work later as appropriate to the needs of both the workplace and the employee.

- A temporary change to working arrangements should be considered to enable employees who wish to breastfeed following a return to work.

(*Breastfeeding during work hours would only be if a family member/carer could bring the baby for feeding. The Trust recognises that this would be a rare occurrence and the parent will assume responsibility for the baby whilst on work premises. Depending on workplace environment, this option may not be available for all employees.)

- **A private place to express milk and/or breastfeed**

A private room (not a toilet) will be made available if required for employees to breastfeed or express milk. The room will be private, lockable and clean, with access to a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. (Where it is not possible to wash a kit at work or rinse it under a tap, then the mother can bring it home for decontamination). If employees prefer, they may also breastfeed or express milk in their own private offices, or in other comfortable locations agreed upon in consultation with the employee's supervisor. Expressed milk should be stored in a personal cool bag or if available the cool bag can be placed in a designated refrigerator.

- **Education**

The Human Resources department will signpost pregnant employees and returning employees to available information and support on breastfeeding and returning to work. Information is available at www.breastfedbabies.org and leaflets can be viewed at www.publichealth.hscni.net/publications

All work colleagues and line managers are expected to be supportive and sensitive to the needs of breastfeeding mothers returning to work.

- **Staff support**

Line managers and Human Resources departments are responsible for alerting pregnant and breastfeeding employees to the Policy on Supporting Breast Feeding Employees and for negotiating breaks and practices that will help facilitate each employee's infant feeding goals. It is expected that line managers and work colleagues will assist in providing a supportive and understanding approach to facilitating breastfeeding employees. Further information and advice can be obtained by contacting the Improving Working Lives Team 028 9063 5678.

Employee's responsibilities

- **Breastfeeding equipment**

Employees are responsible for leaving the designated milk expression area clean and tidy for the next user. Each breastfeeding employee is responsible for purchasing and maintaining all her own breast pump equipment. Cleaning of breast equipment should be undertaken as recommended in the Public Health Agency booklet "Promoting Breastfeeding for Mothers Returning to Work and in accordance with manufacturer's instructions.

<http://www.acas.org.uk/media/pdf/2/i/Acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf>

- **Communication with supervisors**

Employees who wish to breastfeed or express milk after their return to work shall keep supervisors informed of their needs so that appropriate accommodations can be made to satisfy the needs of both the employee and the workplace.

- **Milk storage**

Employees should label all milk expressed with her name and the date collected so that it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage and transportation of her own milk. It is recommended that personal cool bags are used including within a designated refrigerator if this is available. If a refrigerator is not available breastmilk can be stored at room temperature or in a cool bag for 6 hours. Storage of milk should be undertaken as recommended in the Public Health Agency booklet "Promoting Breastfeeding for Mothers Returning to Work."

- **Use of break times to express milk**

If more than one breastfeeding employee needs to use the designated expressing room, employees can use a sign-in log provided in the room to negotiate milk expression times that are most convenient or best meet their needs.

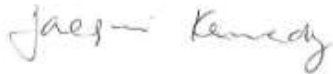
Further information

- Health and Safety Executive NI (2014) A Guide for new and expectant mothers who work. <http://www.hse.gov.uk/mothers/>
- Public Health Agency Promoting breastfeeding for mothers returning to work: a guide for employers.
<http://www.publichealth.hscni.net/publications/promoting-breastfeeding-mothers-returning-work-guide-employers-1>

Reference No: TP053/08

Title:	Regional Grievance Procedure		
Author(s)	Regional HR Policy Group		
Ownership:	Jacqui Kennedy, Director of Human Resources/Organisational Development (Interim)		
Approval by:	Policy Committee Executive Team	Approval date:	2 May 2018 9 May 2018
Operational Date:	May 2018	Next Review:	May 2023
Version No.	1	Supersedes	BHSCT Grievance Procedure – TP 053/08
Key words:	Grievance, formal/ informal processes, resolution		
Links to other policies			

Signed on behalf of Management



Date 09/05/2018

Jacqui Kennedy
 Director of Human Resources/Organisational Development (Interim)



Date 09/05/2018

Martin Dillion
 Chief Executive

GRIEVANCE PROCEDURE

Author	Regional HR Policy Group
Directorate responsible	Human Resources & Organisational Development
Date	1 st October 2016
Review date	1 st October 2018

1. INTRODUCTION

The Trust recognises that in the course of work, an employee may feel aggrieved and expects that normal day-to-day management should deal with the majority of work issues without the need to resort to formal procedures.

The Trust recognises the right of employees to seek a satisfactory resolution to their grievances. Employees should normally in the first instance give their immediate manager the opportunity of resolving the matter, before progressing their grievance formally.

The purpose of this procedure is to provide an employee or group of employees with the opportunity to have their grievance considered quickly and effectively. When a grievance is raised, it should, where possible be resolved at the earliest opportunity and at the most appropriate level of management.

There are some employment issues, which are excluded from being raised under this procedure, as there are other more appropriate Trust policies and procedures in place which incorporate appeals provisions that assist in the resolution of specific issues. In those circumstances this Grievance Procedure will not be applied.

2. GUIDANCE AND DEFINITIONS

Trust Employee - is anyone employed by the Trust.

Employee Representative - is any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation, a full time official of any of the above organisations or a fellow Trust employee. Legal Representation, that is solicitors and/or professional legal counsel, will not be permitted at any stage of this Grievance Procedure.

Grievance Panel – the persons with the appropriate authority to resolve the grievance

3. PRINCIPLES

- a. The employee has the right to a personal hearing
- b. Relevant witnesses may be called by the employee or the Trust
- c. Issues which may give rise to a grievance may include differences between the Trust and a Trust employee on any employment matter generally, for example, on an illustrative but not exhaustive basis: a decision taken by management or the application of terms and conditions of employment etc.
- d. Management should seek to ensure that all grievances raised under this Procedure are addressed as quickly as practicable.

- e. In cases where the Chief Executive is the line manager, the employee may raise the grievance with the Chairperson of the Trust Board or his/her nominee.
- f. It is expected that when an employee has a grievance, that this will be raised as close to the issue / event as soon as is practically possible. This should not normally be later than four months after the issue / event other than in exceptional circumstances.
- g. All parties have the responsibility to respond to issues pertaining to this grievance process in a timely manner.
- h. Managers have a duty to make every effort to resolve issues at the earliest opportunity. They are accountable for maintaining good employee relations and must therefore ensure that unacceptable delays do not occur in responding to grievances.
- i. At all stages during the grievance procedure the employee will have the right to be accompanied and/or represented by an employee representative as defined in Section 2.
- j. At all stages, the grievance procedure will be completed as quickly as possible within the defined timelines unless by mutual agreement.
- k. An employee who has a grievance must exhaust each stage before proceeding to the next. The matter will not normally be progressed until the previous procedural stages have been concluded.
- l. In the event that the manager or grievance panel fails to meet the above deadlines, without prior agreement with the employee or their representative, the employee shall have the right to progress the grievance to the next stage.
- m. Managers should retain written records of all grievance hearings and meetings.
- n. All parties are expected to take all reasonable steps to participate fully with the grievance procedure.

4. MEETINGS / HEARINGS

Employees are expected to participate fully with the grievance process. If a Trust employee cannot attend a meeting/hearing through circumstances outside her/his control and unforeseeable at the time the meeting/hearing was arranged they must notify the HR Department and provide reasons. The Trust will arrange one further meeting/hearing. Failure to attend this rearranged meeting/hearing may result in the grievance process continuing in their absence based on the information available.

GRIEVANCE PROCEDURE

This procedure details the appropriate steps to be followed when pursuing and dealing with a grievance.

5. INFORMAL PROCEDURE

In the event of an employee being aggrieved, the matter should be informally discussed in the first instance with their line manager. If the line manager is directly involved in the grievance, the grievance can be discussed with the next level of line management. They will determine who it is appropriate for employees to informally discuss the grievance with. The line manager should facilitate this meeting within ten days of receipt of the request. There should be an open and frank discussion of the grievance and the management response should be explicit and timely. It may be appropriate to record the response in writing. If the employee should choose to be accompanied by an employee representative, the manager should facilitate this.

Only where it has not been possible to resolve the grievance through informal discussion and/or communication, should the formal procedure, as detailed below, be initiated.

6. FORMAL PROCEDURE

STAGE 1 – FORMAL DISCUSSION AND RESOLUTION OF GRIEVANCE

- a. Where it has not been possible to resolve a grievance informally, an employee may raise a formal grievance. Employees are encouraged to do so by completing a Notice of Reference, see Appendix 1. The grievance should be forwarded to the Human Resources Department, who will acknowledge receipt of the grievance in writing and will arrange for a Grievance Panel to hear the grievance, normally within twenty working days or as soon as reasonably practicable. If it is not possible to hold the hearing within twenty working days the employee must be provided with an explanation for the delay by the Human Resources Department.
- b. The Grievance Panel will consist of two managers at an appropriate level.
- c. The grievance panel may invite a management representative and/or other employees associated with the grievance to be present at the hearing, if considered necessary to clarify any points raised. The Grievance Panel may also seek additional information/clarification in the pursuit of resolution of the grievance.
- d. The decision of the Grievance Panel will normally be conveyed in writing to the employee within ten working days from the date of the hearing, stating clearly the reasons for the acceptance or rejection of the case. This letter will also provide details of how to appeal this decision, should the employee believe the matter has not been resolved.
- e. If the decision of the Grievance Panel cannot be given within ten working days, the chair of the grievance panel should provide the employee with an explanation for the delay.

7. STAGE 2 – APPEAL STAGE

- a. An employee wishing to appeal the stage 1 decision should write to the Director of Human Resources within seven working days from the date of receipt of the letter containing the decision stating the grounds for their appeal. The employee must provide any other documents or detail relevant to the appeal no later than seven working days prior to the hearing.
- b. The Human Resources department will acknowledge receipt of the appeal letter in writing and will arrange for a Grievance Appeal Panel to hear the grievance within twenty working days or as soon as reasonably practicable.
- c. The Director of Human Resources or a duly designated member of the Human Resources department will be responsible for organising an appeal hearing. The panel for the hearing will normally comprise the relevant director or suitable senior management delegate from the directorate and a senior member of the Human Resources dept, neither of who should have had previous involvement with the case. In circumstances where the director has been previously involved in the case, the Human Resources department may seek a senior nomination from another directorate.
- d. Where appropriate, the appeal panel may invite a suitably qualified and experienced senior officer in the same profession as the aggrieved employee(s) from the Trust or outside the Trust to attend the hearing as an assessor. The assessor is there to provide professional advice to the panel as required and has no decision-making role.
- e. The Grievance Appeal panel may invite a management representative and/or other employees associated with the grievance to be present at the hearing, if considered necessary to clarify any points raised. The Grievance Appeal Panel may also seek additional information/clarification in the pursuit of resolution of the grievance.
- f. The decision of the Grievance Appeal Panel will be conveyed in writing to the employee within 10 working days from the date of the hearing, stating clearly the reasons for the acceptance or rejection of the case. The decision of the Grievance Appeal Panel is final.
- g. If a response is not made within the timescales identified above, the chair of the grievance Appeal Panel should provide the employee with an explanation for the delay.

8. RECORD KEEPING

Managers should forward copies of all documentation and correspondence relating to the grievance to the HR department for retention on the employee's record.

9. REVIEW OF THE PROCEDURE

This procedure should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

This procedure is effective from 1st October 2016

Note:

Due to a failure to agree the inclusion of a 'status quo' clause, this is not a formally agreed procedure with HSC Trade Union Side. All other aspects of this procedure are agreed.

APPENDIX 1

NOTICE OF REFERENCE



EMPLOYEE'S DETAILS

NAME		STAFF NO.	
CONTACT EMAIL ADDRESS		TEL NO	
JOB TITLE & BAND		DEPT	
DIRECTORATE		LOCATION	
NAME OF TRADE UNION REP/ WORK COLLEAGUE (if applicable)			

GRIEVANCE DETAILS

1. WHAT IS THE NATURE OF YOUR GRIEVANCE? (you can choose up to 5)

Annual Leave Entitlement	<input type="checkbox"/>	Other	<input type="checkbox"/>
Breach of confidentiality	<input type="checkbox"/>	Overpayment	<input type="checkbox"/>
Breach of contract	<input type="checkbox"/>	Poor/ unfair treatment	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	Reconfiguration of services	<input type="checkbox"/>
Carpark charges	<input type="checkbox"/>	Recruitment & Selection	<input type="checkbox"/>
Failure to follow policy/ procedure	<input type="checkbox"/>	Reorganisation/ restructure	<input type="checkbox"/>
Failure to make reasonable adjustment(s)	<input type="checkbox"/>	Terms & Conditions	<input type="checkbox"/>
Flexible Working	<input type="checkbox"/>	Trade Union detriment	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	Training	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	Unlawful deduction of wages	<input type="checkbox"/>
Holiday Pay	<input type="checkbox"/>	Victimisation	<input type="checkbox"/>
Inappropriate behaviour	<input type="checkbox"/>	Whistleblowing detriment	<input type="checkbox"/>
Inconsistent treatment by line manager/ supervisor	<input type="checkbox"/>	Working environment	<input type="checkbox"/>
Job Evaluation	<input type="checkbox"/>	Working practice	<input type="checkbox"/>
Management of Change	<input type="checkbox"/>	Working relationships	<input type="checkbox"/>

**** FOR HUMAN RESOURCES USE ONLY ****

DATE RECEIVED	
SIGNATURE	

Please return completed form to ERQueries@belfasttrust.hscni.net or send by post to Employment Law, 4th Floor, McKinney House, Musgrave Park Hospital, Belfast, BT9 7JB

2. PLEASE PROVIDE DETAILS OF YOUR GRIEVANCE	
3. DATE(S) YOUR GRIEVANCE AROSE	
4. IS YOUR GRIEVANCE AGAINST YOUR MANAGER/ SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. IS THIS A GROUP GRIEVANCE?	<input type="checkbox"/> YES (go to Question 6) <input type="checkbox"/> NO (go to Question 8)
6. <u>GROUP GRIEVANCE ONLY</u> – PLEASE PROVIDE THE NAME(S) OF OTHER STAFF RAISING THIS GRIEVANCE	
7. <u>GROUP GRIEVANCE ONLY</u> – NAME OF LEAD PERSON(S)	

INFORMAL RESOLUTION	
8. HAVE YOU TRIED TO RESOLVE THIS GRIEVANCE INFORMALLY?	<input type="checkbox"/> YES (go to Question 10) <input type="checkbox"/> NO (go to Question 9)
9. IF YOU ANSWERED <u>NO</u>, PLEASE GIVE THE REASON(S) BELOW	
10. IF YOU ANSWERED <u>YES</u>, PLEASE PROVIDE FURTHER DETAILS (you must include the date(s) of meetings, who was involved, what the outcome was)	
11. WHAT, IN YOUR VIEW, WOULD RESOLVE YOUR GRIEVANCE?	
12. IF YOU ARE SUBMITTING ANY DOCUMENTATION/ INFORMATION WITH YOUR GRIEVANCE, PLEASE LIST IT BELOW.	
○	

PRINT NAME	
SIGNATURE	
DATE	

Title:	Conflict, Bullying and Harassment in the Workplace Policy & Procedure		
Author(s)	Regional HR Policy Group Lesley Allen, HR Manager, Employment Law and Industrial Relations [REDACTED]		
Ownership:	Jacqui Kennedy, Director of Human Resources and Organisational Development		
Approval by:	Workforce Governance Policy Subcommittee Trust Policy Committee Executive Team Meeting	Approval date:	16/05/2019 06/06/2019 12/06/2019
Operational Date:	June 2019	Next Review:	June 2024
Version No.	1	Supersedes	Working Well Together Policy – TP054/08 Harassment Policy – TP055/08
Key words:	Conflict, bullying, harassment, resolution, informal, formal, mediation		
Links to other policies	Disciplinary Procedure; Maintaining High Professional Standards; Capability Procedure; Mediation Policy and Procedure; Equality, Diversity and Inclusion Policy; Harmonious Working Environment Statement/ Joint Declaration of Protection		

Date	Version	Author	Comments
16/05/2019	1	Regional HR Policy Group	Final version issued.

1.0 INTRODUCTION/ PURPOSE OF POLICY

1.1 Background

The policy outlines the Trust's commitment to creating and promoting a harmonious working environment, where all staff feel safe at work and are treated with respect and dignity, regardless of their age, disability status, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependents or without dependents. Bullying and harassment in the workplace is unacceptable and will not be tolerated or condoned under any circumstances.

1.2 Purpose

The purpose of this policy and associated procedure are to provide all staff their rights and collective responsibility to create and maintain a safe, harmonious working environment, with clear guidance on how to handle conflict, bullying and harassment in accordance with best practice and relevant employment legislation.

2.0 SCOPE OF THE POLICY

This policy applies to all staff, both in work and events which could reasonably be regarded as an extension of the workplace, such as Christmas parties and conferences, the use of social media or any other situation which is an extension of the working environment.

If a concern of bullying or harassment is raised by agency worker, member of staff from another organisation or a patient, client or member of the public against a staff member, this policy may be applied.

This policy is not applicable where a member of staff believes they are being bullied or harassment by a member of staff from another organisation or a patient, client or member of the public. It is not applicable for concerns raised by a staff member against an agency worker.

3.0 ROLES/ RESPONSIBILITIES

The Director of Human Resources & Organisational Development is responsible for monitoring, coordinating and developing the policy under the direction of the Chief Executive.

Managers at all levels will ensure that staff for whom they are responsible are aware of and abide by this policy.

All staff employed by the Trust have a personal responsibility in the application of this policy.

4.0 **KEY POLICY PRINCIPLES**

4.1 **Definitions**

General interpersonal conflict can take many forms, for example, colleagues who simply do not work well together due to differing opinions, perceptions, personal clashes or an overspill of personal issues outside of work.

Bullying occurs 'where one person or persons engage(s) in unwanted conduct in relation to another person which has the purpose or effect of violating that person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. The conduct shall be regarded as having this effect only if, having regard to all the circumstances and in particular the alleged victim's perception, it should be reasonably considered as having that effect' (*Harassment and Bullying in the Workplace* – A joint publication by the Equality Commission for Northern Ireland and the Labour Relations Agency).

Harassment is based on, motivated by or related to one of the equality grounds laid down in anti-discrimination legislation (age, disability status, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants). Harassment can be a single serious incident or an ongoing campaign. Conduct shall be regarded as harassment only if, having regard to all the circumstances and in particular the alleged victim's perception, it should be reasonably considered as having that effect

4.2 **Policy Principles**

The purpose of this policy and procedure is to provide guidance and support to managers and staff on conflict, bullying and harassment in the workplace.

Causing or contributing to conflict, bullying and harassment is unacceptable behaviour which will not be permitted, accepted or condoned. Notwithstanding the legal implications of engaging in such behaviour, bullying and harassment are contrary to the standards of conduct that we expect of our staff and have the potential to impact on patient and client care. Such behaviours are detrimental to a productive, harmonious working environment, as well as the confidence, morale and performance of those affected by it, including anyone who witnesses or knows about the unwanted behaviour.

There is a particular obligation to managers to ensure the effective application of this policy, and to work to cultivate and maintain a safe and positive working environment within their teams.

5.0 **IMPLEMENTATION OF POLICY**

5.1 **Dissemination**

This policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff.

5.2 Resources

Training on this policy will be provided by staff members from the Human Resources & Organisational Development Directorate. Details of training dates are available on The Hub. Supplementary materials to support the implementation of this policy and procedure will be available from the HR section of The Hub.

5.3 Exceptions

There are no exceptions as this policy is applicable to all staff within the Belfast Trust.

6.0 MONITORING

The Human Resources & Organisational Development Directorate will monitor and evaluate the effectiveness of this policy.

7.0 EVIDENCE BASE/ REFERENCES

This policy complies with legislative requirements and good practice.

8.0 CONSULTATION PROCESS

Relevant stakeholders were consulted regionally, including Trade Unions.

9.0 APPENDICES / ATTACHMENTS

None

10.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this [link](#). The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved

A full data protection impact assessment is required

A full data protection impact assessment is not required

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services. It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references “reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES

Jacqui Kennedy

12/06/2019

Date: _____

Jacqui Kennedy

Director of Human Resources & Organisational Development

Martin Dillion

12/06/2019

Date: _____

Martin Dillion

Chief Executive

Anne Speed

Date: 08/02/2019

Anne Speed

Signed on behalf of Trade Union Side (Regionally)



CONFLICT BULLYING & HARASSMENT IN THE WORKPLACE

JANUARY 2019

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1.0 OUR COMMITMENT

- 1.1 The Belfast Health and Social Care Trust (the Trust) is an equal opportunities employer. As such, we will comply with the spirit and letter of the law, including equality legislation. We strive to create and promote a harmonious working environment, where all staff feel safe at work and are treated with respect and dignity, regardless of their age, disability status, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants.

Poor working relationships, unresolved conflict, bullying and harassment can have a detrimental effect on personal wellbeing, as well as the wider working environment. Evidence shows that effective team working, supported by good communication and responsive line management, impacts positively on patient and client care. Issues which affect the ability of staff to work well together will be taken seriously and addressed promptly. Bullying and harassment in the workplace is unacceptable and will not be tolerated or condoned under any circumstances.

We will help to create the sort of organisation that people want to be a part of and feel proud to work in by fostering a climate of dignity and respect amongst staff at all levels, and in demonstrating our commitment to deal with conflict, bullying and harassment effectively and promptly.

2.0 PURPOSE AND AIMS

- 2.1 The purpose and aims of this policy and associated procedure are:
- To provide all staff, particularly managers, with clear guidance on how to handle conflict, bullying and harassment in accordance with best practice and relevant employment legislation;

- To outline to all staff their rights and their collective responsibility to create and maintain a safe, harmonious, positive and enabling working environment for all;
- To provide a mechanism to facilitate prompt resolution of issues that may arise;
- To prevent bullying of all staff members, including agency workers;
- To prevent harassment of all staff members, including agency workers.

3.0 SCOPE

- 3.1** This policy applies where there is general interpersonal conflict within the workplace or when a member of staff believes they have been subject to bullying or harassment, as defined in this policy. Where group conflict exists, the same principles laid down in this policy will apply. All staff have a responsibility to comply with this policy. We expect our staff to both receive and show courtesy and respect to and from colleagues, patients, service users and anyone else with whom they come into contact in the course of their work. There is a particular obligation on managers to ensure the effective application of this policy, and to work to cultivate and maintain a safe and positive working environment within their teams.
- 3.2** This policy also applies to events which could reasonably be regarded as an extension of the workplace, such as Christmas parties and conferences, the use of social media or any other situation which is an extension of the working environment. This policy should be read in conjunction with any related social media policy.
- 3.3** This policy should be read in conjunction with any relevant codes of conduct, and Maintaining High Professional Standards (applicable to medical and dental staff only).
- 3.4** It is expected that staff members will raise concerns of conflict, bullying or harassment in a timely manner and as close as possible to the alleged

issue(s) or event(s). This should not normally be later than four months after the alleged issue(s) or event(s), other than in exceptional circumstances.

- 3.5** This policy must not be interpreted, or applied in such a way as to detract from the legitimate right and obligation of those in management roles to manage their staff in accordance with other Human Resources (HR) and Trust organisational policies. Constructive and fair criticism of behaviour or performance is not bullying or harassment. Management has a right to identify and address unacceptable standards of behaviour or performance and must do so in a fair, respectful and measured way and in accordance with this policy. Failure to do this in a fair and respectful way may be considered and addressed under this policy and any other relevant HR policy.
- 3.6** This policy is not applicable where a member of staff believes they are being bullied or harassed by a member of staff from another organisation or a patient, client or member of the public. In such instances, staff should first seek advice from their line manager and HR and/or their trade union as appropriate, in order to progress their concern and receive the right support. Where a concern of bullying or harassment is raised by a member of staff from another organisation or a patient, client or member of the public against a staff member, this policy may be applied, and in all cases advice must be sought from HR.
- 3.7** If a concern is raised by a staff member against an agency worker, the line manager should refer the concern to the employment agency from whom they were recruited. The agency should have their own policies and procedures for dealing with concerns about their employees. The line manager will liaise with the employment agency to ensure there is an effective resolution of the concern.

This policy will apply where a concern is raised by an agency worker against a member of staff. The line manager, in conjunction with HR, will work with the employment agency, using this policy, towards an effective resolution of the issues.

4.0 DEFINITIONS AND LEGAL CONTEXT

4.1 What is general conflict?

4.1.1 General interpersonal conflict can take many forms, for example: colleagues who simply do not work well together as a result of different styles of working, someone changing their behaviour causing an unpleasant atmosphere, differing opinions and perceptions, personality clashes, or an overspill of personal issues outside of work. Most of us will experience an issue or level of conflict with someone at work at some point in our careers. However, these issues have the greatest chance of resolution if addressed locally and quickly through dialogue and all staff are encouraged to 'test their perception' (see page 21) before labelling their experience or attempting to pre-determine the pathway for resolution.

4.2 What is bullying?

4.2.1 Bullying occurs 'where one person or persons engage(s) in unwanted conduct in relation to another person which has the purpose or effect of violating that person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. The conduct shall be regarded as having this effect only if, having regard to all the circumstances and in particular the alleged victim's perception, it should be reasonably considered as having that effect.'¹

¹ 'Harassment and Bullying in the Workplace' – A joint publication by the Equality Commission for Northern Ireland and the Labour Relations Agency.

4.2.2 Unlike harassment, bullying need not be related to any of the protected characteristics outlined in Section 4.3.1. Examples of bullying at work may include:

- Subjecting an individual to humiliation or ridicule;
- Inappropriate shouting or use of abusive language;
- Spreading malicious rumours or telling untruths;
- Constantly undermining effort, competence or confidence;
- Deliberately withholding information to affect a staff members' performance or reputation;
- Persistent adverse criticism in public or in private;
- Isolation or exclusion at work or from work related events;
- Intimidating body language or physical behaviour;
- Changing of work responsibilities unreasonably or without justification.

This is not an exhaustive list, and all cases will be considered individually.

4.3 What is harassment?

4.3.1 Harassment bears very broad similarities to bullying and the behaviour described in Section 4.2.2. However, the crucial difference is that harassment is based on, motivated by or related to one of the equality grounds laid down in anti-discrimination legislation, and summarised in the table below.

Harassment can also constitute a civil or criminal offence.

Legislation	Protected Equality Groups
Sex Discrimination (NI) Order 1998 as amended	Gender Gender identity and expression Marital or civil partnership status Pregnancy or maternity Carers
Fair Employment and Treatment (NI) Order 1998 as amended	Community background Religious and philosophical beliefs Political opinion Trade union membership
Employment Equality (Age) Regulations Northern Ireland 2006 as amended	A particular age or range of ages
Disability Discrimination Act 1995 as amended	Disability (Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities)
Employment Equality (Sexual Orientation) Regulations Northern Ireland 2003 as amended	Sexual orientation (Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes)
Race Relations (NI) Order 2007 as amended	Race Colour Nationality Ethnic or national origin Irish Travellers

4.3.2 Harassment can be a single serious incident or an ongoing campaign.

Conduct shall be regarded as harassment only if, having regard to all the circumstances and in particular the alleged victim's perception, it should be reasonably considered as having that effect. Where it is not mutually acceptable behaviour, this may constitute harassment. Harassment on the grounds of, or related to, a protected characteristic is unlawful discrimination and may constitute a criminal offence.

4.3.3 It is not necessary that a person possesses a particular characteristic themselves, as outlined in the table at 4.3.1, to be a victim of harassment. It can be as a result of their association with a person who falls into one of these categories, or a mistaken belief that they possess one of these characteristics.

4.3.4 Harassment can take many forms, as per the table below. This is not an exhaustive list of examples of behaviour that may amount to harassment, or indeed bullying, if it does not relate to one of the equality grounds listed in 4.3.1.

- **Physical conduct**, ranging from touching to assault or making obscene gestures;
- **Verbal and written harassment** through jokes, racist, sexist, sectarian, homophobic or transphobic comments, comments about a person's disability, offensive language, gossip and slander, sectarian songs, mobile ring tones, threats, use of social media, letters and emails;
- **Visual displays** of posters, screensavers, downloaded images, graffiti, flags, bunting or emblems or any other offensive material;
- **Isolating** a person, including exclusion from social events;
- **Overloading** a person with unreasonable work activities;
- **Forcing** a person to offer sexual favours or to take part in religious or political activities;
- **Intrusion** by pestering, spying or following.

4.3.5 Causing or contributing to conflict, bullying and harassment is unacceptable behaviour which will not be permitted, accepted or condoned. Notwithstanding the legal implications of engaging in such behaviour, bullying and harassment are contrary to the standards of conduct that we expect of our staff and have the potential to impact on patient and client care. Such behaviours are detrimental to a productive, harmonious working environment, as well as the confidence, morale and performance of those affected by it, including anyone who witnesses or knows about the unwanted behaviour.

- 4.3.6** If you are experiencing conflict at work, but remain unsure as to whether it is general interpersonal conflict or bullying or harassment, you can seek advice from a trusted colleague, trade union representative or HR, so that the most appropriate course of action is taken to deal with your concerns quickly and effectively. If you believe your concern may constitute harassment as defined in this policy, you should report this to the appropriate manager immediately, to enable prompt resolution and ensure any relevant statutory time limits, such as those of the Employment Tribunals, can be adhered to.
- 4.3.7** If behaviour is found to be in breach of this policy, it may result in disciplinary action, up to and including dismissal.

5.0 THE RIGHTS AND RESPONSIBILITIES OF ALL HSC STAFF

- 5.1** As HSCNI staff, we have the right to work in an environment that is free from unresolved conflict, bullying and harassment, where all staff feel safe, and are treated with respect and courtesy. HSCNI fully recognises your right to complain about harassment or bullying and as such all concerns will be dealt with seriously, promptly and confidentially. In matters relating to interpersonal conflict, it is expected that all staff participate in efforts to resolve their issues locally and promptly and without the need for formal investigation.
- 5.2** The Trust's internal procedures do not negate the right of an aggrieved staff member to also pursue complaints through an Industrial Tribunal, the Fair Employment Tribunal or through the courts. If you wish, you can obtain advice from your trade union representative, the Equality Commission and the Labour Relations Agency. There are strict time limits for making complaints to a tribunal, and complainants normally will be expected to have raised their concerns under the relevant HSCNI procedure first, though it is not necessary for the matter to have been brought to a conclusion.
- 5.3** Line Managers and HR will ensure that any staff member who raises a concern under this policy, or who gives evidence or information in connection with such cases will not be victimised, i.e. they will not be discriminated

against, harassed or bullied in retaliation for their actions. Victimisation is also discrimination contrary to equality laws and this policy, and will be treated as misconduct which may warrant disciplinary action, up to and including dismissal.

- 5.4** It is not acceptable for staff to fail to report or deal with serious bullying or harassment. This may be viewed as condoning this behaviour and action may be taken as appropriate.

6.0 THE ROLE OF HSC STAFF

All staff have a responsibility to familiarise themselves with this policy, and to ensure that their behaviour complies with what is expected. Staff must recognise that they have a vital role to play in the creation, promotion and maintenance of a good and harmonious working environment, where the dignity of all is respected.

- 6.1** Staff are expected to participate in any relevant training to support this policy and to adhere to all relevant procedures including professional codes of conduct where applicable.
- 6.2** If you raise a concern, you are required to participate in any process that is invoked as a result to resolve the issue. This includes, for example, facilitated meetings and investigation, where this has been deemed necessary. You will also be expected to give due consideration to mediation, where appropriate. Failure to participate in attempts to resolve the issue that you have raised may result in the matter being deemed closed.
- 6.3** If a concern is raised about you, you will be required to participate in any facilitated meetings or investigations, where appropriate, as well as giving due consideration to mediation, if applicable. Failure to meaningfully participate in attempts to resolve the issue may result in management taking action.

- 6.4** Where group conflict exists, staff should work with management to agree an appropriate way forward to progress the matter on behalf of the group.
- 6.5** Staff must not allow situations of misunderstanding to develop into conflict situations. Instead, staff should be proactive in dealing with issues as they arise, so long as they feel confident enough to do so. Where staff lack confidence, they should seek advice from a trusted colleague, trade union representative, manager or HR.
- 6.6** Any staff member who is aware of or witnesses any instances of conflict, bullying or harassment should support their colleagues and alert a manager or supervisor to enable its swift and effective resolution. Where the behaviour in question is that of a manager, the staff member should either report it to the manager's line manager or seek advice from HR or a trade union representative.

7.0 THE ROLE OF MANAGERS

- 7.1** Line managers have a specific responsibility in the prevention and resolution of conflict, bullying and harassment. They are responsible for creating a safe, harmonious and enabling working environment, setting a good example for other staff members to follow, intervening when conflict arises and ensuring that their teams are aware of their obligations and relevant policies.
- 7.2** Managers should ensure they are fully aware of their responsibilities under the relevant policies, and are alert to potential issues of conflict, bullying and harassment; and that they intervene and take appropriate action quickly when issues of conflict, bullying or harassment occur.
- 7.3** Managers have a responsibility to be responsive and supportive to any member of staff who raises an issue of conflict or makes an allegation of bullying or harassment. They must provide clear advice on the procedure, maintain strict confidentiality throughout the process and actively seek to bring matters to a timely conclusion. They should also seek to prevent a

reoccurrence of the same problem, either whilst the concern is being resolved or after it has been dealt with.

- 7.4** Managers must also take particular care to ensure their behaviour sets an example and must be mindful of their interactions with their team, particularly during sensitive but necessary conversations, for example during appraisals, performance reviews or attendance management meetings.

8.0 THE ROLE OF TRADE UNIONS

- 8.1** Trade union representatives can help support and guide a member towards the most appropriate course of action in a situation of conflict, bullying or harassment. It is best to involve your trade union representative at the earliest possible stage so they can help you to test your perception and advise appropriately. Trade union representatives can also provide valuable support, advice and representation in relation to bullying and harassment and formal processes as detailed within this procedure.

- 8.2** Trade union representatives also have a role in supporting and educating members on their rights and responsibilities under this policy.

9.0 THE ROLE OF HUMAN RESOURCES

- 9.1** HR has a key role to play in the resolution of conflict, bullying and harassment in the workplace. HR is firstly responsible for raising awareness of this policy and procedure, and ensuring that managers are confident and competent to deal with conflict locally and at an early stage.

- 9.2** It is expected that cases of general interpersonal conflict will be addressed locally by line managers. HR is available for advice and guidance and can assist managers and staff members to test their perceptions and triage an issue as appropriate. HR may participate in or facilitate a meeting to progress resolution.

- 9.3** HR will work with management, the complainant and their trade union representative, if applicable, to identify the most appropriate process for handling the concern.
- 9.4** Where it is agreed that a formal procedure is necessary to consider bullying or harassment, HR will support the parties concerned by providing advice and guidance on process and policy application, signposting to sources of support for staff, liaising with legal representatives where necessary and case-managing the process in accordance with best practice and employment legislation. HR, in conjunction with the relevant line manager, has a responsibility to progress the formal procedure and bring such matters to a timely conclusion.
- 9.5** HR will also monitor trends in turnover, sickness absence rates and take particular note of the working lives of rotational staff in order to surface any underlying workplace issues.

CONFLICT, BULLYING & HARASSMENT IN THE WORKPLACE PROCEDURE



1.0 PROCEDURE

This procedure outlines the steps that should be followed where an employee raises a concern about conflict, bullying or harassment. Before using this policy, you should always test your perceptions. In other words, you should explain your version of events to a trusted colleague, manager or trade union representative. The aim of doing this is to gain greater clarity and perspective on the incident or behaviours and prevent rash decision making. The diagram below outlines some key questions to help you do this.

Test Your Perceptions



- 1.1** If at the end of your test you feel you are being bullied or harassed, then report this immediately to either your line manager, or their manager, if the concern relates to your own manager. You can also seek support from your trade union representative or HR.

- 1.2** In terms of conflict, staff should bear in mind their personal responsibility to promote good relations and attempt to resolve conflict where there are instances of staff members not working well together, so long as they feel confident enough to do so. For example, approaching the other individual at an early stage, and making it clear that their behaviour is unwelcome and should stop. It is advisable to keep a written record of any attempts to stop the unwelcome behaviour.

2.0 SELF-RESOLUTION

- 2.1** If you simply want the behaviour to stop and where the incident was not very serious, then the informal procedure is likely the most appropriate approach to effect swift, confidential resolution to an issue. If you feel confident and able to do so, you should try and resolve conflict yourself, by approaching the person concerned, outlining the event or incident that you are referring to, describing how you felt and explain why you would not wish it to happen again and what steps you will take if it does reoccur. You can do this with the support of a colleague or a trade union representative if you wish.

2.2 Informal Procedure

Where this fails, or where you do not feel able to approach the person, you should discuss the matter with your line manager as soon as is reasonably possible. Should the concern be against the line manager, it should be brought to their line manager who will take it forward.

- 2.3** The manager dealing with the concern should act promptly, maintaining strict confidentiality at all times. The manager will:

- ❖ **Listen** to what has happened, drawing the person's attention to informal resolution through dialogue and using the 'test your perception' model where appropriate.

- ❖ **Meet²** with the complainant, and also meet with the person against whom the concern has been made to make them aware. Both parties should be informed that the other person involved is also having an individual meeting. The manager should listen out for recurring and common themes which could be used to direct dialogue when parties are brought together. The manager should remind the parties of their obligation to resolve matters locally and promptly.
- ❖ **Meet with the parties together** this should be a future-focused meeting, with common themes being drawn out and discussed. The meeting should ideally end with an agreement to draw a line under the matter or, where appropriate, with the completion of an action-plan detailing how the parties propose to work well together in future. The manager should make a note of any outcomes or action plans and follow up on these within a suitable time period. Again, it is not usually necessary for parties to be accompanied at these meetings.
- ❖ **Monitor the situation** and be alert to any deterioration of the situation or any patterns of behaviour emerging. Equally, staff should make genuine efforts to embed what was agreed at the meeting and to work well together.

2.4 Once this series of meetings are over, the matter will be considered closed. Only where there are new issues or where the situation deteriorates will the matter be reopened. If this occurs, HR together with the appropriate manager, will triage the issue, making a decision on the way forward by reviewing information and circumstances of the case. It may be the case that formal mediation is required. Where the issue remains one of interpersonal conflict, there is no automatic right to move to a formal process. Where there is evidence that one or other of the parties has failed to comply with the previous agreement, consideration should be given to the appropriateness of other policies and procedures, including the Disciplinary Procedure, in relation to conduct.

² It is not usually necessary for HR or trade union colleagues to attend these meetings, but that does not preclude their attendance if necessary.

3.0 MEDIATION

- 3.1** In cases where informal resolution has not been successful, you will be expected to consider mediation. Whilst it is not mandatory that you participate, you will be expected to give it due consideration.
- 3.2** Mediation is not about placing blame or making judgments. It is designed to help parties gain clarity around the claim of conflict or bullying, and help everyone assess their individual needs, goals and expectations.
- 3.3** Trained mediators will facilitate open and honest communication, in a safe and impartial environment in order to foster better relations, and ultimately help the parties come to an agreement as to how they will work together in future. This will be written and signed by all concerned. The manager concerned will not be privy to the details of what was said or agreed. They will only know if the mediation was successful or not, unless the parties to the mediation agree for particular information to be shared.
- 3.4** Where mediation is agreed, you will take part in the mediation process within 4 weeks (or as soon as is reasonably practicable in view of leave arrangements) of the mediation having been agreed.
- 3.5** Where it is a matter of general interpersonal conflict, mediation will be the last stage of the process. If you refuse to participate in mediation or where mediation fails, the manager reserves the right to take action as necessary to ensure that a harmonious and safe working environment is achieved. Action may include:
- Moving either or both parties;
 - Changing working patterns of either or both;
 - Disciplinary action where behaviour warrants it.

Senior management and HR will make the final decision on any redeployment, ensuring this is in line with the relevant terms and conditions, and will not put the employee at a substantive detriment.

4.0 FORMAL PROCEDURE

- 4.1** Concerns should be raised as soon as possible (and not later than 4 months) following an alleged act of bullying or harassment and, where possible, should be set out in writing to the appropriate manager or HR, making it clear which protected characteristic the alleged harassment relates to, if appropriate. Concerns may be raised by a staff member, or someone on their behalf such as a colleague or a trade union representative and should be discussed with HR immediately.
- a.** If the incident(s) reported is so serious that it is deemed by HR and the manager inappropriate to use the informal method, the issue will be addressed through the formal procedure. It is accepted that in making this determination discussion will have taken place with the affected staff member(s) and/or their trade union representative where appropriate to ensure understanding. Acknowledgement of the concern in writing and where available details of the next steps should be provided to the staff member within 3 working days of receipt by HR. In relation to concerns raised about Medical or Dental staff, consideration must also be given to procedures and timescales laid out within Maintaining High Professional Standards and advice sought on how to proceed.
 - b.** In some instances, there may be clear evidence of misconduct that is so serious that it may be appropriate to move straight to disciplinary proceedings. Where there is concern that conduct may constitute a criminal offence, advice should be sought immediately from HR.
 - c.** Whilst this is a more formal process, the possibility of mutual resolution in instances of bullying or harassment through mediation at any stage of the process may be considered with the agreement of HR, management, the

employee and their trade union representative, if applicable. This will be considered in the context of the case and the seriousness of the incident which gave rise to the concern.

Step One: Appointment of the investigating officer/ team and clarifying the process

- On receipt of a concern and having discussed the matter with HR and the complainant, an investigating officer or team will be appointed without undue delay.
- The team will be required to establish the facts and decide how the matter should be progressed. The investigating officer/team should be clear at the outset about how information will be used and shared throughout the investigation and where necessary HR should provide guidance on this.
- It is anticipated that most investigations should be completed within a period of 8-12 weeks. The investigating officer/team should draw up an action plan at the outset of proceedings, outlining how the investigation will be conducted. This action plan will be flexible, as relevant parties may need to be interviewed on more than one occasion. It is the responsibility of the investigating officer/team to update the parties on the status of the investigation and provide an explanation for any delays. In any case, the investigating officer/team must provide an update to all relevant parties at the six week mark.
- At this stage, a senior manager will need to decide whether it is necessary to keep the complainant and alleged bully or harasser separated until the issue is resolved. The decision of who is moved to facilitate this will be reasonable and proportionate, considered on a case by case basis, and in consideration of service needs. In most cases, this decision will be made by a senior manager within the relevant department.
- Should a move be deemed necessary, this will be at a post of the same substantive grade for the duration of the investigation. Should there only be a post available at a lower grade, the staff member will retain the pay and benefits of their substantive grade for the duration of the investigation.

- Both parties should be advised of the process and expectations in going forward.
- A decision to suspend the alleged bully/harasser from work on normal pay as a precaution, either at the outset or at any stage in the process, should only be taken in conjunction with HR.
- Decisions to refer the alleged bully/harasser to a relevant professional body, eg NMC, GMC, DBS, NISCC, HCPC and also to the Police Service of Northern Ireland (PSNI) should be taken in conjunction with HR. The employer is also required, under the Protection of Children and Vulnerable Adults (NI) Order 2003, to make a referral to the Department of Health if a person working in a child care or vulnerable adults position has been dismissed, would have been dismissed, or considered for dismissal had he/she not resigned, or has been suspended, or transferred from a child care or vulnerable adult position.³
- At regular intervals, the manager and HR should remind all staff about the support and counselling services that can be accessed at any stage in the process.

Step Two: Initial meeting with complainant

- The investigating officer/team will interview the complainant to clarify and formally record the nature of the concern and ensure it is being handled under the correct procedure. The complainant has the right to be accompanied by a work colleague or trade union representative at this stage.
- The investigating officer/team will advise the complainant that the issue is being dealt with strictly confidentially, but that the details of the concern will be shared with the alleged bully or harasser. They will be advised that the outcome of the investigation will be confirmed in writing.
- The complainant will receive a written note of the meeting to ensure it is an accurate record of what was discussed.

³ For medical and dental staff, MHPS will also apply.

Step Three: Informing the alleged bully or harasser

- The investigating officer/team will meet with the alleged bully/harasser who will be given an opportunity to answer the concern. This meeting should be scheduled within the action plan to take place as soon as is reasonably practicable after the initial meeting with the complainant. They have the right to be accompanied to this meeting by a work colleague or trade union representative. They will also be informed that they should not contact the alleged victim and that the outcome of the investigation will be communicated.
- Where a written complaint has been received, the alleged bully or harasser has a right to see it, but should be made aware that it may be redacted.
- The alleged bully/harasser will receive a written note of the meeting to ensure it is an accurate record of what was discussed.

Step Four: Meeting with other parties/ witnesses as part of the investigation

- The investigating team will also meet with those who they have deemed important in helping to establish facts, and/or have been cited as a direct witness.
- In recognising the importance of candour all staff are required to co-operate to enable an investigation to be carried out effectively and promptly.
- Witnesses are not normally represented but can be accompanied by a trade union representative or colleague not involved in the matter. This is for support only. Witnesses must be reminded about the importance of confidentiality.
- All parties will receive a written note of their meeting, which they agree to be an accurate account of what was discussed.
- The complainant, the alleged bully/harasser and witnesses should all be advised that whilst the investigation process is confidential, records of evidence may be requested, for example, by subject access request and may by law require to be furnished, subject to any appropriate redaction. In addition, records of evidence obtained during the investigation may be

discoverable documents and may require to be disclosed where relevant to any subsequent legal proceedings.

Step Five: Reporting the facts

- The investigating officer/team will prepare a report outlining the facts, indicating their findings and whether a case of bullying or harassment is substantiated. They may also make recommendations.
- This will be considered by the relevant manager in collaboration with HR to determine the outcome and whether any further action should be taken.⁴
- Staff should be aware that there are a number of potential outcomes that an investigation may produce. Although this list is **not exhaustive**, examples include:
 - No further action required
 - No further action required at this time, but the situation is to be monitored and kept under review
 - Mediation where both parties agree to take part
 - Invocation of Capability Procedure where there is no evidence of intent to cause harm
 - Redeployment of staff where there is an irretrievable breakdown in relationships (any decision to move a member of staff will be reasonable and proportionate, and taken in conjunction by senior management and HR, on a case by case basis, with regard to service need)
 - Invocation of the Disciplinary Procedure

Step Six: Communicating the decision and right of appeal

- Once a final report of findings and recommendations has been produced, the complainant and alleged harasser/bully will be informed of the outcome of the investigation in writing, and a meeting will also be held to discuss.

⁴ Medical and Dental staff should be aware that further action may be taken under MHPS.

- Potential decisions may include invocation of the formal Disciplinary Procedure without the need for another investigation, mediation if parties agree, or a finding of no evidence to support the concern.
- An investigation into bullying and or harassment under this procedure will afford the complainant a right of appeal against the findings. This should be made in writing to the Director of HR within 10 working days of being notified.
- The complainant must set out the specific grounds of their appeal, beyond their dissatisfaction with the outcome, focusing on factual inaccuracies and/or omissions and this will be considered by a final stage appeal panel. The panel will consider the case presented by the complainant. An investigating officer will be in attendance to provide information to the panel.
- In respect of the alleged bully/harasser, the right of appeal is only afforded through the disciplinary procedure at a formal hearing.

5.0 REVIEW

The operation of this policy will be monitored and reviewed regularly (every 5 years) to ensure its relevance and effectiveness.

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26/02/2013	0.2	A Trust	Second draft incorporating changes agreed with Mediators and Senior Managers.
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1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The Belfast Health and Social Care Trust advocate the use of mediation in maintaining effective employment relationships between all employees.

Mediation is especially effective when used at the initial stage of any disagreement.

Workplace tension, poor communication and interpersonal conflict can result in low morale- break down in workplace relationships. It may also impact on sickness absence, turnover of staff and recruitment issues which ultimately effect service provision and patient care.

The Trust believes that such consequences may be avoided or reduced through the process of mediation and advocates it as an alternative route to other formal routes of dispute resolution where possible. A number of employees have been trained as mediators to ensure high quality practitioners are being used to support this intervention.

1.2 Purpose

The purpose of this policy is to provide guidance for managers and employees, in defining what mediation is and when it may be appropriate to use mediation as a method of resolving disputes within the workplace – (see Appendix 1). The policy also provides guidance as to who should be trained as a mediator.

1.3 Objectives

To encourage managers to use mediation with employees, in the initial stage of any disagreement with employees when appropriate as an alternative method of resolving disputes

To support harmonious working relationships through mediation

To ensure mediation is used appropriately

To ensure that all mediators are trained in and capable of performing this role

2 SCOPE OF THE POLICY

The policy applies to all employees working within the Trust.

3 ROLES/ RESPONSIBILITIES

All Parties including the HR department, Line Manager, Employees, Trade Union/ Other Representatives and Mediators are to respect the confidentiality of the mediation process.

3.1 Human Resources Department,

- All requests for initiating the mediation will be processed through Employment Law Team in Human Resources.
- The Employment Law team will then decide on the appropriateness of referring the case to the mediators in conjunction with the manager
- To monitor the outcome of the mediation process
- To implement Policy
- Keep records of the number of cases referred to mediation
- Liaise with the manager to confirm whether mediation is proceeding

3.2 Line Manager

- All requests should be made through HR via the Manager; unless they are the other party involved in requiring mediation. In which case HR can be either contacted directly or through the Managers Line Manager
- To familiarise themselves with the mediation process
- In the first instance managers have a responsibility to address issues as they arise informally, through local resolution, only when this has not succeeded or is not appropriate will formal mediation be explored.

- To ensure that all employees are made aware of the policy and consider this as a constructive way forward in resolving interpersonal difficulties with colleagues.
- To advise employees that mediation is to be entered into on a voluntary basis.
- To support the mediation process by ensuring that employees are released to attend mediation.

3.3 Employees

- To genuinely consider mediation as a possible means of constructively resolving disputes in line with their obligations under the Working Well Together policy.
- To enter the process positively with a view to reaching an agreed outcome
- To commit to the principles outlined in this policy
- To act in an appropriate manner to ensure fairness in resolving the dispute.

3.4 Trade Unions / Other Representatives

- To promote mediation as an alternative form of dispute resolution.
- Mediation is not a situation where representation is required and is not normally appropriate to the mediation environment
- When it is deemed as a reasonable adjustment, exceptions to representation will be considered

3.5 Mediators

- To complete accredited training and attend refresher courses to update knowledge.
- To be willing to undertake mediations so this service can be offered within the Trust and to their skills.
- To be willing to act as a co-mediator.
- To ensure that they have no prior knowledge of the case by declaring of same before being appointed.
- Ensure a safe neutral environment for mediation to take place.

- To respect the complete confidentiality of the process in line with what has been agreed with the parties with whom mediation is taking place.
- To assess whether mediation is suitable or not and discontinue the process where necessary.

4 **KEY POLICY PRINCIPLES**

Definitions

Mediation is:

- Voluntary –Employees are free to choose whether they accept the process of mediation or not, and no-one should be forced to take part.
- By agreeing to mediation employees are giving their commitment to work through their dispute in a constructive manner.
- Confidential – Anything disclosed during mediation will not be discussed to anyone outside of the mediation process unless stated and agreed by all parties,
- Line managers nor HR will not be provided with any details of the mediation process other than when mediation took place and if it was successful or not.
- The exception to this is when there has been a disclosure of; abuse, serious misconduct, fraud or criminal activity or an individual is at risk of harm to themselves or others. If any of these exceptional issues arise it is the responsibility of the mediator to report this and to decide if it is appropriate to continue with mediation.
- Without Prejudice – Any notes taken by mediators during the mediation will be appropriately and confidentially discarded at the end of the process. Any details discussed during mediation cannot be used in any future formal proceedings.
- Impartial – The mediator role is to impartially facilitate the parties in reaching a resolution and will not take sides or act as advisors.
- A safe and constructive way of speaking and listening. The mediator will ensure that the process will not be used to threaten, intimidate or bully.

4.1 Policy Principles

4.1.1 What is Mediation?

Mediation provides a genuine alternative in resolving disputes outside formal procedures. Mediation normally occurs between two parties and a neutral third party(ies) with the aim of reaching a satisfactory solution. Mediation does not impose an agreement or make judgement. The mediators act as a third party trained in the area of mediation who remains impartial, without taking sides, making judgements or giving guidance, ensuring that an agreement comes from those in dispute and not the mediators.

4.1.2. What happens during mediation?

- Participants in the mediation process need to be suitably informed about the process prior to its commencement. Information leaflets should be provided by the referring manager.
- The mediators meet the parties separately explaining what mediation is and what will be involved.
- The parties present their view of events.
- If the mediators deem it suitable the mediation process will continue.
- The parties come together, either on the same day or at a different time depending on the situation. Ground rules are set.
- Each party will get the chance to talk about the situation without interruptions and then the mediators will facilitate highlighting the common areas and concerns.
- Both parties will attempt to reach a conclusion/ agreement. If this is not possible on the first day a further date may be arranged to help the process reach satisfactory conclusion.
- If successful, a follow up session can be completed after a period of time has passed from the conclusion (See Appendix 2.)

4.1.3. How long should the process take?

Once a referral to Human Resources for mediation is made, mediators are normally confirmed within 2 weeks and the process should commence within

28 days of the mediators being appointed. While the duration of the mediation process itself is dependent on individual cases, the mediation process normally takes around 1-3 meetings in total.

4.1.4. Mediation Agreements

Any written agreements are made at the discretion of both parties. Copies of the agreement will only be available to parties and not to managers or HR Department unless otherwise agreed by both parties. Although the parties involved should be aware that they are taking part in mediation with the aim to achieve the agreement reached, the agreement reached through mediation is not legally binding.

4.1.5. If mediation does not resolve issues of conflict

If mediation has been unsuccessful in that no final agreement was reached or one of the parties perceives the situation to have continued to deteriorate they have recourse to other Trust procedures. However mediation must not be used as a stepping stone to a more formal approach and not as a method of gaining further information to use against a party in a formal proceeding. What has been discussed at Mediation cannot be used in these formal proceedings. Mediators would not be involved in any of these processes.

5. **IMPLEMENTATION OF POLICY**

5.1 **Dissemination**

This policy applies to all employees. The policy should be implemented by 02/09/2013 and reviewed in 3 years

5.2. **Resources**

The Employment Law Team in the Human Resources Department are responsible for testing of new documentation associated with the policy.

5.3. **Exceptions**

There are no exceptions to the scope of the Policy.

6.0. MONITORING

Following completion of the mediation process participants will be invited to complete a short confidential evaluation questionnaire (See Appendix 3). This will be used to further improve and inform future services

7.0. EVIDENCE BASE/ REFERENCES

The content of this policy is based on guidance and information from a number of relevant recognised sources to include;

- Mediation Explained, Labour Relations Agency
- Working Well Together Policy, Belfast Trust
- Harassment Policy, Belfast Trust

8.0. CONSULTATION PROCESS

Groupings consulted in the development of this policy;

- The Trust Mediators
- Senior HR Managers
- Trade Union Representatives
- Trust Health & Social Inequalities department

9.0. APPENDICES

When Mediation should be used (Appendix 1).....10

Mediation Process Flowchart (Appendix 2).....11

Mediation Service Feedback Form (Appendix 3).....12

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

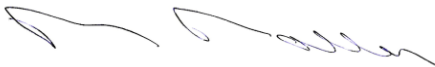
Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Date: 21 August 2013

Name Marie Mallon
**Title Deputy Chief Executive/
Director of Human Resources**



Date: 21 August 2013

Name Colm Donaghy
Title Chief Executive

APPENDIX 1. When Mediation should be used

When is mediation appropriate?

When parties want to find a solution

When groups/ parties have a continuing working and/or personal breakdown in a working relationship

When groups/ parties have previously had a good working relationship pre-dispute

When maintaining a relationship is important

When one party does not feel comfortable confronting the other party unless a third party is present

When one or both parties would prefer using an alternative method of resolving the dispute rather than through a formal proceeding

When parties do not believe they will be able to work out the problem on their own

Under what grounds is mediation likely to be inappropriate?

When either or both of the key parties are not willing to use mediation

When formal proceedings have commenced

When there is an issue of significant harassment, criminal activity or significant violence

Where there is an extreme power imbalance that cannot be balanced by the mediator

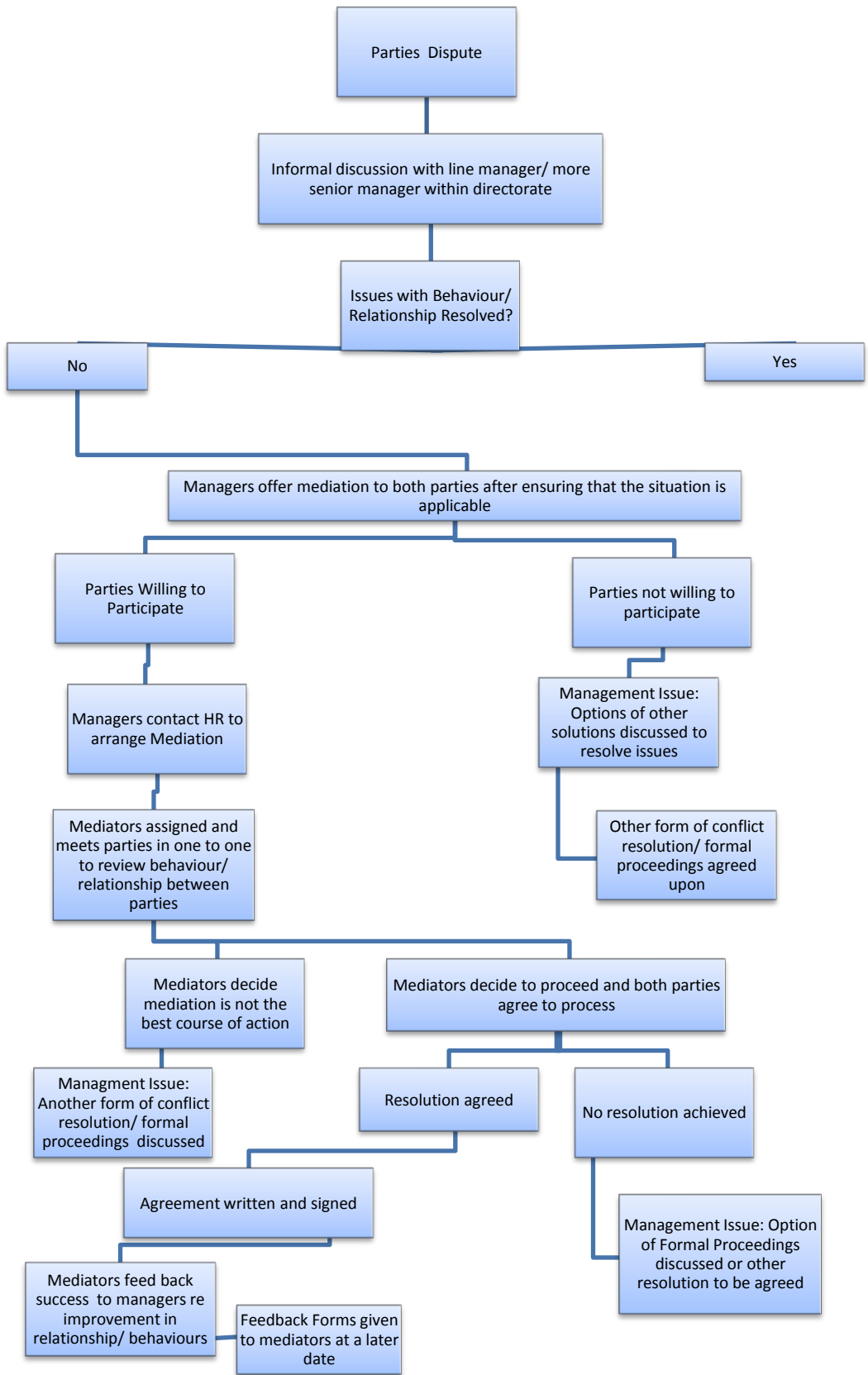
When parties are not genuinely committed to resolution through mediation and have made it clear to others that they have an ulterior motive to use mediation as a method of gathering more information to use against the other party

When a serious incident has just occurred, so it may be too early to start mediation as management will need to decide if the matter is appropriate for mediation

Where one party is suffering from an acute emotional or psychological disorder

When it is being used by a manager to avoid their managerial responsibilities

APPENDIX 2. - Mediation Process Flowchart



Appendix 3 – Mediation Service Feedback Form.

Please take some time to fill out this questionnaire. Your feedback will be used to improve the services in future and is much appreciated. Once completed please return to the HR Department in McKinney House, Musgrave Park Hospital.

1. Do you feel the process of mediation was well explained to you prior to the mediation process?

YES NO

Comment.....

2. Do you feel the process of mediation was well explained to you by the mediator?

YES NO

Comment.....

3. In your opinion was the mediation session well managed? If so, How?

YES NO

Comment-----

4. Was the pace of the mediation appropriate?

5. Did you feel you had sufficient opportunity to discuss your issues?

YES

NO

Comment-----

6. Do you feel all your issues were sufficiently raised, heard and addressed?

YES

NO

Comment-----

7. What qualities of the mediators did you particularly value or find helpful?

8. What qualities of the mediator did you find unhelpful?

9. Was the venue appropriate for the mediation process?

10. Do you consider the outcome of the mediation process was successful? If so, in what ways? If not, why not?

11. Would you recommend others to use mediation if in a similar circumstance as yourself? If so, why? If not, why not?

12. Please make any further comments that you think may be useful.

Your name is required for Human Resources to determine who your mediators were in order to apply your feedback to them as mediators; however this will be held confidentially by the Human Resources Department and will not be shared with any other party. However this is not compulsory.

Name.....

Thank you for your assistance.

Title:	Belfast Health & Social Care Trust Policy & Procedural Arrangements relating to the Management of Stress, Health & Well Being		
Author(s)	Karen Cunningham, Lead Health & Safety Manager, [REDACTED], email: [REDACTED] [REDACTED] [REDACTED] [REDACTED] 2)		
Ownership:	Dr C Jack, Medical Director Mr D McAlister, Director of Human Resources / Deputy Chief Executive		
Approval by:	Trust Policy Committee Executive Team	Approval date:	03 August 2016 10 August 2016
Operational Date:	August 2016	Next Review:	August 2021
Version No.	V3	Supersedes	V2 – October 2009-February 2016
Links to other policies	General Health & Safety Policy. Management of Attendance Protocol. Personal Contribution Framework . Equal Opportunities Policy. Harmonious Working Environment Policy. Working Well Together Policy. Harassment Policy. Working Time Guidance.		

Date	Version	Author	Comments
15/08/12	V1.1	K Cunningham, Lead Health & Safety Manager C Crutchley, Senior Human Resources Manager	3 Yearly Review of Version 1
10/09/12	1.2	K Cunningham & C Crutchley	Initial consultation with members of the Health & Well Being at Work Group
05/12/12	1.3	K Cunningham	Incorporating comments from the Trust wide consultation
10/12/12	1.4	K Cunningham	Incorporating comments following the 10/12/12 Health & Well Being at Work Group Meeting
11/01/13	1.5	K Cunningham	Incorporating comments following further consultation with the Health & Well Being at Work Group and amendments to Appendices
21/01/13	1.6	K Cunningham	Added revised Appendix 2 and new Appendix 4
01/03/2016	2.1	K Cunningham	3 Yearly Reviews. Addition of new Appendices 5, 6 & 7
10/05/16	2.2	K Cunningham	Incorporating comments from Health & Safety Managers, Members of B Well Steering Group & Sub Group.
10/06/16	2.3	K Cunningham	Incorporating comments from Trust wide consultation.

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

Staff wellbeing as evidenced in attendance rates and staff surveys, are key indicators as to how well the Trust is performing. Keeping people healthy and productive at work is essential for a successful organisation. The Belfast Trust is committed to its purpose as detailed in the Belfast Way of improving health and well being for both service users and staff.

Analysis of absence from work in the Health & Social Care Sector has identified stress as the most significant single cause of work related absence and ill health. There are a number of reasons as to why the Trust should manage work-related stress. These include a commitment to staff wellbeing as detailed in the Health & Wellbeing at Work Strategy / Action Plan, moral and ethical aspects of managing work-related stress, the duties under Health & Safety Legislative requirements, the costs associated with absence and to improve outcomes for patients and service users.

The Trust is required to undertake suitable and sufficient risk assessments for stress and to take action to manage the problems identified by that assessment. The Stress Management Standards approach provides guidance intended to encourage and direct the Trust to undertake such.

The Health & Safety Executive have highlighted the importance of Health & Social Care Trusts managing the health & wellbeing of staff.

There is a general duty on employers to protect the Health & Safety of their employees in the Health & Safety at Work (NI) Order 1978 and to make a suitable and sufficient assessment of the risk to health & safety of their employees, in the Management of Health & Safety at Work Regulations (NI) 2000. This includes the risks to mental health.

This Policy is based on the requirements of the HSG218, Managing the causes of work-related stress. A step-by-step approach to using the Stress Management Standards and associated Health & Safety Legislation as detailed in section 7, to support a mentally healthy workplace.

1.2 Purpose

This policy and procedural arrangement is designed to provide managers and staff with clear information on their legislative responsibilities. This Policy also encourages managers to use the Stress Management Standards when assessing risks, take practical measures to prevent or minimise ill health & to provide adequate support to those with stress related problems. The key objectives of the policy are:

1. To recognise that workplace stress is a health & safety issue and to acknowledge the importance of identifying and reducing workplace stressors.
2. To reduce the impact of work-related stress on the delivery of the Trust's services.
3. To protect & promote the health and well being of staff within the Belfast Trust.

4. To ensure that training is provided for managers and supervisory staff in the Trust Policies and Procedures relating to their management role, including the recognition and management of work related stress.
5. To use existing sources of statistical information to help identify where and why work-related stress is likely to be a particular concern
6. To ensure that adequate resources and commitment are identified at both a Corporate and Directorate level.
7. To reduce absence and ill health associated with work-related stress to ensure that staff have access to the required support and counselling services.

2.0 SCOPE OF THE POLICY

This is a corporate Policy applicable to all staff including Directors and Managers.

3.0 ROLES/RESPONSIBILITIES

The ultimate responsibility for ensuring the health and safety of our staff and others who may be affected by the Trust's work activities rests with the Chief Executive. The Medical Director (as lead Director for Health & Safety and Occupational Health) and the Director of Human Resources are both responsible for co-ordinating compliance with the requirements of this Policy.

The responsibility cascades down through the line management structure to Co-Directors, Senior Managers and Ward, Department and Facility Managers and to staff. Staff should familiarise themselves with their responsibilities in this Policy.

A. The Responsibilities of the Belfast Trust B Well Steering Group

This Group was set up to consider ways to improve the health & wellbeing of all staff in the Belfast Trust. Refer to **Appendix 8**. The Group's action plan as implemented by the Sub Group sets out the key objectives in relation to the provision of an integrated and cohesive approach to promote health and well being of staff at work by:

1. Ensure the on-going commitment at a corporate and strategic level to the business case for a collaborative, partnership approach to addressing Health and Well Being at Work.
2. Provide leadership and direction, clarify the roles and responsibilities of managers and staff, and ensure commitment and accountability in the development and implementation of the Trust's Health and Wellbeing at Work Strategy and Action Plan to address employee wellness and stress in the workplace, in line with legislative requirements and best practice.
3. Seek and provide the necessary direction, support, resources, both financial and human, and infrastructure to ensure an integrated and cohesive approach to the development, promotion, implementation and evaluation of a range of initiatives.
4. This Group oversees the progress of the Sub Group in implementing the Action Plan, requires progress updates twice yearly from them and ensures effective communication of initiatives.

5. Monitor and evaluate progress and produce an updated action plan year on year ensuring effective communication of progress throughout the Trust.
6. To seek recognition through internal and external award schemes to promote and raise awareness of the work of the Group and advocate best practice.

B. The Responsibilities of Directors, Co-Directors, Senior Managers, Ward, Department and Facility Managers are as follows:

1. To follow the guidance provided in the Stress risk Assessment Flowchart (<http://intranet.belfasttrust.local/directorates/medical/riskgovernance/Pages/Regulation%20and%20Improvement/Health%20and%20Safety.aspx>) Refer to **Appendix 7**.
2. To use the example risk assessment on the HUB and supporting guidance to complete and review the required risk assessments on the management of stress (**Appendices 1, 4 & 7**).
3. To discuss Stress Focus Group reports with staff and Trade Union Side (on request).
4. To undertake and implement recommendations arising from the completion of a stress risk assessment within their areas of responsibility, using the Stress Management Standards (see part 2, page 8-10, HSG218 for further details) as guidance and to consult with staff and their representatives as part of this process.
5. To obtain the relevant information, training & guidance as are necessary to assist them in their management role and in managing work-related stress. (**Refer to Appendices 1, 2 & 4**).
6. To ensure that staff who are absent with a stress-related illness are referred to the Occupational Health Service and have an appropriate return to work plan agreed prior to their return. Appendix 4 provides a useful structure to completing an individual stress risk assessment where a member of staff has been absent due to work-related stress (as part of a return to work interview).
7. To ensure that all staff are aware of the Corporate Objectives and Directorates Management Plan and that they have a personal contribution plan (PCP) clearly identifying how their role contributes to the overall success of the Trust and a Personal Development Plan (PDP) detailing their development and training needs for the following year, developed in accordance with the training provided and the PCF guidelines.
8. To communicate and consult with staff both collectively and individually at the earliest opportunity on decisions that will affect them such as organisational and procedural changes and to encourage open discussion to assist in the early identification of stress related problems. If a Stress Survey is required, please see the stress risk assessment flowchart for further details (**Appendix 7**).
9. To effectively manage capability issues and management of attendance in accordance with Trust Policies. Changes in the frequency of absence and reasons for absence may be indicators of stress.
10. To consider the appropriateness and value of facilitating team-building events which are important for staff morale and the development of teams working well together.
11. To examine ways in which the working environment could be improved together with considering requests for flexible working arrangements under the Trust Work Life Balance Policies and facilitating these where possible.
12. To be aware of the signs and symptoms of stress and changes in individual staff behaviours. Staff may be suffering from stress that is due to external factors; this may become apparent in the workplace and affect performance. Although managers will have no control over these external stressors, beyond recommending sources of

expert advice, managers need to be alert to the warning signs of stress and be as supportive as possible. (Refer to section 7.0 for further guidance).

13. To promote Trust Human Resources Policies & Procedures and support services for staff.
14. To deal with individual concerns as per Health & Safety Executive guidance HSG218 and Human Resources. Policies. To use the individual stress risk assessment (Appendix 4) to assist in identifying and managing work-related stress.
15. To monitor working hours and adhere to the requirements of the Working Time Regulations to ensure that staff receive adequate breaks and monitor holidays to ensure that staff are taking their full entitlement.
16. To involve trade union safety representatives in the risk assessment process, consult them in relation to any changes in work practices or work design that could result in work - related stress.
17. To achieve substantive compliance with BRAAT Phase 2, Standard 15.
18. To provide support or alternative formats in terms of disability communication support or language linguistic needs, if required, to communicate the policy.

C. The Responsibilities of the Occupational Health Service (OHS)

1. To provide advice and support to staff following a self-referral as well as providing advice to management on fitness to return to work and recommendations following a management referral.
2. To provide advice to Managers, staff and the Health & Well Being at Work Group on the effect of work on health and well being and to contribute to the implementation of the health and wellbeing at work strategy/action plan.
3. To direct staff to other appropriate health professionals and services (including voluntary) confidential support and counselling services.
4. To provide collective and anonymous statistical information relating to staff referrals and the reasons for such.
5. To promote the availability of a range of psychological & counselling services for staff to assist them to resolve problems and to develop coping strategies.
6. To promote and implement health and well-being initiatives in the workplace
7. To assist in the provision of training initiatives relating to the recognition of work-related stress.

D. The responsibilities of the Human Resources Department

1. To ensure the development and implementation of the relevant Human Resources policies and the provision of advice and guidance to Managers and all staff.
2. To develop, co-ordinate and evaluate appropriate training interventions in partnership with OHS and Health Improvement to support Managers and staff in addressing stress in the workplace.
3. To provide advice and support in managing attendance associated with work-related stress in accordance with the Trust Management of Attendance Framework.
4. To promote and evaluate the implementation of the Improving Working Lives Initiatives.
5. To provide collective and anonymous statistical information relating to staff absence and the reasons for such.
6. To promote the availability of the range of psychological & counselling services for staff to help them to resolve problems and develop coping strategies.
7. To promote awareness and availability of the Domestic Abuse Support Scheme.

E. The Responsibilities of the Trade Union Safety Representatives

1. To consult with their members on the issue of work-related stress including conducting workplace surveys and undertaking joint workplace inspections.
2. To work in partnership with Trust Managers to address stress in the workplace as outlined in this policy and through the Health and Wellbeing Action Plan.
3. To encourage their members to address stress related issues and access the range of support services outlined in Here 4 U.

F. The Responsibilities of the Health Improvement Team

1. To deliver and evaluate a range of health promotion and training initiatives to improve health and well being for staff as detailed in the Health Promotion Mental Health Training Brochure . <http://intranet.belfasttrust.local/Pages/Events/ASIST—Applied-Suicide-Intervention-Skills-Training-.aspx>

G. The Responsibilities of the Trust's Health & Safety Managers

1. To provide advice and guidance to managers and the Health & Well Being at Work Group on the Stress Management Standards and on the General Health & Safety Risk Assessment process.
2. To work in partnership with the B Well Steering Group in implementing the strategy/action plan.
3. To co-ordinate arrangements for the facilitation and scribing of Stress Focus Groups, as requested by Service Areas with the assistance of staff from all Directorates.
4. To present the key themes, in the form of a report, arising from Stress Focus Groups to the relevant Service Area managers.
5. To highlight the subsequent role of Service Area Managers following a Stress Focus Group Report, in using this information to develop their local stress risk assessment.

H. The Responsibilities of all staff

1. Staff have a personal responsibility to themselves and others in seeking to manage excessive pressure and demands they feel are being placed on them Staff are expected to be aware of the impact of their behaviour at work on others.
2. Staff should support their colleagues if they are experiencing work-related stress or volunteer to raise the issue with management on their behalf.
3. Staff should inform their manager at an early stage of any stress related issue; particularly work-related that they feel may be adversely affecting themselves or their work. Where staff feel unable to report their concerns to their line manager, they should feel confident to approach any of the following:
 - a) Staff Care
 - b) The Occupational Health Service
 - c) Human Resources Department
 - d) Their GP
 - e) Their Trade Union Side or Professional Body Representative
 - f) Their Work Colleagues

- g) A Senior Manager within their Directorate
 - h) The Trust's Chaplains
4. To raise any training and development needs they feel may have with their line manager, particularly during the agreement of their personal development plan.
 5. To assist their manager in identifying the probable causes of their work-related stressors and in identifying and implementing possible solutions.
 6. To familiarise themselves with the six Stress Management Standards in order to be able to contribute to discussions and risk assessments. See Section 7 of this policy for further details.
 7. To consider opportunities for support and counselling, when recommended.
 8. To view the full range of emotional, mental and physical wellbeing advice, support, tools and resources on the B Well website (www.bwellbelfast.hscni.net) and the B Well App (**Appendix 3 & 5**).
 9. To fully participate in Stress Survey or Stress Focus Group.

4.0 **KEY POLICY PRINCIPLES**

4.1 **Definitions**

The Health & Safety Executive Northern Ireland (HSENI) defines **stress** as “the adverse reaction people have to excessive pressure or other types of demands placed on them. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress that can be detrimental to health.

The **Management Standards** define the characteristics, or culture of an organisation where the risks from work-related stress are being effectively managed and controlled. The Management Standards cover the primary sources of stress at work. These are:

Demands – this includes issues such as workload, work patterns and the work environment.

Control – how much say the person has in the way they do their work

Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.

Role – whether people understand their role within the organisation and if the organisation ensures they do not have conflicting roles.

Change – how organisational change is managed and communicated in the organisation.

Further details on the Management Standards for work-related stress, can be found at www.hse.gov.uk/stress and in the HSG218, “Managing the Causes of Work-Related Stress”.

Stress Focus Groups

Independently facilitated and scribed group sessions with staff of a similar band from the same department focusing on their views on the management of Stress, Health &

Wellbeing using the Management Standards for work related stress – demands, control, support, relationships, role and change.

Stress Survey Tool / Questionnaire

Information can be gathered from sickness absence data, exit interviews, team meetings, annual PCPs, results from other surveys to help identify any hot spots where work related stress is likely to be a particular problem and may also suggest what the likely underlying cause may be.

The Management Standards approach suggests using a survey. Evidence suggests that individual perceptions play an important role in predicting stress-related ill-health. The survey tool or stress questionnaire used should be both reliable (consistent) and valid (fit for purpose). The Business in the Community (BITC) Employee Wellness Tool, which includes the Health & Safety Executive (HSE) questions on workplace stressors and lifestyle questions can be used to support managers identify and manage stress within their Service Areas. There is a charge for this service.

The Health & Safety Department can provide further advice on the appropriateness of this tool.

Further advice and information can be obtained from a member of the B Well Steering Group or Sub Group.

4.2 Key Policy Statements

The Trust accepts its responsibility as an employer to provide a safe and healthy working environment and recognises that this applies both to the physical and psychological wellbeing of staff.

1. The Trust accepts its responsibility as an employer to provide a safe and healthy working environment and recognises that this applies both to the physical and psychological wellbeing of staff.
2. The Trust recognises that staff can experience stress during their working lives and that it has a duty to assess the risk of stress related ill health, which can be associated with the workplace and to regularly review such risk assessments.
3. The Trust has a duty to take all reasonable and practical measures to prevent or minimise work-related stress.
4. To use evidence based Stress Management Standards to assess and manage workplace related stress using surveys or Stress Focus Groups.
5. To work in partnership with managers, staff and their representatives, to continuously improve the recognition and management of work-related stress.
6. To promote the psychological wellbeing of our staff by integrating effective management, staff care and employment practices with the delivery of services.

7. The Trust recognises that individuals need to take responsibility for their own general health & wellbeing.
8. The Trust recognises that by promoting psychological wellbeing in staff, this will improve not only the quality of staff's working lives but also the quality of care to service users.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy is required to be implemented by all Directorates.

All Staff, Managers and Departments with specific responsibilities are required to comply with this Policy as detailed.

5.2 Resources

Responsibility for training requirements and other aspects associated with this policy are detailed in Section 3.0, Roles and Responsibilities (points B4, D2).

Training is arranged by the Trust's Learning & Development, Health Promotion Departments and the Recovery College. Additional sources of support can be found in **Appendix 6**.

5.3 Exceptions

There are no exceptions.

6.0 MONITORING

It is the responsibility of the line manager to monitor attendance and absence due to stress related illness, to refer relevant staff absent from work due to stress to the Occupational Health Service (in accordance with the Management of Attendance Policy) to ensure that staff receive training, information and guidance, to assist them in their role to monitor hours of work, annual leave and breaks and to be alert to the warning signs of stress.

Working lives initiatives will be monitored by the Human Resources Department.

The B Well Steering Group will perform a pivotal role in ensuring that this Policy is implemented and will oversee monitoring of the Policy and other measures to reduce stress and promote workplace health & safety.

7.0 EVIDENCE BASE / REFERENCES

Managing the Causes of Work Related Stress – A Step by Step Approach Using the Management Standards, HSE, HSG218 – available from: www.hse.gov.uk

See page 49 for dealing with individual concerns.

Here 4U Booklet - copies of this document can be obtained from:

<http://intranet.belfasttrust.local/Pages/News/Download-the-new-Here4U-booklet.aspx>

This document refers to for example the Domestic Abuse Support Scheme (a free confidential service), Macmillan Support, Psychological Services, Staff Care and external support organisations.

Mind ur Mind Section of B Well website.

Human Resources Policies -

<http://intranet.belfasttrust.local/policies/Pages/Policies/Human%20resources.aspx>

Belfast Risk, Audit & Assessment Tool (BRAAT) Standard 15. A copy of the BRAAT Phase 2 tool is available from:

<http://intranet.belfasttrust.local/Pages/News/Re-Launch-of-Belfast-Risk-Audit-and-Assessment-Tool-BRAAT-Phase-2.aspx>

New on-line resource for Managing and Tackling Stress

The Health & Safety Executive in association with the Chartered Institute of Personnel and Development and Investors in People, have designed a series of tools to allow managers to assess whether they currently have the behaviours identified as effective for preventing and reducing stress at work; its aim is to help managers reflect on their behaviour and management style.

The tool contains online resources for managers to help them manage their staff in ways that prevent and reduce stress within the team. See the following link for further information: <http://www.hse.gov.uk/stress/mcit.htm?ebul=hsegen&cr=14/2--aug-12>

8.0 CONSULTATION PROCESS

This Policy was devised in collaboration with the Trust's Health & Safety Managers, Occupational Health Service, Human Resources Department and members of the B Well Group.

Consultation with staff and their Trade Union Representatives during development and introduction of a policy is a legal requirement and it will also help to enhance employee relations, ref: Health & Safety (Consultation with Staff) Regulations (NI) 1996 and the Safety Representatives and Safety Committee Regulations (NI) 1979.

The Health & Safety Executive for Northern Ireland (HSENI) and British Medical Association were consulted on Version 1.

The Trust's Joint Health & Safety Committee and Directorates were consulted on the review of this Policy.

9.0 APPENDICES / ATTACHMENTS

Appendix 1 – Sample General Risk Assessment on Management of Stress (for Line Managers reference).

Appendix 2 – Guidance for Managers on Supporting the Mental Health & Wellbeing of their Staff

Appendix 3 – Guidance for Staff on looking after your Mental Health & Wellbeing

Appendix 4 – Individual Stress Risk Assessment

Appendix 5 - Here4U booklet

Appendix 6 - Additional Sources of Support for in terms of Health and Wellbeing Initiatives / Interventions for Staff & Managers, to assist with required actions arising out of the Stress Risk Assessment.

Appendix 7 – Stress Risk Assessment Flowchart

Appendix 8 – Terms of Reference – B Well Steering Group

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

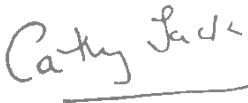
Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



10 August 2016

Date: _____

Name : Dr Cathy Jack

Title Medical Director



10 August 2016

Date: _____

Name : Dr Michael McBride

Title Chief Executive

GENERAL RISK ASSESSMENT FORM AS REQUIRED BY THE MANAGEMENT OF HEALTH & SAFETY REGULATIONS (NI) 2000 as amended

Facility/Ward/Department: Ward H RGH

Assessment Completed By: T Burns (Ward Manager)
D Rodgers (Deputy Ward Manager)

Date: 27th January 2012 (Version 1); 14th December 2014

(Names/Titles): _____

Brief Description of activity, location or equipment: Ward H is an Acute Medical Ward. There is absence and reduced performance due to work-related stress within the Ward. Work-related stress absence accounted for 6.5% of all staff absence during 13/14.

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
Work-related stress due to: <ul style="list-style-type: none"> • Violence & Aggression from patients and members of the public. • Capacity problems delays in discharging patients from Wards. • Inadequate/ poorly maintained equipment • Increased Workloads (sometimes sudden, not pre-empted and due to an increase in sickness absence) • Lack of control of work (workloads and work patterns) • Lack of support and poor communication from Managers • Poor support from work colleagues 	Staff are unable to work or work effectively due to work-related stress.	Revised processes are in place to deliver necessary improvements. For example IMPACT which is led by medical staff to deliver the changes necessary in collaboration with other clinical and managerial staff. (Demands) Staff working hours are monitored as per the Working Time Directive (Demands) . Staff are provided with regular work breaks (breaks can be taken away from the Ward) (Demands, Control) Off Duty rotas made available 1 month in advance and annual leave approval is provided in line with Trust policy. (Demands, Control, Support) Regular briefing of staff on shift handover,	Likely (4)	Major (4)	HIGH (16)

<ul style="list-style-type: none"> • Poor working relationships • Lack of clarity on role and competence to fulfil role • Changes to working arrangements • Training provision – inability to access or insufficient opportunity to attend training. 		<p>board rounds conducted four times a day. Twice daily team briefings and Monthly staff meetings conducted. Relevant minutes available to all staff members. (Demands, Control, Support, Change)</p> <p>Weekly Nursing Strategy Group, Six weekly Senior Nursing staff and business meetings. M&M meetings Governance meetings and weekly management meetings to facilitate engagement and communication on stress issues within the Ward, levels of absence relating to stress and initiatives taken forward by the Health & Wellbeing Group. (Demands, Control, Support, Change)</p> <p>Staff absent due to work related stress are referred to the Occupational Health Service. Occupational Health recommendations implemented following a management referral following stress related absence. (Support)</p> <p>Return to work interviews are completed. (Relationships, Support, Control)</p> <p>HR/ Occupational Health Support Clinics held within the Ward. (Support)</p> <p>Open door policy for staff in place by management. Ward Manager has drop in clinics for staff. (Support)</p> <p>All staff are made aware of the support services provided by Staff Care (Support)</p> <p>Copies of “Looking after Your Mental Health</p>			
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		<p>& Wellbeing- Guidance for Staff” booklet and Here 4U Booklet have been distributed to all staff at induction and staff meetings and that the Trust actively promotes the B Well Initiative. (Support)</p> <p>“Looking after Your Mental Health & Wellbeing- Guidance for Managers” distributed to Managers. (Support)</p> <p>All new staff attend Corporate Welcome and receive local induction and supervision. (Support, Role, Change)</p> <p>All newly qualified nursing staff undertake an appropriate Preceptorship period. (Support, Role)</p> <p>Staff avail of training courses available in the Trust Learning & Development Strategy. (Support, Role)</p> <p>New Trust Policies & Chief Executive’s briefings are placed on staff notice boards and staff members have access to the Belfast Trust Hub.(Support, Relationships, Change)</p> <p>The Trust actively promotes the B Well Initiatives through the HUB, Trust Internet site, App and B Well Health Fairs.</p> <p>Staff who meet the eligibility criteria can apply for flexible working arrangements as per the Trust Work Life Balance Flexible Working Policy. (Control, Support)</p>			
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		<p>Staff competencies are assessed prior to taking on any new roles or additional responsibilities. (Demands, Control, Role, Support, Change)</p> <p>Management of Violence & Aggression risk assessments are undertaken. (Demands, Support)</p> <p>Incidents reported are investigated as per Trust Adverse Incident Reporting Policy (Support, Demands).</p>			
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NOTE: There are also specific risk assessment forms for specific Health & Safety issues such as Substances Hazardous to Health (COSHH), Display Screen Equipment Self-Assessment Form, Manual Handling Risk Assessment Form (which includes Patient & Load Handling) for particular clients or clinical issues.

THIS IS A SAMPLE GENERAL RISK ASSESSMENT FORM FOR TRAINING & REFERENCES PURPOSES ONLY



Local Ref No: (Name)/ 012

Action Plan

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating
<p>Monthly Management of Attendance Absence Reports</p> <p>Present and previous Occupational Health Referrals</p> <p>Return to Work Interviews</p> <p>Human Resources Department</p> <ul style="list-style-type: none"> - Management of Attendance - Improving Working Lives - Learning & Development - Health & Social Inequalities <p>Management/HR Training programmes on HRPTS</p> <p>Guidance on KSF/PCF</p> <p>K Stevens - Occupational Health Service</p> <p>J Orr, Partnered Health & Safety Manager</p> <p>Work Life Balance Flexible Working Trust Policies</p> <ul style="list-style-type: none"> • Management of Stress, Health & Well Being 	<ol style="list-style-type: none"> 1. To consider new mechanisms to effectively communicate with the staff & involve staff in decisions affecting their role, such as a staff information/communication file, PC access for staff to access the Hub, consult with staff regarding plans to introduce new shift arrangements and service delivery. (Support, Change) 2. To continually review staffing levels (Nursing, Medical, Healthcare Support). (Demands) 3. To continue to ensure that staff are provided with appropriate breaks and are able to finish shift at the correct time. (Demands, Control) 4. To liaise with the Improving Working Lives Team (Human Resources) to deliver a session for the Department on the Trust Policies to advise staff of the options to balance their work and home life (Demands, Role, Support) 5. To develop capital bids were required and procure clinical/ medical equipment e.g. hoists. Submit capital bids to Senior Manager. (Support, Demands) 	<p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)/ Assistant/ Service Manager</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p>	<p>January 15</p> <p>January 15 & ongoing review</p> <p>December 15 & ongoing review</p> <p>February 2015</p> <p>As required.</p>	<p>8th January 15</p> <p>12th January 15</p> <p>14th December 15</p> <p>28th January 2015</p> <p>As required</p>	<p>Unlikely (2)/ Moderate (3)= MEDIUM</p> <p>(Yellow)</p>

THIS IS A SAMPLE GENERAL RISK ASSESSMENT FORM FOR TRAINING & REFERENCES PURPOSES ONLY



Local Ref No: (Name)/ 012

<ul style="list-style-type: none"> • Harmonious Working • Working Well Together • Harassment • Adverse Incident Reporting and Management Policy. <p>HSE Stress Management Standards relating to</p> <ul style="list-style-type: none"> • Demands • Control • Relationships • Role • Support • Change <p>Belfast Risk Audit & Assessment Tool (BRAAT) – Management of Stress, Health and Wellbeing Standard 15</p> <p>http://www.hse.gov.uk/stress/standards/ Managing the Causes of Work Related Stress – A step by step approach using the Management Standards</p> <p>Trust Working Time Regulations-Guidance for Managers</p> <p>Trust Prevention & Management of Violence in the Workplace. policy</p>	<p>6. To ensure that all staff have clear job roles and responsibilities. A KSF Outline should be available for all job roles</p> <p>7. All Staff should have an annual Personal Contribution and Personal and Personal Development Plan to identify learning needs of staff.</p> <p>8. Training for new team leaders and deputy managers in HR Processes, Team Building and KSF/PCP's (Relationships, Role, Support)</p> <p>9. To discuss the requirements of the Trust's Policies on:</p> <ul style="list-style-type: none"> • Harmonious Working Environment • Working Well Together • Harassment, at future staff meetings. (Relationships, Support,) <p>10. To arrange for all staff to receive mandatory training and retain records in the following:</p> <ul style="list-style-type: none"> • Management of Actual and Potential Aggression (MAPA), as per the Statutory/Mandatory Matrix and Zero Tolerance Risk Assessment. • Equality Training (for staff and Managers) • Management of Attendance (Demands, Role, Support) <p>11. To make relevant Learning & Development and Health Improvement programmes available to staff e.g. Coping with Change, Developing Personal Effectiveness in the Workplace; Health for Life, Positive Steps .(Relationships, Support, Change)</p>	<p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)/ Assistant/ Service Manager</p> <p>T Burns (Ward Manager)</p>	<p>December 15.</p> <p>December 15</p> <p>February 2015</p> <p>January 2015</p> <p>March 15</p> <p>June 15</p>	<p>20th December 15</p> <p>20th December 15</p> <p>18th February 2015</p> <p>14th January 2015</p> <p>14th March 15</p> <p>3rd May 2015</p>	
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THIS IS A SAMPLE GENERAL RISK ASSESSMENT FORM FOR TRAINING & REFERENCES PURPOSES ONLY



Local Ref No: (Name)/ 012

	<p>12. To establish formal processes for debriefs with staff following disturbing or distressing clinical incidents. (Support)</p> <p>13. To undertake a number of team building days within the Ward. (Relationships)</p> <p>14. To achieve a substantive level of compliance with BRAAT Audit Standard 15 (Stress) (Support, Change)</p> <p>15. To consider potential health and wellbeing initiatives/ interventions for staff/ managers available from Health Improvement, Occupational Health Service and HR e.g. Mental Health Awareness training, OHS training sessions, HR clinics/ roadshows, mental health for life training and Clinical Psychology (Support)</p>	<p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)</p> <p>T Burns (Ward Manager)/</p>	<p>February 15</p> <p>December 14</p> <p>June 15</p> <p>March 15</p>	<p>22nd February 15</p> <p>22nd December 14</p> <p>20th June 15</p> <p>15th March 15</p>	
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Please ensure that you:

1. Communicate this risk assessment with the staff and others affected by the work assessed.
2. Monitor the implementation of any further action identified.
3. Monitor the continued implementation of existing controls.
4. Revise the Risk Rating when additional actions have been implemented.
5. Retain this Risk Assessment in your Health & Safety Policy & Documentation folders.
6. When further action has been identified it is good practice to set a date shortly after measures are likely to be implemented. This will enable you to assess their effectiveness in reducing risk.
7. Review your risk assessment at least every two years or more frequently if required.
In certain circumstances it will be necessary to undertake a new assessment e.g. following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

KEY TO RISK RATING: Likelihood x Severity/Consequence = Risk Rating

<u>Likelihood</u>	<u>Severity / Consequence</u>
1 Rare	1 Insignificant
2 Unlikely	2 Minor
3 Possible	3 Moderate
4 Likely	4 Major
5 Almost Certain	5 Catastrophic

<u>Risk Rating</u>
Low Risk (Green)
Medium Risk (Yellow)
High Risk (Amber)
Extreme Risk (Red)

(See Risk Management Strategy on Belfast Trust Intranet for Risk Rating Tables)

Line Manager Signature *T Burns*
Initial Review Date: 14/12/2016

Date 14/12/2014

Appendix 2

What reasonable adjustments can be made?

Under the DDA 1995 as amended by the (NI) Order 2006, employers have a duty to consider reasonable adjustments which could be implemented to ensure the employees ability to continue to work.

They may include:

- Modifying the job role
- Adapting the working environment
- The introduction of technological aids
- Increasing supervisory considerations and having a mentor
- Having time off to attend appointments.

TYPES OF TREATMENT

Psychological therapies

These are talking therapies, when you work with a therapist to try to better understand your current difficulties and to find ways of coping with them. They include cognitive behavioural therapy (CBT). An online CBT program for depression called 'Beating The Blues' can also be accessed through referral from GPs.

Medication

These are drugs which may be prescribed to treat a number of mental health issues by altering the brain chemistry. There can be a number of side effects to these which should be taken into consideration.

Specialist services

These include different types of therapy including social work, community psychiatric nurses, occupational therapy, art therapy, drama therapy and music therapy, aimed to improve mental health and sense of well being, which can be accessed through the local mental health team.

People suffering from stress or mental illness may use a combination of these treatments and these will need to be taken into consideration when making reasonable adjustments.

RESOURCES FOR MANAGERS

There are a range of excellent resources available that you can access. These provide detailed information and guidance which should assist you in supporting and encouraging your staff.

- Managing the Causes of Work Related Stress – Guide for Managers: HSG218 www.hse.gov.uk/stress/standards
- Health Promotion Agency: Promoting Positive Mental Health at Work: A guide for Employers [http://www.healthpromotionagency.org.uk/Resources/mental/pdfs/Promoting mental health work place.pdf](http://www.healthpromotionagency.org.uk/Resources/mental/pdfs/Promoting%20mental%20health%20work%20place.pdf)
- Mind For Better Mental Health: mindingyourhead.info
- Northern Ireland Association for Mental Health: <http://www.niamh.co.uk/>
- Mindwise: 028 9024 8006 <http://mindwiserv.org/>

- Time to change campaign: www.time-to-change.org.uk
- Employers for Disability: <http://efdni.org/>
- Belfast Trust Policy and Procedural Arrangements relating to the Management of Stress, Health and Well Being – found on the Hub: [http://intranet.belfasttrust.local/policies/Documents/Management of Stress, Health and Well Being.pdf](http://intranet.belfasttrust.local/policies/Documents/Management%20of%20Stress,%20Health%20and%20Well%20Being.pdf)
- Here 4 U – support services available to staff
- Mental health Guidance, Support Services for Staff.

If you would like to access further information and advice or have the opportunity to discuss particular issues please contact any of the following:

- Occupational Health: 2nd Floor, McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast Tel: 028 9504 0401
- Human Resources: 4th Floor, McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast Tel: 028 9504 8578
- Health & Safety: 6th Floor, McKinney House, Musgrave Park Hospital, Stockman's Lane, Tel: 028 9504 8665
- Mental Health First Aid Training: Tel: 028 9056 5421

RTY1L000



The aim of this leaflet is to provide guidance and sources of information to managers to assist them in supporting the psychological well-being of their staff. As a manager you are not expected to diagnose and treat staff, however, as mental ill health/ stress is one of the main causes of absence within the Belfast Trust, you do have responsibility to ensure your staff's health and wellbeing at work.

STEPS MANAGERS CAN TAKE TO ENSURE GOOD MENTAL HEALTH

Managing stress in the workplace

Good mental health is essential for satisfactory health and well being. Various factors outside of work can cause stress and increase the risk of developing or worsening existing mental health problems. Workplace factors can also impact on a persons mental health and as a manager there are some steps you can take to manage these in the workplace.

- Talk to your staff & let them know that it is safe for them to discuss mental health problems
- Refer to the Belfast Trust Policy & Procedural Arrangements relating to the Management of Stress, Health & Wellbeing
- Document your discussion and findings using the individual stress risk assessment, where relevant
- Eliminate any unnecessary stressors where possible, encourage regular breaks and

discourage excessive hours.

- Make sure staff are aware of Mental Health Guidance Booklet for Staff and the Here 4 U booklet
- Access Occupational Health Services
- Suggest that staff attend training found in the Mental Health Promotion/ Suicide Prevention Training Guide, 2013
- Arrange for a Stress Survey (see policy for further details).

Symptom spotting

You may be able to identify some signs of stress or mental ill health in your staff. You may notice a change in personality and behaviour and below are a few examples of signs to look out for, however each person with a mental health condition will present uniquely and therefore may show different signs.

- Low mood and fatigue (which may be indicated by changes in usual behaviour eg. in performance, in interactions with others or in presentation)
- Deterioration in personal hygiene/appearance – signs of self neglect
- Increased restlessness, irritability or aggressive language
- Any visible signs of self harm – contact Emergency Services if in immediate danger or Samaritans on 028 9066 4422

- 'Odd' behaviour – excessive routines, withdrawn and in 'a world of their own', eg. laughing/talking to themselves.

How to start a conversation with staff about stress & mental health

- It's important that you speak to your member of staff if you know or suspect that they might be feeling under stress or struggling with their mental health
- Ensure you have access to a private space, where you will not be interrupted and allocate sufficient time
- Ask your staff member for their consent to talk about stress/mental health
- Be sensitive and empathic
- Use open questions and neutral language. For example, you may wish to start by asking the individual how things are for them at the minute or how they feel they are doing at work
- Avoid making a diagnosis of a perceived mental health condition
- Reassure your member of staff of their value within the service
- Respect and maintain confidentiality
- Agree to meet again to review the situation.

The role of the Occupational Health Service

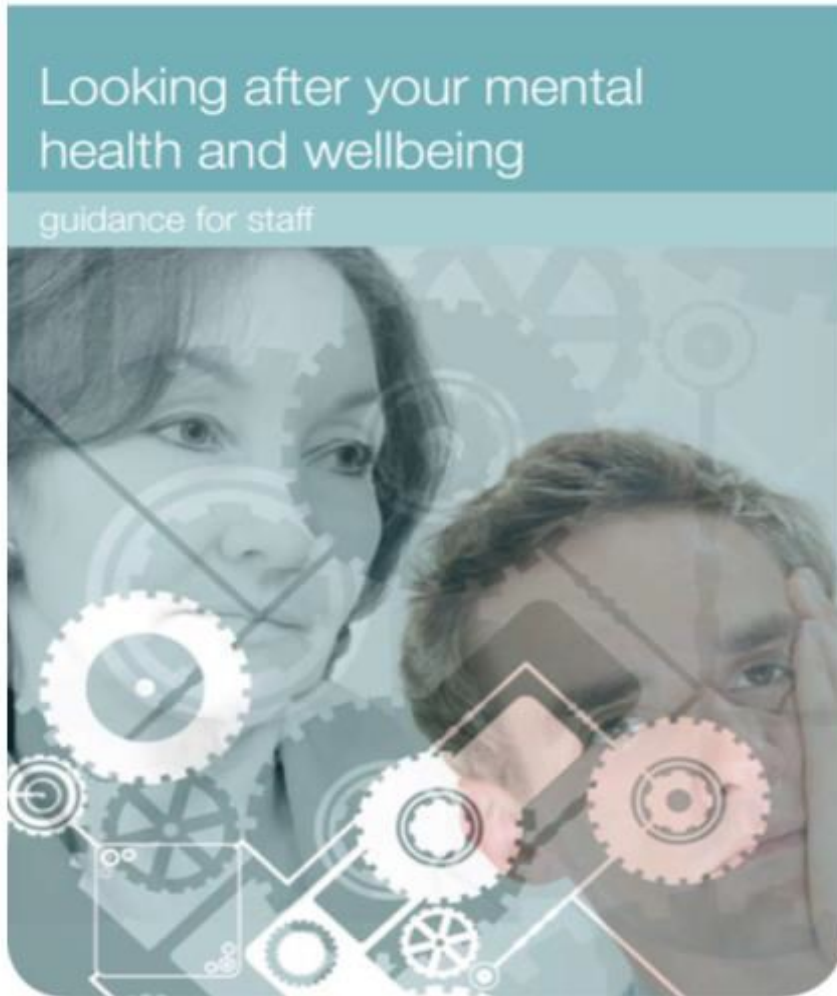
The Trust provides a comprehensive Occupational Health Service. The aim of the service is to address the impact of work on health and of health on work.

The Occupational Health Service is available to provide all employees with confidential and impartial advice and support on issues such as workplace health, rehabilitation after ill health and health monitoring. The service has a multi-disciplinary team including medical, nursing, physiotherapy, occupational therapy and clinical psychology staff. All employees can self-refer or request a referral through their line manager.

During time off and planning a return to work

- Staff absence due to mental health conditions and stress should be managed in the same way as any other ill health absence
- Link in with Occupational Health Service for advice
- Keep in touch while staff are off work.
- Use the option of a phased return to work
- Ensure the team are supportive of the person (remembering limits of confidentiality).

Appendix 3



As part of its Health and Well Being Action Plan the Trust is committed to supporting staff who are experiencing stress or mental ill health. As many as 1 in 4 people will suffer from a mental health condition at some point in their lives.

The purpose of this resource is to signpost staff to a range of services that are available both internally and externally to the Trust and to raise awareness. There are many support networks available some of which are listed in this document. The Trust has also developed Guidance for Managers to raise their awareness of stress and mental health conditions and to support them in the management of their staff.

The Trust is committed to ensuring that you feel comfortable to talk to your manager, human resources or occupational health department if you are feeling unwell and need support. You will be supported to stay in work as long as you are fit to do so and should you need to take time off reasonable adjustments supporting your return to work will be considered.

In order to recover from your stress or mental health condition you need to firstly seek help. The Trust would urge you to use the contacts listed in this resource if you or someone you know is unwell. Often seeking help is difficult but is the first step in recovery. This document aims to help you or someone you know to make this first step.

'Talking about mental health problems should be as easy as talking about physical health problems – you wouldn't be ashamed or scared to tell someone you were ill would you? Being open about mental health goes a long way to breaking down the stigma. It's time to talk, it's 'Time to Change'

Davina McCall—Time To Change Website

There are many strategies that you can put in place to help maintain good mental health and to reduce stress levels. Some helpful hints to support mental wellbeing are:

- Talking about your feelings to someone you trust
- Exercising for around 30 minutes a day
- Eating well – a healthy well balanced diet
- Drinking sensibly and avoiding addictive substances
- Keeping in touch with friends
- Taking occasional breaks to relax
- Doing something you are good at to boost your self esteem
- Accepting who you are
- Giving something back to your community
- Working – it gives you a routine, company and a sense of purpose
- Talking to your GP who can refer you to counselling, psychiatric services, self harm and suicide prevention services as necessary.



3

Tips on how to relax

- Deep breathing – taking 3-5 minutes, this involves breathing in and out slowly and in a regular rhythm to calm you down
- Deep muscle relaxation – taking around 20 minutes this includes stretching different muscles in turn and then relaxing them to release tension from the body and relax your mind.

Techniques for both of these methods can be found on the NHS Choices website: <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/ways-relieve-stress.aspx>

If you have limited time you could try:

- Squeezing a stress ball
- Doing something creative
- Writing down how you feel
- Going for a walk
- Listening to some relaxing music
- Talking it over with a friend over a hot beverage.



What to look out for if you are worried about your own or someone else's mental health

You may notice a change in personality and behaviour and below are a few examples of signs to look out for, however each person with a mental health condition will present uniquely and therefore may show different signs.

- Low mood and fatigue (which may be indicated by changes in usual behaviour eg. in performance, in interactions with others or in presentation)
- Deterioration in personal hygiene/ appearance – signs of self neglect
- Increased restlessness, irritability or aggressive language
- Any visible signs of self harm – contact emergency services if in immediate danger or Samaritans on 028 9066 4422
- 'Odd' behaviour – excessive routines, withdrawn and in 'a world of their own', eg. laughing/ talking to themselves.

TYPES OF TREATMENT AVAILABLE FOR MENTAL HEALTH CONDITIONS

Psychological therapies

These are talking therapies, when you work with a therapist to try to better understand your current difficulties and to find ways of coping with them. They include Cognitive Behavioural Therapy (CBT). An online CBT program for depression called 'Beating The Blues' can also be accessed through referral from GPs.

Medication

These are drugs that may be prescribed to treat a number of mental health issues by altering the brain chemistry. There can be a number of side effects to these which should be taken into consideration.

Specialist services

These include different types of therapy including social work, community psychiatric nurses, occupational therapy, art therapy, drama therapy and music therapy, aimed to improve mental health and sense of well being, which can be accessed through the local mental health team.

INTERNAL SUPPORT IN THE TRUST

Occupational health

The Trust provides a comprehensive occupational health service. The aim of the service is to address the impact of work on health and of health on work.

The occupational health service is available to provide all employees with confidential and impartial advice and support on issues such as workplace health, rehabilitation after ill health and health monitoring. The service has a multi-disciplinary team including medical, nursing, physiotherapy, occupational therapy and clinical psychology staff. All employees can self-refer or request a referral through their line manager.

Telephone: 028 9504 0401

Email address: occupationalhealth@belfasttrust.hscni.net

Staffcare

Each of us, at some stage in our lives, will experience challenges in our work or personal life. Staffcare provides free confidential counselling and support for the staff of Belfast HSC Trust. You can call the Staffcare Careline at any time, day or night, and speak with a counsellor.

Staffcare can offer you immediate telephone counselling support, or arrange for you to meet face to face with a counsellor in a

convenient and anonymous setting. We offer a short-term (up to 4 sessions), future-focused approach to counselling.
Telephone: 0800 7313674

The [Here 4 U Guide](#) provides information on support services for staff to improve their health and wellbeing.

The [Guidance for Managers on supporting the Mental Health & Wellbeing of their Staff](#) leaflet provides information for managers on how to support their staff with mental health issues.

Mental health improvement

The health improvement department also works with Trust staff in providing training programmes specifically aimed at improving mental health. These include:

- Developing Personal Resilience Training Course which can be accessed through TAS
- Mental Health First Aid training programme
- Top tips for looking after yourself
- Living life to the full
- safeTALK – suicide alertness for everyone
- ASIST (Applied Suicide Intervention Skills Training).

Contact details: Health improvement, Glen Villa, KHCP
Tel. 028 9056 5421 health.improvement@belfasttrust.hscni.net

Clinical psychology

The clinical psychology service within the Belfast Trust offers on going support services to staff across the Trust. In addition to the specialist occupational health psychology services, all clinical psychologists working within specialist teams or clinical services are

available to help staff manage the stresses and challenges of their everyday work.

Clinical psychologists offer a range of support services including: training and supervision in how to deal with complex emotionally or behaviourally challenging work; team de-briefing exercises following traumatic cases or bereavement; individual consultations, where staff find it useful to discuss their reactions and emotions on a one to one basis.

Any manager, clinician or staff member may approach the Department to access support services provided by the clinical psychologists.

Head of Clinical Psychology Service: 9063 6608

INTERNAL SUPPORT IN THE TRUST

The internal support listed below while not directly dealing with those with stress or a mental health condition will provide support to those dealing with an issue which directly impacts on mental health.

Chaplaincy

Whether people have a religious faith or none, they might want to talk with a member of the chaplaincy team. The chaplains offer spiritual, religious and pastoral help and support to all who need and request it (patients/family/staff).

Chaplains are part of the wider healthcare team. The service they offer is confidential and non-judgmental and is available to everyone, irrespective of faith or background. Chaplains regularly visit the hospital wards. At other times contact your local switchboard who will have the chaplaincy contact details. The acute sites have chaplains on-call 24/7.

Most sites also have facilities for prayer and reflection. For further information contact a chaplain known to you or the Trust lead chaplain:

Lead chaplain, 1st Floor, East Wing, RVH
Tel. 028 9063 2045 Mob. 07919 892477

Carer support services

For information and advice for staff who have a caring role for an adult or child who is ill, frail or disabled. Contact:

Carers co-ordinator

Glen Villa, Knockbracken Health Care Park

Saintfield Road, Belfast, BT8 8BH

Tel. 028 9056 4937

or

Carers co-ordinator

Grove Well-being centre, 120 York Road, Belfast, BT15 3HF

Tel. 9063 6800

Human resources

The HR department offers a wide range of services for staff. Further information is available on the HR policies section of the Trust intranet.

Work/Life Balance, Special Leave and Flexible Working Policies -

These are designed to provide staff with a range of flexible working arrangements to enable them to balance both home and work commitments and improve their working lives. Policies include: Compressed Hours; Part-time Working; Flexitime; Job Sharing; Home Working; Term-time; Flexible Retirement and Employment Break policies.

Contact: Improving Working Lives section

HR Tel. 028 9004 8554

Refer to HR policies on the HUB

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Domestic Abuse Support Scheme

The Domestic Violence and Abuse Workplace Policy outlines the Trust's commitment to providing a harmonious and supportive working environment for staff affected by domestic violence/abuse. This Policy has been developed to provide support and practical information for employees of the Belfast Health and Social Care Trust who are experiencing or witnessing domestic abuse/violence.

Contact Tel. 028 9504 8667 or Tel. 028 9056 5369

Macmillan Support & Information Centre at Belfast City Hospital

This Trust facility provides information and support, free of charge, to people affected by cancer. Friends of the Cancer Centre fund an activity programme at the centre to support health and wellbeing through exercise and relaxation. Some classes are open to the carers of oncology and haematology patients, including Inner Peace Meditation, Tai Chi and Meditation & Visualisation.

To book a place on these free classes and for further information please contact Macmillan Support & Information Centre, BCH, 77-81 Lisburn Road, Belfast, BT9 7AB
Tel. 028 9069 9201, BCH ext 5210
Email: cancer.info@belfasttrust.hscni.net

NICaN: NI Cancer Network www.cancerni.net

NICaN have developed a patient information resource "Cancer services for patients, carers, families and friends" (also known as the Signposting Handbook) which contains information on services available from charities/voluntary sector including hospices. This resource is available from the Macmillan Support & Information Centre. The NICaN website includes a comprehensive section of information about cancer and a services database which includes

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further information on individual HPSS services and teams.

EXTERNAL SUPPORT & SOURCES OF SUPPORT

Emergency Helplines

There are many services which can be accessed externally to the Trust. A number of these services are listed below however it should be remembered that this is not an exhaustive list.

Lifeline – Lifeline provides people in crisis or distress free and immediate access to expert assessment, counselling and support. Lifeline also welcomes calls from friends and carers seeking help for loved ones and professionals making third party referrals.

Tel. 0808 808 8000
Website: www.lifelinehelpline.info

Samaritans – Samaritans is available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

Tel. 028 9066 4422 Helpline: 08457 90 90 90
Website: <http://www.samaritans.org>

GENERAL MENTAL HEALTH

Mindwise: provides information on mental illness, living with mental illness and provide community services to those who have mental health conditions.

Tel. 028 9040 2323
Email: info@mindwisenv.org

NIAMH (Northern Ireland Association for Mental Health):
Niamh includes:

- Beacon which provides support services to people with experience of mental illness through supported housing, day support and advocacy services
- Compass which provides an evidence base upon which Niamh's services are based through undertaking innovative research in topics such as suicide, mental health service evaluation and mental health needs assessment.

Address: 80 University Street, Belfast BT7 1HE
Tel. 028 9032 8474

Praxis: Praxis is a charity which operates to provide support for those suffering from mental ill health along with a brain injury or learning disability.

Address: Praxis Care, 25-31 Lisburn Road, Belfast, BT9 7AA
Tel. 028 9023 4555
Email: info@praxiscare.org.uk

ADDICTIONS

Alcoholics Anonymous: Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

Helpline phone: 028 9043 4848 (Mon - Fri 9am - 5pm; Sat / Sun 9am - 10pm)
<http://www.alcoholics-anonymous.org.uk>

FASA: FASA provide a specialist service for people with substance abuse, suicide and self harm within Northern Ireland.

Helpline phone: 028 90 80 30 40

Email: info@fasaonline.org

AddictionNI: Addiction NI provides support and treatment to people affected by alcohol or drug addiction.

Tel. 02890 664434

ANXIETY/ PHOBIAS/ OCD

Anxiety UK: Anxiety UK is a charity that gives advice to those suffering from anxiety related disorders including phobias and OCD.

Website: www.anxietyuk.org.uk

No Panic: No Panic is a voluntary charity which helps people who suffer from panic attacks, phobias, obsessive compulsive disorders and other related anxiety disorders including those people who are trying to give up tranquillisers.

Tel. 0800 138 8889

Email: <http://www.nopanic.org.uk/>

OCD Action: Provide support and information to anybody affected by OCD, works to raise awareness of the disorder among the public and frontline healthcare workers and strives to secure a better deal for people with OCD.

Tel. 0845 390 6232 / 020 7253 2664

Email: support@ocdaction.org.uk

Northern Ireland Agoraphobia and Anxiety Society (NIASS): provides counselling, advice and support for people who suffer from phobias, panic attacks and anxieties.

Tel. 08451 228625

BEREAVEMENT

CRUSE: is committed to breaking the stigma around grief and ensuring that everyone, no matter how old or young, can access the highest quality support following a bereavement. Not only does Cruse provide a telephone helpline and the useful information you will find on this website, but their trained volunteers provide face-to-face support and practical advice in branches across Northern Ireland.

Tel. 028 9023 2695

Email: helpline@cruse.org.uk

BEREAVEMENT BY SUICIDE

PIPS Programmes: is a not-for-profit social enterprise which has developed suicide prevention and awareness training; their training is aimed at ordinary members of the community and gives practical skills based training in suicide prevention

Tel. 028 9028 7836

Email: info@pipsprogrammes.com

BIPOLAR DISORDER

Royal College of Psychiatrists: This website provides information about the condition of bipolar disorder and treatment methods.

Website: <http://www.rcpsych.ac.uk/expertadvice/problems/bipolardisorder.aspx>

CARERS FOR THOSE WITH A MENTAL HEALTH PROBLEM

Carers NI: is a charity set up to help the millions of people who care for family or friends. They provide information and advice about caring alongside practical and emotional support for carers.

Tel. 02890 439 843

Email: <http://www.carersuk.org/northernireland>

Cause: Provides practical and emotional support to relatives and carers of people with serious mental illness.

Helpline Phone: 0845 603 0291

Email: info@cause.org.uk

Crossroads Caring for Carers: has provided respite care for carers, who provide care for an elderly, frail, ill or disabled friend or relative. Crossroads aim to meet the needs of carers by providing them with a much-needed break whilst providing peace of mind that their loved one is well taken care of by a Crossroads care attendant.

Tel. 028 9181 4455

Email: mail@crossroadscare.co.uk

DEPRESSION

Aware Defeat Depression: Aware Defeat Depression offers help and support for people experiencing depression and bipolar disorder, as well as their carers, family and friends. They run a network of 20 self help support groups across the country. Aware also operates a telephone helpline service and an email help service.

Tel. 028 9035 7820 Helpline: 08451 20 29 61 (9am -1pm Mon - Fri)

Email address

Email: help@aware-ni.org

Website: <http://www.aware-ni.org.uk>

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EATING DISORDERS

BEAT: Beating Eating Disorders: Beat is an organisation set up for those with eating disorders. There is a helpline open Monday to Friday, 10.30am to 8.30pm and Saturdays 1.00 pm - 4.30pm.

Phone: 0845 634 1414

Email: help@b-eat.co.uk

Eating Disorders Association NI: is run by a group of dedicated volunteers who have either experienced an eating disorder themselves or have helped a loved one through it. Having this experience they can offer the sufferer or the carer some friendly advice and can listen with understanding and empathy.

Tel. 028 9023 5959

Email: edani@btconnect.com

SUPPORT GROUPS FOR THOSE LIVING WITH MENTAL HEALTH CONDITIONS

LAMP (Life after mental health problems): Mental health service user group covering any issue that is affecting their mental health well being.

QUB - provide advocacy to clients who are in distress and their carers through LAMP.

Tel. 028 9024 2982

Email: lampgroup@hotmail.com

PTSD (Post Traumatic Stress Disorder)

Royal College of Psychiatrists: This website provides information about the condition of PTSD and treatment methods.

Website: <http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx>

If you or someone you know is suffering from a stress or mental health condition you should be encouraged to speak to someone about it. There are a wide variety of services listed in this booklet which can be accessed both internally and externally and the Belfast Trust would encourage you to take this first step on the road to recovery. In order to have a good overall health and sense of well being you must maintain a good mental as well as physical health.

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BELFAST HEALTH & SOCIAL CARE TRUST INDIVIDUAL STRESS RISK ASSESSMENT – PART A

Notes to staff:

- ❖ You are **invited** to use this form to help you to identify and manage work-related stress; you can “do your bit” for managing work-related stress by completing and sharing this form with your manager. If they don’t know there’s a problem they can’t help.
- ❖ You don’t have to answer every question – only answer those questions that you find **helpful**.
- ❖ If you don’t feel able to talk directly to your manager about a work-related concern, **ask** a colleague or other representative to raise the issue on your behalf. Sources of advice and support are listed in the Trust’s Here4U booklet, obtainable from the Hub.

Notes to manager:

You should offer your staff the opportunity to complete this individual assessment on stress:

- √ When a member of staff has been off sick with work-related stress (as part of the **return to work** interview).
- √ Where you believe that an individual or team are likely to be suffering from **work-related** stress;
- ❖ Alternatively please refer to the **Trust’s Policy on the Prevention & Management of Stress, Health & Well Being** for details of how to organise a survey with an independent provider working in partnership with the Trust – Business in the Community (BITC) who can provide you and your staff access to an Employee Wellness Tool which will collate the results into a report (please note that there is a charge for this service).
- ❖ When you and your staff have completed the questions, develop an action plan/s using the Trust’s General Health & Safety Risk Assessment form (Part B) to address any areas of concern and review this on a regular basis. (See HRPTS for details on General Health & Safety Risk Assessment Courses).

Sources of further information:

Samantha Whann, Human Resources Attendance Management, tel: [REDACTED]

Caroline Parkes, Occupational Health Manager, Tel: [REDACTED]

Karen Cunningham, Lead Health & Safety Manager, Tel: [REDACTED]

Your name: _____

Ward / Dept / Facility: _____

Your Manager: _____

Date: _____

DEMANDS: this includes issues such as workload, work patterns and the work environment
Are you able to cope with the demands of your job?
<i>Guidance:</i> Unachievable deadlines/time pressures, intensive work, neglecting important tasks, fast pace of work
Do you take the breaks you are entitled to at work?
<i>Guidance:</i> Belfast Trust Guidance on the Working Time Regulations http://intranet.belfasttrust.local/directorates/hr/Documents/Working%20Time%20Regulations%20Guidance%20for%20Managers.doc Working very long hours, unable to take sufficient breaks and when these are taken
Desired states = Where possible, staff have control over their pace of work The Trust provides staff with achievable demands in relation to the agreed hours of work
Do you require any particular training to acquire the skills to help you do your job?
<i>Guidance:</i> This not only includes attendance at courses. Discuss other development opportunities with your line manager as part of your PDP.
Desired states = People's skills and abilities are matched to the job demands and Jobs are designed to be within the capabilities of employees
Are there any problems with your work environment? If yes, please describe:
<i>Guidance:</i> http://intranet.belfasttrust.local/policies/Pages/Policies/Medical%20Directorate.aspx Belfast Trust Health & Safety Policies
Desired state = Staff's concerns about their work environment are addressed

CONTROL: how much say you have in the way you do your work

How could you have more say about how your job is done?

Guidance: Choice as to break times, work speed, how and in what way work is completed, flexible working time

How could you be more included in decision making in the team?

How could your skills be better utilized at work?

Desired states = Staff are encouraged to use their skills and initiative to do their work and the organisation encourages staff to develop their skills.
Where possible, staff are encouraged to develop new skills to help them undertake new and challenging pieces of work.
Staff have control over the pace of their work and a say as to when breaks are taken. Staff are consulted on work patterns.

SUPPORT: this includes the encouragement, sponsorship and resources provided by the Trust, your manager and your colleagues
How could your line manager better support you to do your job?
<i>Guidance:</i> Receive supportive feedback, line manager encouragement, help with work problems, support with emotionally demanding work and when annoyed or upset
How could your colleagues better support you to do your job?
<i>Guidance:</i> Help, support and respect from colleagues with work related problems.
Do you feel you have a healthy work-life balance? If not how could you improve this?
<i>Guidance:</i> Work-life balance, flexible working policies and arrangements http://intranet.belfasttrust.local/policies/Documents/Work%20Life%20Balance%20policy.pdf Trust sources of support are detailed in Here4U and the Trust Policy on Prevention & Management of Stress, Health & Well Being
Desired state = Staff feel supported at work and receive regular and constructive feedback. Staff know what support is available and how to access

RELATIONSHIPS: promoting positive working to avoid conflict and dealing with unacceptable behaviour
How could communication in the team be improved?
<i>Guidance:</i> Strained relationships at work and interpersonal issues between colleagues.
If you feel that you are experiencing harassment at work, what parts of the Trust's Policy on Harassment could help?
<i>Guidance:</i> Subject to personal harassment or bullying. <ul style="list-style-type: none">▪ Learning & Development courses include:▪ Coping with Change▪ Developing your Team▪ Managing People Performance▪ Developing Personal Effectiveness in the Workplace▪ Coaching Skills▪ Communications Skills (See HRPTS for Details)
Desired state = Staff share information relevant to their work The Trust promotes positive behaviour at work to avoid conflict and ensure fairness. The Trust has agreed policies and procedures to prevent or resolve unacceptable behaviour and report.

ROLE: ensuring that your role is clear and that you do not have conflicting roles

Are you clear about your roles and responsibilities at work? If not, please explain:

Guidance: Clear expectations at work, know how to get the job done, clear duties and responsibilities, goals and objections and how work fits in with the overall aim of the organisation.

Do you feel that there is any ambiguity or confusion (role conflict) in your job? If yes, please describe:

Guidance: Clear expectations at work, know how to get the job done, clear duties and responsibilities, goals and objections and how work fits in with the overall aim of the organisation.

Desired state: The Trust ensures that, as far as possible, the different requirements it places upon staff are compatible and clear and provides information to enable staff to understand their roles and responsibilities and how to raise concerns about any uncertainties or conflicts they have about their role.

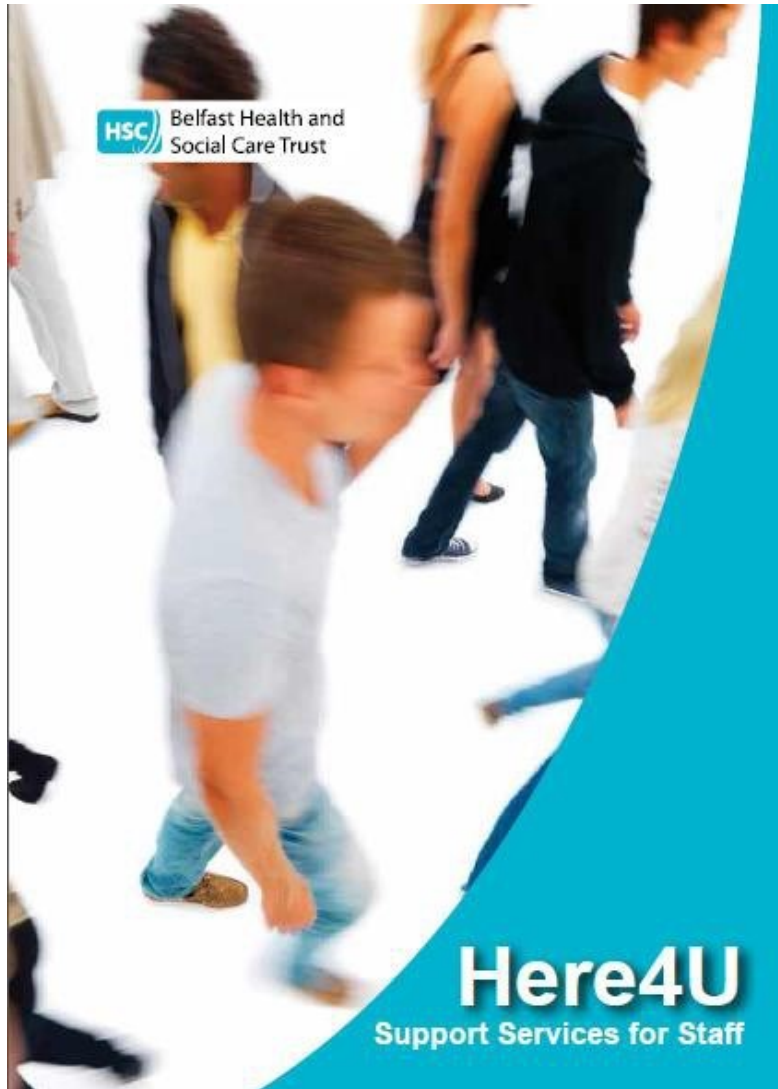
CHANGE: how organisational change is managed and communicated	
How could your line manager better support you during change at work?	
How could the organisation better support you during change at work?	
<p>Guidance: Management of staff affected by organisational change and staff redeployment protocol http://intranet.belfasttrust.local/policies/Documents/Redeployment%20Policy.pdf Checklist for managing a change project. The Trust's Learning & Development Department provide training on "coping with change" a 1 day programme, which covers dealing with change, how to keep positive during change, reducing your stress, focusing on goals and managing emotions. (programme takes place approx. 4 times per year) and "Making changes in the Belfast Trust" – available to book on HRPTS - http://intranet.belfasttrust.local/directorates/hr/Pages/HRPTS/About-HRPTS.aspx</p>	
Desired states:	The organisation provided employees with timely information to enable them to understand the reasons for proposed changes; Staff are aware of the probable impact of any changes to their jobs; Staff are aware of timetables for changes; Staff have access to relevant support during changes and If necessary, employees are given training to support any changes in their jobs. The Trust provides adequate opportunity for consultation on proposed changes.

Thank you!
 Now you are invited to share this form with your Manager
 who will develop an **action plan** with you using the
 General Health & Safety Risk Assessment form
 to address any areas of concern

Stress Risk Assessment – Part B – General Health & Safety Risk Assessment - (See Hub for copy of template)	(Manager to complete in conjunction with designated risk assessor/s)
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Acknowledgement: University Hospitals Birmingham, NHS Foundation Trust

APPENDIX 5



While working in the health and social services can be very rewarding and fulfilling, there may be times when pressures and strains can take their toll on us. These may result from, for example, work pressure, issues at home, financial concerns, ethical dilemmas, relationship problems, ill health, bereavement, traumatic situations, management issues and faith dilemmas.

It is important at such times to know you are not alone. Some people can cope with many situations/issues by themselves. Often people find help and support from colleagues in their ward or service area, friends and family; however, there may be times when you require more formal help or advice. There is also a lot of help and support available in our local communities that we can utilise, eg. GP and health services, Faith groups, voluntary sector groups such as Citizens Advice Bureau, Cruse Bereavement Care, Lifeline, Samaritans, etc.

**At all times -
look after yourself!
look after each other!**

This booklet has been prepared by an informal group called Here4U. The group comprises representatives from various services across the Belfast Trust.

The booklet, while not exhaustive, lists a wide number of services within the Belfast Trust area that are available to support staff. All of these services are Here4U! Various health and wellbeing activities and events are also offered free to Trust staff throughout the year. Further information can be accessed on the Trust intranet (Hub).
<http://intranet.belfasttrust.local/Pages/Corporate%20Information/Here4U.aspx>

You can also email: Here4u@belfasttrust.hscni.net

Bereavement

Heather Russell, Trust Bereavement Co-ordinator, works in the Belfast Trust and regionally, developing and delivering training, including bereavement care. Heather works in collaboration with many external voluntary and statutory services that are involved at end of life or support bereavement and will provide information to staff who require it. The Trust intranet site contains a Bereavement section for staff, providing information on grief and bereavement, training, policies and booklets available to staff. This can be found under B in the A-Z. Each year there is a service of remembrance and thanksgiving for Trust staff who have died in the previous year. Heather can be contacted at:

1st Floor, Bostock House, Royal Group of Hospitals
Grosvenor Road, Belfast, BT12 6BA
Tel: 9063 3904 Mob: 07920 186935
heather.russell@belfasttrust.hscni.net

[Guidance for Managers when dealing with staff bereavement or terminal illness](#) - This information guide is designed to provide practical advice to enable managers to sensitively support staff following bereavement, including the death of a colleague in service or when supporting those staff with a diagnosis of terminal illness. For further information see - http://intranet.belfasttrust.local/directorates/hr/documents/guidance_for_managers_when_dealing_with_staff_bereavement_or_terminal_illness.pdf

www.nidirect.gov.uk is the official government website for Northern Ireland and has a very helpful death and bereavement section which includes wills and probate; what to do after a death; and benefits, property and money. The bereavement section is within 'government, citizens and rights'.

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Carer Support Service

Information and advice for staff who have a caring role for an adult or child who is ill, frail or disabled. Contact:

Margaret McDonald, Carers Co-ordinator
Glen Villa, Knockbracken Health Care Park
Saintfield Road, Belfast, BT8 8BH
Tel: 9504 6702
margaret.mcdonald@belfasttrust.hscni.net
or Lynne Calvert, Carers Co-ordinator
Grove Well-being Centre, 120 York Road, Belfast, BT15 3HF
Tel: 9504 6108 lynne.calvert@belfasttrust.hscni.net



Chaplaincy

Whether people have a religious faith or none, they might want to talk with a member of the chaplaincy team. The chaplains are here to offer spiritual, religious and pastoral help and support to all who need and request it (patients/family/staff).

Chaplains are part of the wider healthcare team. The service we offer is confidential and non-judgmental and is available to everyone, irrespective of faith or background. Chaplains regularly visit the hospital wards. At other times contact your local Switchboard who will have the chaplaincy contact details. The Acute sites have chaplains on-call 24/7. Most sites also have facilities for prayer and reflection. For further information contact a chaplain known to you or the Trust Lead Chaplain:

Rev Derek Johnston, 1st Floor, East Wing, RVH
Tel: 9063 2045 Mob: 07919 892477
derek.johnston@belfasttrust.hscni.net
or see the Hub

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<http://intranet.belfasttrust.local/directorates/hue/Pages/Chaplaincy%20Service/About-the-Chaplaincy-Service.aspx>

Psychological Services

Psychological Services within the Belfast Trust offer ongoing support services to staff across the Trust. In addition to the specialist Occupational Health Psychological Services at McKinney House, all Clinical Psychologists working within specialist teams or clinical services are available to help staff manage the stresses and challenges of their everyday work.

Clinical Psychologists within Psychological Services offer a range of support services including: training and supervision in how to deal with complex emotionally or behaviourally challenging work; team debriefing exercises following traumatic cases or bereavements; individual consultations, where staff find it useful to discuss their reactions and emotions on a one to one basis.

Any manager, clinician or staff member may approach the Clinical Psychologist in their team to access support services. Alternatively contact names and numbers are as follows;

Head of Psychological Services	Dr Sarah Meekin	9063 6608
Children's Service Manager	Dr Sarah Meekin	9063 6608
Neuro-disability Service Manager	Dr Philip Moore	9063 0148
(includes Learning Disability/Neuropsychology/Stroke and Older Adult services)		
Adult Psychological Service Manager	Miss Bridie McElhill	9056 6199
(includes Adult Clinical Health Psychology and Adult Mental Health)		

Health Improvement

The Health Improvement Department works with Trust staff and the general public to improve their health and wellbeing and offers training for Trust staff including:

- Top Tips for Looking After Yourself
- Living Life to the Full
- Health for Life
- Walk Leader
- Mental Health First Aid
- ASIST (Applied Suicide Intervention Skills Training)
- HIV & AIDS Awareness
- Shared Reading



The Health Improvement Department have two part time Smoking Cessation Specialists who can support staff who are motivated to stop smoking. There are also wide ranges of health literature available for staff and self help materials that aim to promote emotional wellbeing.

Looking after your mental health and wellbeing: Guidance for staff

As part of its Health and Wellbeing Action Plan the Trust is committed to supporting staff who are experiencing stress or mental ill health.

As many as 1 in 4 people will suffer from a mental health condition at some point in their lives. For further information see - <http://intranet.belfasttrust.local/directorates/medical/publichealth/Documents/808%20-%20Mental%20health%20guidance%20for%20staff.pdf>

Looking after your staff's mental health and wellbeing needs: Guidance for managers

The Trust has provided guidance and sources of information to managers to assist them in supporting the psychological wellbeing of their staff. For further information see - <http://intranet.belfasttrust.local/directorates/medical/publichealth/Documents/808%20-%20Mental%20health%20advice%20for%20managers.pdf>

Mental Health 1st Aid training is a good resource to help understand issues and better support staff (see brochure of training) - <http://intranet.belfasttrust.local/directorates/medical/publichealth/Documents%20%20Health%20Improvement/Mental%20and%20Emotional%20Health%20and%20Wellbeing%20Training%20Guide%202014.pdf>

Contact Details: Health Improvement, Glen Villa, KHCP
Tel: 9504 8714 health.improvement@belfasttrust.hscni.net

Human Resources

The HR Department offers a wide range of services for staff. Further information is available on the Trust intranet.

Work/Life balance/flexible working policies - These are designed to provide staff with a range of flexible working arrangements to enable them to balance both home and work commitments and improve their working lives. The Trust is committed to promoting equality and to attracting and retaining highly skilled and experienced staff and these policies will assist it in meeting this objective. Policies include: Compressed Hours; Part-time Working; Flexitime; Job Sharing; Home Working; Term-time; Flexible Retirement and Employment Break policies.

Contact: The Improving Working Lives Team (HR) Tel: 9504 8554

Special Leave Policies - The Trust recognises that on occasions employees may require special leave to undertake obligations outside of their working life. Special leave with pay may be granted in respect of: Emergency Carer's; Domestic Emergency; Bereavement; Marriage/ Civil Partnership; Paternity; Parental; Adoption.

Contact: The Improving Working Lives Team (HR) Tel: 9504 8554

Domestic Abuse Support Scheme - The purpose of this scheme and associated workplace policy is to offer practical and other support to employees of Belfast Health and Social Care Trust in addressing problems arising from domestic violence and abuse sympathetically and in confidence.

Contact a Domestic Abuse Support Officer by telephoning 028 9056 5369 or by e-mail: lesley.jamieson@belfasttrust.hscni.net



Disabled Employee Network

The Disabled Employee Network is a forum for disabled employees run by disabled employees. The Network meets on a bi-monthly basis and aims to take forward initiatives designed to ensure disabled staff play a full role in the Trust, promoting a positive culture and raising the profile of important disability related issues. It provides disabled staff with great networking and information gathering opportunities along with the chance to influence Trust policy and practice.

For further information or to be added to the group's email circulation lists please contact:

the DEN mailbox disability@belfasttrust.hscni.net

Or follow us on Yammer belfasttrust.hscni.net where we have a DEN group.

Regional LGBT Forum

The Trust supports this regional network which is led by the Public Health Agency. The Forum aims to provide a safe and welcoming space for lesbian, gay, bisexual and transgender staff and to provide an inclusive working environment.

For further information visit the website: www.lgbtstaff.hscni.net

Employers for Childcare



As winner of the Best Public Sector Category in the Employers for Childcare Award the Trust is delighted to offer a range of childcare initiatives as follows:

Summer Scheme – The Trust’s Summer Scheme aims to provide a range of fun

activities that will stimulate and entertain children during the summer months. These activities will be appropriate to the child’s age and abilities and sensitive to their cultural, ethnic and any other additional needs.

Contact: [The Improving Working Lives Team \(HR\) 9504 8913](#)

Childcare Vouchers – Employees may claim Tax Relief on up to £243 per month childcare fees paid to registered providers. Each parent may claim the Tax Relief and employers and employee National Insurance contributions need not be paid on this amount.

Contact: [The Improving Working Lives Team \(HR\) 9504 8554](#)

Staff Discount Card

Employers For Childcare is now offering a 5% discount at over 50 major high street shops, with 17,000 outlets, using just one convenient gift card! You can spend it all at once or across any number of retailers. This offer is open to all employees, not just those using Childcare Vouchers.

For further information call [Employers for Childcare freephone 0800 028 3008](#)

Approved Home Childcare

A further service offered by Employers for Childcare is the Employer Approved Home Childcare which provides reliable, quality childcare in a family’s own home.

For further information go directly to the [Employers for Childcare website www.employersforchildcare.org](#) or call freephone 0800 206 1488

Maternity Information Sessions

Maternity Information Sessions are open to all female members of staff within the Trust who are pregnant or who would be interested in finding out more information on maternity related issues and regulations. Information is provided to staff on maternity leave entitlements, salaries and wages entitlements, work life balance policies, health at work during pregnancy, health promotion for expectant mothers. Maternity Information sessions are held throughout the Trust twice a year.

Contact: [The Improving Working Lives Team \(HR\) 9504 8554](#).

Belfast Trust Travel Plan - The Travel Plan

aims to increase trips by sustainable modes such as walking, cycling, car-sharing and using public transport. We have a number of schemes to support this where staff can benefit from discounted bicycle and safety equipment, as well as bus and train fares. The Carshare Scheme is also free to join and could save you around £800 per year when sharing a journey.

Contact the [Travel Plan Co-ordinator 9507 8872](#).



Learning & Development - Development support is available to help you manage and fulfil your role better, eg. 1:1 coaching, career progression qualifications, skill enhancement programmes. [Access the Hub for further information or contact the Learning and Development Team \(HR\) 9504 8219](#).

Macmillan Support & Information Centre at Belfast City Hospital

This Trust service is committed to providing Information and Support to any one affected by cancer. We work in partnership with cancer charities to deliver high quality support and information. We provide a range of services such as counselling, Complementary therapy, group

programme and relaxation and exercise classes.

To find out how we can help you ring on 028 9063 8980 or drop in to the centre. We are open Mon - Fri 9am to 4pm except bank holidays.

Macmillan Support & Information Centre at Royal Victoria Hospital

This is a Trust service in partnership with Macmillan Cancer Support. If you are affected by cancer or if you work with people affected by cancer, we offer a confidential, drop-in service with access to information and support. When you're affected by cancer, having the right information and support at the right time is essential. We offer a listening ear and time to talk in a relaxed, comfortable environment and can signpost or refer you to other local services if you need their support.

To find out more contact us on 028 9063 0022 (answerphone available) or call into the centre during the following times:

Monday, Tuesday, Wednesday 10am-4pm

Thursday 10am - 1pm (except Bank Holidays)

Alternatively you may email us at cancerinfo.royal@belfasttrust.hscni.net

NICaN: NI Cancer Network www.cancerni.net www.survivorship.cancerni.net

The NICaN website includes a comprehensive section of information about cancer and a services database which includes further information on individual HPSS services and teams.

The NICaN Survivorship Website is a replacement for the 'Cancer services for patients, carers, families and friends' (also known as the Signposting Handbook). It fully supports the changing landscape of cancer with an emphasis on supporting self-management and improving the health and wellbeing of cancer patients. The website acts as a portal for the statutory, community and voluntary sectors and hospices services across Northern Ireland which may be required by cancer patients,

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carers and their families and friends. The website has been carefully designed with the user in mind; it is possible to 'Search for a service' on the website using various different methods:

1. Search by postcode
2. Search by Health and Social Care Trust Area
3. Search by name of provider/key word
4. All services

Occupational Health

The Occupational Health Service provides a confidential service to staff regarding how any health problems may be affecting their ability to carry out their work or how their work is affecting their health. The service is comprised of a multi-disciplinary team of professionals including medical, nursing, physiotherapy, occupational therapy and clinical psychology staff and offers assessment, advice and support. Staff can self-refer or request referral through their line manager.

Tel: 9504 0401 Email: occupationalhealth@belfasttrust.hscni.net

Social Work

There are Social Workers in all hospitals and in the community who are willing to speak to and advise staff about Voluntary and Statutory community support services for themselves or their family.

[Contact Hospital switchboards or Community Health & Wellbeing Centres for Tel nos.](#)

StaffCare

Staffcare provides a totally confidential counselling service to Trust employees. If you are experiencing difficulty in coping with some event in your life, whether work related or personal, you can call the 24/7 Careline to talk to a trained counsellor. They can give you immediate support, provide telephone counselling, or arrange for you to meet face to face with a counsellor in a convenient and anonymous setting. It is free to Trust employees and up to 6 counselling sessions can be

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provided. Talking to someone can help, simply ring the Careline on 0800 731 3674 or email staffcare@belfasttrust.hsoni.net

Unions

There is a Trade Union side office where contact details can be passed on to the relevant Trade Union. The unions also provide a range of services for members on employment related issues, training and education, legal, welfare and other support services. Contact your local union rep for details of services and support available.

Tel: Trade Union side office 9063 4232

Other external support organisations

Belfast Hills Partnership – The Partnership is a local charity who seek to improve health by promoting the benefits of walking.

www.belfasthills.org

Christians against Poverty www.capuk.org - For those struggling with the stress of debt, Christians against Poverty is a national charity working across the UK with local centres throughout Northern Ireland, to lift people out of poverty and debt regardless of age, gender, religion or sexual orientation. Each year they help 20,000 people find their way out of debt. They work out budgets, negotiate with creditors and can take people through insolvency procedures so there is always an answer.

If you are struggling with debt please call free phone 0800 328 0006 or visit the CAP website www.capuk.org for more information

Citizens Advice Bureau - CAB provides totally confidential advice to Trust employees. There is a BHSCT funded CAB worker in RVH. Kathrine McFeeley can help employees with issues concerning benefits, education, health, housing, family, relationships and neighbourhood disputes. Referrals are usually made by employees themselves or by their trade union representative. Kathrine operates an 'open door' service and is available from 10am - 3pm, Monday to Thursday; if

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appropriate she will signpost Trust employees to other CAB offices or specific support organisations.

Contact is Kathrine McFeeley Tel: 9063 4143

Cruse Bereavement Care - The service exists to promote the wellbeing of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss. Services are free to bereaved children and adults.

Regional Office, Prince Regent Commercial Centre
8 Prince Regent Road
Belfast, BT5 6QR

Tel: 9079 2419 Helpline 0844 477 9400

Email: northern.ireland@cruse.org.uk website: visit www.cruse.org.uk

Lifeline - Lifeline provides free and immediate access to expert assessment, counselling and support to people in crisis or distress. Lifeline also welcomes calls from friends and carers seeking help for loved ones and professionals making third party referrals.

www.lifelinehelpline.info

Contact Youth HQ switchboard Tel. 9074 4499

Free Helpline Tel: 0808 808 8000

Samaritans - Samaritans provides confidential non-judgmental emotional support, 24/7, for people who are experiencing feelings of distress, loneliness or despair, including those which could lead to suicide.

Belfast Branch, 5 Wellesley Avenue, Belfast, BT9 6DG

Helpline Tel: 9066 4422 or National No: 08457 90 90 90

Email: jo@samaritans.org www.samaritansbelfast.org

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Together For You - For the first time, people from across Northern Ireland can access a range of free mental health and wellbeing services delivered by nine leading mental health charities in Northern Ireland. The website allows individuals to 'self refer' into the services, by filling out a very quick contact form. The site also offers guidance on how to look after your own mental health and wellbeing, and links to other excellent online resources for further help and guidance.

Services under Together For You are completely FREE and include befriending; bereavement support; counselling services including relationship counselling, CBT and specialist trauma counselling; support for carers, mental health education programmes, LGB&T support and volunteering opportunities.

For further information see www.togetherforyou.org.uk

Staff support and self care

What stresses you most in life and work?

What do you enjoy most about life and work?

What helps you cope?

Some practical suggestions to support your emotional wellbeing in general life and in work:

- Use available internal or external support networks including friends, colleagues, faith community, Trust services as summarised in this booklet
- Emotional defusing/debriefing with peer or colleague ('tea and sympathy' or 'a listening ear')
- Some particularly difficult or traumatic situations may benefit from a formal debriefing for all the team involved. Events, actions, outcomes and emotional responses to the situation can be reviewed in a supportive way during a team led debriefing session

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- Personal debriefing –
 - Acknowledge the day
 - Hand over responsibility to those taking over
 - Say "goodbye"
 - Debrief and de-role
- Clinical supervision - Process of professional support and learning
- Identify your learning needs and avail of opportunities to develop. Access training opportunities that will support and promote your emotional wellbeing
- Go on an away-day to get some quiet time or to explore a particular issue
- Spend time in prayer alone or with others
- Find ways to meet others in a relaxed environment to discuss deeper questions that you want to explore or just to have fun
- Read books or attend talks that you are interested in
- Go for walks and appreciate the beauty in nature
- Have a hobby
- Engage in regular health and wellbeing activities, such as those provided by Here4U
- Make time to talk to someone you trust about important issues that may be on your mind and in your heart
- Attend services and take part in the rituals relevant to your religious faith
- Find ways to explore your thoughts and feelings, eg. using art, music, drama or writing
- Use meditation or reflection
- Proper diet and sufficient rest/sleep
- Be careful about overdependence on alcohol, substances or medications
- Build up your own resilience and coping mechanisms.

Look after yourself! Look after each other!

BT14-978

Appendix 6

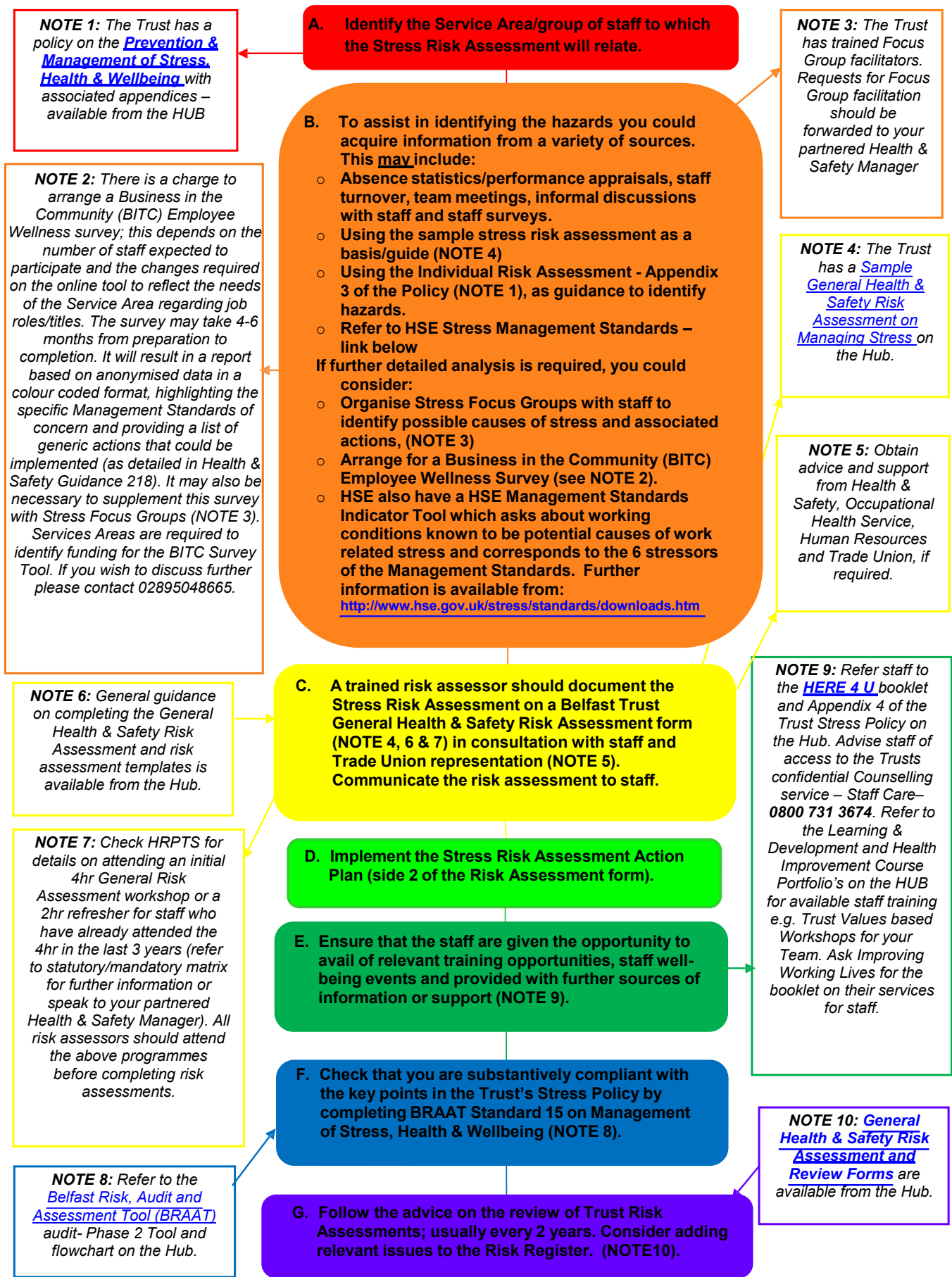
Initiative	Who to contact?
Clinical Psychology group support in dealing with a traumatic event at work	Occupational Health
Health for Life training programme to incorporate: smoking cessation, alcohol awareness, stress management, nutrition, exercise, oral health advice, shift working, weight loss OR Mini sessions on each / a selection of these topics	Health Improvement Team Health & Wellbeing sub-group contact – Ben Harvey
Mental Health Awareness Training	Emotional and Wellbeing Training Guide 2015, on the HUB
B Well Website	www.bwellbelfasttrust.hscni.net
Conditions Management Programme for employees with chronic health conditions	Occupational Health
Mindfulness Programmes and Acceptance Commitment Therapy	Occupational Health
HR drop in clinics for staff and managers including advice on sickness absence, HRPTS, Workplace Equality and Improving Working Lives initiatives e.g. Work life balance policies, Special Leave etc.	Susan Miller, HR
Attendance Management awareness sessions for staff i.e. your responsibilities as an employee	Relevant Directorate Lead within Attendance Management or Samantha Whann as Team Leader
Bespoke Attendance Management Training for managers & Refresher absence management training for managers – focus on difficult conversations	Relevant Directorate Lead within Attendance Management or Samantha Whann as Team Leader

<p>B Well App</p>	<p>Search for "bwellbelfasttrust" in your App Store</p>
<p>24/7 telephone helpline, short term focused confidential face to face counselling across a range of Trust venues</p>	<p>Staff Care</p>
<p>Here4U initiative with regular activities e.g. –</p> <ul style="list-style-type: none"> • aerobics • boxing • choir • circuits • dance • football • guitar lessons • photography • pilates • tai chi • yoga • Zumba 	<p>Here4u@belfasttrust.hscni.net</p>
<p>Belfast Recovery College</p> <p>Page Image</p> <p>Page Content</p> <p>This is a mental health recovery training provision which provides a range of courses for service users, families, friends, carers and all trust staff. The focus is to provide the opportunity to learn together to help increase understanding of each other's journey in promoting recovery.</p> <p>Anyone can apply for the courses and they are free so whether you are experiencing illness, are a carer or a staff member working in mental health or</p>	<p>To book your FREE place on a course contact (028) 950 43059 (Mon –Fri between 9.30am-1.30pm) or RecoveryCollege@belfasttrust.hscni.net</p>

<p>you have a special interest in mental health you may find a course that interests you.</p> <p>Courses include:</p> <ul style="list-style-type: none">• An Introduction to Understanding Addictions• Embedding Recovery in Day to Day Lives• The Importance of Social Support Networks• Understanding Psychological Therapies• 8-Week Mindfulness Course	
<p>Health & Safety Executive Guidance on managing work related stress</p>	<p>http://www.hse.gov.uk/stress/ BRAAT 2 – standard 15 Trust Policy on Managing Stress, Health & Wellbeing and Appendices Partnered Health & Safety Managers</p>



Stress Risk Assessment Flowchart



For further advice or information please contact Karen Cunningham, Tel: 9504 8665



b-well Steering Group

TERMS OF REFERENCE

COMMITTEE	b-well Steering Group	
PURPOSE	<p>The b-well Steering Group will ensure strategic leadership and direction in the development and implementation of a Health and Well Being Strategy and Action Plan, driving forward the promotion of a healthy workforce.</p> <p>It will be accountable for the provision of adequate resources and support and oversee and review progress ensuring the objectives of the Group are effectively implemented and progress communicated throughout the Trust. It will oversee, guide and monitor the work of the b well Sub Group in progressing the Action Plan and specific objectives.</p>	
MEMBERSHIP	Chair:	Non-Executive Director
	Membership:	Should a member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair. <i>(see Appendix 1)</i>
	In attendance:	Any Senior Manager of the Trust or external stakeholders may, where appropriate, be invited to attend.
	Secretary:	Human Resources Secretariat
DUTIES	<ol style="list-style-type: none"> 1. Ensure the ongoing commitment at a corporate and strategic level to the business case for a collaborative, partnership approach to addressing Health and Well Being at Work. 2. Provide leadership and direction, clarify the roles and responsibilities of managers and staff, and ensure commitment and accountability in the development and implementation of the Trust's Health and Wellbeing at Work Strategy and Action Plan to address employee wellness and stress in the workplace, in line with legislative requirements and best practice. 3. Seek and provide the necessary direction, support, resources, both financial and human, and infrastructure to ensure an integrated and cohesive approach to the development, promotion, implementation and evaluation of a range of initiatives. 	

	<p>4. This Group oversees the progress of the Sub Group in implementing the Action Plan, requires progress updates twice yearly from them and ensures effective communication of initiatives.</p> <p>5. Monitor and evaluate progress and produce an updated action plan year on year ensuring effective communication of progress throughout the Trust.</p> <p>6. To seek recognition through internal and external award schemes to promote and raise awareness of the work of the Group and advocate best practice.</p>
AUTHORITY	<p>The b-well Steering Group will be a corporate group within the Trust, reporting through to the 3 E's Group. The b-well Steering Group is accountable to the Director of Human Resources/Medical Director for its performance in exercising the function set out in these terms of reference.</p> <p>It will link to the Trust's Health and Safety Committee via the Health and Safety lead in relation to relevant issues where a joint input is required. Membership will be drawn from appropriate areas in the Trust to ensure a collaborative approach.</p>
MEETINGS	<p>Quorum The quorum for the meeting will be no less than 60% of the membership and must include the Chair or nominated deputy chair.</p> <p>Frequency of Meetings The b-well Steering Group will meet 4 times per annum and the b-well Sub Group will meet 6 times per annum and will agree a schedule of meetings at least 12 months in advance.</p> <p>Papers Agenda and papers will be disseminated electronically to Group members four working days before the date of the meeting. Members are expected to have undertaken the necessary preparation for the meeting.</p> <p>Non Attendance at Meetings Members who are unable to attend are expected to forward any updates and submit any comments as appropriate via the chair in advance of the meeting. If comments are not received it will be deemed to be that the member is in acceptance of the content.</p> <p>Withdrawal of Individuals in Attendance The Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate discussion of a particular matter. If comments are not received it will be deemed to be that the member is in acceptance of the content.</p>
REPORTING	<p>The b-well Steering Group is accountable to the Director of Human Resources/Medical Director for its performance in exercising the functions set out in these terms of reference.</p> <p>In doing so, the Group will contribute to an integrated approach to the promotion of health and well-being for Trust staff. It will embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.</p>

	The Group Chair will: <ul style="list-style-type: none">• Submit progress reports to the Trust 3E's Group as required.• Ensure the development and monitoring of an annual action plan
REVIEW	These Terms of Reference and operating arrangements will be reviewed on at least an annual basis by the Group.



b well Steering Group

Membership

Martin Bradley	Non-Executive Director (Chair)
Jacqui Kennedy	HR Co-Director
Louise Beckett	Senior HR Manager
Bryan Nelson	Co-Director, Health Improvement
Caroline Parkes	Senior Manager, Occupational Health
Rev Derek Johnston	Head of Chaplaincy Services
Karen Cunningham	Lead Health & Safety Manager (<i>Lead Health & Safety Manager</i>)
Jaclyn Crowe	HR Senior Manager
Brendan McConaghy	Head of Occupational Health Physiotherapy
Raymond Rafferty	Trade Union Representative
Fiona Meenan	Health Improvement Manager
Dr Aiveen Higgins	Clinical Psychologist, Occupational Health
Anne Young	Events Manager (<i>Communications</i>)
Chris Thomas	Service Manager (<i>Surgery & Specialist Services Representative</i>)
John Growcott	Co-Director, Social Work & Social Care (<i>Children's Community Services</i>)
Seamus Trainor	Senior Manager, PCSS (<i>Nursing & User Experience Representative</i>)
Heather Scott	Health Records (<i>Performance Planning & Informatics Representatives</i>)
Joanna McCormick	Associate Nursing Director (<i>Acute and Unscheduled Care Representative</i>)
Dr Sarah Meekin	Consultant Clinical Psychologist (<i>Adult Social & Primary Care Representative</i>)
Joan Wells	Co-Director, Maternity & Women's Services (<i>Specialist Hospitals Women's Health</i>)
Robert Canning	Estates Services
Robert Ferris	Finance Directorate
Seamus Mullen	Head of Health & Social Wellbeing Improvements, Belfast Area (<i>Public Health Agency Representative</i>)
Amy Kieran	Business in the Community

Reference No: TP 57/10

Title:	Management of Attendance Protocol		
Author(s)	Louise Beckett [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Ownership:	Damian McAlister, Human Resources		
Approval by:	Policy Committee Executive Team	Approval date:	11 Jan 2018 24 Jan 2018
Operational Date:	January 2018	Next Review:	January 2023
Version No.	V3	Supersedes	V2 – September 2013 – July 2016
Key words:	Management of Attendance		
Links to other policies	Redeployment Policy, Employment of People with Disabilities Policy, Disciplinary Procedure, Grievance Procedure, b Well Strategy, Registration & Verification Policy.		

Date	Version	Author	Comments
01/07/2010	1	Oonagh Burns, Cynthia Crutchley, Liz Courtney	Final Version issued.
09/09/2013	V2	Oonagh Burns, Cynthia Crutchley, Louise Beckett, Alison Kerr, & Samantha Whann, Human Resources.	3-year review & update reflect changes in best practice and recent employment legislation.
01/08/17	V3	Jaclyn Crowe Louise Beckett, Alison Kerr, Samantha Whann, & Ciarán McDonald Human Resources.	Review & update reflect changes in best practice and recent employment legislation.

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The Policy was developed in line with the Regional Framework on the Management of Attendance and has been reviewed accordingly to reflect best practice and updated employment & equality legislation.

1.2 Purpose

The Trust is committed to managing absence in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absence.

The Trust recognises that that health and wellbeing of the workforce is critical to the effective functioning of the organisation. The Management of Attendance Protocol is based upon the values of the Trust which are respect and dignity, accountability, openness and trust and learning and development and leading edge.

1.3 Objectives

To ensure consistency of approach in this area. To enable staff to take personal responsibility for achieving and maintaining good attendance.

2.0 SCOPE OF THE POLICY

The Management of Attendance Protocol applies to all permanent and temporary staff (without exception).

3.0 ROLES/RESPONSIBILITIES

The roles and responsibilities of Employees, Managers, Human Resources & Occupational Health are clearly outlined.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

The Policy was developed in line with the Regional Framework on the Management of Attendance and has been reviewed accordingly to reflect best practice and updated employment & equality legislation.

4.2 Key Policy Statement(s)

To provide staff & Management with information and guidance on managing absence.

4.3 Policy Principles

This policy is designed to outline the principles underpinning the management of employee sickness absence in the workplace and other related employment matters.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

Issue to 4th level and above for dissemination to all Trust staff .

5.2 Resources

Information and Awareness sessions, training will be provided.

5.3 Exceptions

No area within the Trust is exempt as this policy applies to all staff and employees including those under external contract by sub-contractors.

6.0 MONITORING

This policy complies with legislative requirements and good practice.

7.0 EVIDENCE BASE / REFERENCES

Regional Absence Framework and current employment and equality legislation and best practice.

8.0 CONSULTATION PROCESS

The Policy has been subject to consultation with the Trade Unions and jointly agreed by Trade Unions and approved by the TJNCF

9.0 APPENDICES / ATTACHMENTS

None.

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact. X

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Date: _____ January 2018 _____

Alison Kerr, Senior HR Manager



Damian McAlister,

Date: _____ January 2018 _____

Director Human Resources & Organisational Development



**Martin Dillon
Chief Executive**

Date: _____ January 2018 _____

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SECTION 1 – INTRODUCTION AND KEY AIMS

1.1 Introduction

Belfast Health and Social Care Trust recognises that the health and wellbeing of the workforce is critical to the effective functioning of the organisation. The Management of Attendance Protocol is based upon the values of the Trust: respect and dignity, accountability, openness and trust, and learning and development and leading edge. It is set in the context of the Trust bWell Strategy and Action Plan, Regional Policy Framework of Best Practice for Managing Attendance, the Trust's Policy on the Employment of People with Disabilities, compliance with employment and equality legislation including the Disability Discrimination Act, relevant terms and conditions and the Agenda for Change Handbook.

In developing this protocol, the Trust recognises that it has a duty to support staff when they become ill, facilitating staff in so far as possible to safely return to work as early as they can. The Trust has a responsibility to actively encourage a culture of health and wellbeing within the workforce while equally expecting employees to take personal responsibility for their own health and wellbeing. The Trust also recognises that staff sickness affects the quality of patient care and exacerbates service delivery problems caused by staff shortages and the additional pressure placed upon other staff. Sickness absence also carries a significant financial cost which draws resources away from service delivery and developments in patient care. The Management of Attendance protocol outlines the responsibilities of all staff and provides a framework for staff to be treated in a fair and consistent manner in accordance with the agreed regional attendance framework, terms and conditions, legislation and best practice principles.

1.2 Key aims

The key aims of the protocol are:

- To deal with sickness absence in a fair, consistent and proactive manner by providing clear and effective guidelines on its management and monitoring;
- To enable staff to take personal responsibility for achieving and maintaining good attendance by making clear their obligations and the importance of good attendance;
- To improve the health and wellbeing of all employees by facilitating and supporting initiatives, where appropriate, which enable staff to return to or remain in work;

- To effectively manage the impact and cost of sickness absence to the and to seek to reduce such absence through early intervention and support;
- To limit the impact on staff and service delivery when such absence does occur;
- To fully consider and explore possibilities of reasonable adjustments for employees.

SECTION 2 - ROLES AND RESPONSIBILITIES

All staff have a fundamental role to play in the management of attendance and it is the expectation of the Trust that all employees undertake their roles and responsibilities in accordance with this protocol.

2.1 Employee responsibilities

- Ensure regular attendance at work.
- Personally notify their line manager (or appropriate designated officer) of absence in accordance with notification procedures outlined in section 3. Contact must be by telephone or in person. Texts or e-mails are not acceptable.
- Make themselves aware of their obligations and responsibility under the Management of Attendance Protocol to provide regular and effective service and the consequences of poor attendance.
- Alert their line manager to any issues which may have an impact on their attendance, health or performance so that they can offer suitable support.
- Make themselves aware of the Registration & Verification Policy (where appropriate) and the requirement to maintain their registration during any period of sickness absence.
- Make themselves aware of the absence trigger points for unsatisfactory attendance at work, i.e. three episodes of absence within a 12 month rolling period, OR two episodes of absence totaling 10 working days or two calendar weeks within a twelve month rolling period, OR one episode of absence of 10 days within a 12 month rolling period.
- Ensure that they keep their line manager updated on their absence and provide their line manager with as much information as possible to enable them to provide appropriate support and advice including communicating regularly on progress.
- Ensure that appropriate certificates are forwarded to line management within the timescales indicated in section 3 and that they cover the whole period of absence. Certificates should not be sent to payroll. Payroll cannot pay Statutory Sick Pay (SSP) or Occupational Sick Pay (OSP) if sick lines are not received on time.

- Employees are required to attend any appointment made for them with Occupational Health. Staff should attend appointments on time and if for some exceptional reason they cannot attend they must contact their Manager who, if deemed appropriate, will reschedule the appointment. Occupational Health cannot reschedule appointments for staff.
- Participate when requested in Case Conference Meetings and assist in the development of return to work and rehabilitation plans with Managers and TU representatives if requested.
- An employee can view their sickness record under the 'Leave Overview' screen on ESS on HRPTS. This will show all leave types in a twelve-month period. A filter can be applied to view sickness absence only and a print out of the screen may be made by the employee.
- Refrain from any activity (social or sporting) which may be prejudicial to recovery or be likely to bring into question the reason for continued absence.
- Not work elsewhere in paid or unpaid employment whilst on a period of sickness absence from the Trust. However, if a member of staff has more than one job either with the Belfast Trust or alternative employer and their Doctor considers, due to their condition, this work to be beneficial they must advise their manager at the outset of their sickness absence. The manager will seek a view from Occupational Health to assess the employee's fitness for the other work within the Trust or elsewhere. Staff who are found to be working elsewhere and have not complied with the above requirements may be subject to disciplinary proceedings.
- Understand that the sick pay scheme is for ill-health and not for other purposes such as caring responsibilities. Employees should make themselves aware of the range of other policies in place within the Trust to provide assistance with these issue such as breakdown in Childcare, Bereavement or carer's responsibilities.
- Participate in any informal/formal procedural processes which may include attendance at meetings with management.
- Attend RTW interviews.

2.2 Managers' responsibilities

- To encourage good attendance and to advise employees of the need for improvement where appropriate.
- To monitor and manage sickness absence in accordance with this protocol by recording, monitoring and investigating the absence levels of all employees for whom they are responsible and by taking appropriate and timely action when required;
- To ensure that all employees are aware of their contractual obligations under this protocol and the importance of good attendance;
- To ensure that all employees are aware of the correct notification procedures when reporting sick for work including contact arrangements in the event that the line manager is not available;
- Maintain accurate absence records and to retain these locally in an absence file including recording employee sickness notification, conducting return to work interviews and the timely processing of manual self cert forms and GP fit notes and other medical certification;
- To maintain regular and effective contact with employees who are on absent on a period of sickness absence; the frequency of which will be dependent upon the circumstances of the absence. Further clarity on individual cases and levels of contact can be sought from the HR Attendance Management team;
- To hold review meeting (s) with employees at agreed times to regularly monitor and review the situation with employees who are absent on a period of sickness absence.
- Engage with Human Resources and Occupational Health to obtain specialist advice and guidance on case management issues;
- Arrange and participate in case conference meetings with Occupational Health, Human Resources, the employee and the employee's representative.
- Ensure all employees are aware of and are encouraged to use the bWell App and website and avail of the range of Here 4 U activities. Managers should also promote and encourage employees to avail of all Trust Health Improvement initiatives such as the annual flu vaccine and smoking cessation programmes, as well as internal events organised by Health Improvement.

- Consider reasonable adjustments and or rehabilitation programmes for employees. These may be identified through a number of sources including the employee, the manager, Occupational Health or through a GP Fit Note. Additional advice can be sought from Occupational Health where necessary. Where adjustments are considered reasonable, they should be facilitated and supported. A record of the adjustment should be made and communicated. Adjustments should be regularly reviewed to ensure continued effectiveness. Further guidance on reasonable adjustments can be found in the Trust's Employment of People with a Disability policy.
- Complete an incident form, forwarding to the Governance Department, 6th Floor McKinney House, Musgrave Park Hospital, when it becomes known that an employee has suffered an injury or other condition associated with their employment with the Trust. Consider at this time if the staff member requires additional support, i.e. Referral to Occupational Health or confidential counseling services.
- Where necessary, initiate action in accordance with the Trust Disciplinary Procedures to deal with poor attendance and or failure to comply with this protocol.
- Complete Return to Work (RTW) Interviews with staff following each individual period of absence and take the appropriate action as required.
- To apply the Management of Attendance policy fairly and consistently to all staff.

Managers must use HRPTS to accurately record and manage sickness absence as follows:

- Record employee sickness notification, dates of sickness certification i.e. GP Fit Note, Trust Self Cert. and verify accuracy of dates upon employee's return to work.
- Ensure that the dates of those employees remaining on long-term sickness absence are extended until end of each month on HRPTS to prevent the occurrence of any overpayments.
- Record dates and duration of any absence related to an employee's disability.

- Record dates of referrals to Occupational Health and dates of actual OH appointments on HRPTS.
- Record dates of return to work interviews on HRPTS after each individual period of sickness absence.
 - Produce and analyse HRPTS Absence Reports on a regular basis using MSS, to provide an overview of those staff absent owing to sickness within a specified period for each relevant cost centre/budget.
 - Record of details of any disciplinary activity regarding unsatisfactory attendance at work and/or noncompliance with the Attendance Management Protocol.
 - Verify and quality assure any sickness absence on HRPTS relating to their staff that was recorded by administration/clerical support staff using TSR or Excel Timesheet, ETM02.

NB: Whilst it is noted that administration and clerical support staff may be involved in recording absence. Managers have complete responsibility overall for the management of sickness absence and are accountable for overpayments following inaccurate sickness absence recording.

2.3 Role of Team Support (TSR) or Admin Support Staff

- Provide administrative support *only* to Management in recording sickness absence on HRPTS or via the Excel Timesheet, ETM02 used to manually record sickness absence (which is e-mailed directly to Payroll Shared Services for their immediate upload).

2.4 Role of Human Resources

- To work in partnership with key stakeholders in the Trust's bWell Group to ensure the implementation of the bWell Action Plan to promote a healthy workforce and to lead and develop Management of Attendance Initiatives.
- Provide Directors, Senior Managers and Trust Board with a suite of statistical information on a regular basis to monitor the reduction of absence within the Trust and compliance to Policy.

- Provide meaningful statistics and absence targets to nominated managers within Directorates.
- Provide specialist advice and guidance to managers on overall absence levels and specific complex cases.
- Participate in meetings with Directorates to review and progress complex absence cases.
- Participate in case conferences with employees, managers, trade unions and appropriate Occupational Health professionals.
- Assist in the development of absence reduction programmes in conjunction with managers and trade union representatives.
- Under the Disability Discrimination Act, the Trust as an employer, has a duty to make reasonable adjustments for disabled employees to overcome barriers to continued employment. HR will assist, in the development of rehabilitation programmes and reasonable adjustments for staff returning from a period of sickness absence. Reasonable adjustments may also be facilitated for those employees returning from long-term sickness absence who do not have a disability.
- Meet with managers, staff and, if requested, trade union representatives, relating to the procedures for ill-health termination and ill-health retirement. See Section 10 for more information on ill-health retirement.
- Arrange termination (due to ill-health) appeal hearings upon the written request of the employee.
- Develop and implement mandatory training sessions for managers on all aspects of attendance management.
- Co-ordinate the administration of all Injury Allowance (formerly Temporary Injury Allowance) cases and provide advice to employees, managers & Occupational Health.

2.5 Role of the Occupational Health multidisciplinary team

Occupational Health professionals will support managers, staff, HR and other relevant stakeholders to:

- Assess fitness for work and provide opinion/advice to managers regarding health issues which may be affecting attendance, performance or behavior in the workplace. This may include guidance to managers on reasonable adjustments and disability related issues.
- As required provide reports to managers and HR (with the employee's consent) following the employee's appointment at Occupational Health.
- Advise HR of cases that require their specialist involvement such as complex health and work situations, ill-health management, termination and redeployment.
- Provide confidential advice to employees.
- Process Temporary Injury Benefit application as required
- Complete applications for retirement on the grounds of ill-health.
- Participate in meetings with managers, HR, employees and their trade union representatives.

2.6 Role of Trade Union representatives

- Support the implementation of the protocol and work in continued collaboration with management, Occupational Health and other health professionals that may be necessary for the benefit of the employee.
- Encourage employees to comply with this protocol within the Trust.
- Provide support to the employee encouraging compliance with any recommendations made to assist individuals to obtain the maximum benefits from the agreed arrangements.
- To participate in case conferences, absence review meetings and independent panel and appeal hearing reviews at the request of the employee.
- Participate in initiatives and work in partnership with Management to reduce absence levels within the Trust.

SECTION 3 – NOTIFICATION, CERTIFICATION AND RECORDING & MONITORING PROCEDURES

NOTIFICATION PROCEDURES

Both managers and employees have a responsibility in the notification of absence. Managers are required to directly record employee sickness absence on HRPTS to ensure that absence is accurately recorded and staff records are maintained accordingly.

3.1 Employees

- Employees must notify their line manager or appropriate designated officer as early as possible, preferably two hours before the scheduled commencement of duty. It is important that this notification is carried out by the employee by telephone. Relatives or other people should make the call only in exceptional circumstances if the employee cannot do it personally. E-mails or text messages are not acceptable communication.
- In the event that the employee cannot reach the line manager, the employee must leave a message and the manager will contact the employee by immediate return.
- Employees must indicate the reason for absence, the expected duration of the absence and whether or not a General Practitioner will be seen. Employees should provide their line manager with clarification on any outstanding work or diary commitments when required.
- Employees must provide appropriate certification for their absence and keep line managers updated on the issuing of new medical certificates.
- Where a GP has certified 'general debility' as the reason for sickness absence, employees must explain and clarify the nature of their sickness for their line manager. If employee fails to provide sufficient information regarding the reason for sickness absence, Managers must make a referral to Occupational Health to assess the individual's fitness for work.
- Throughout the absence the employee must maintain regular contact with their manager and attend absence review meetings as required; the frequency of which should be defined by the manager taking consideration of the circumstances of the sickness absence. It is not acceptable for employees to send certificates without regular communication.
- If an employee is absent from work and does not contact their line manager, the manager will make efforts to contact the employee either by

telephone or in writing. Where an employee fails to maintain contact or to respond to contact from their manager, disciplinary action may be considered.

- Where an employee fails to provide appropriate certification for their absence, the employee will be advised in writing by their manager that payment of salary will be withheld.
- Employees should also be aware of the trigger points for unsatisfactory attendance at work, i.e. three episodes of absence within a 12 month rolling period, **or** two episodes of absence totaling 10 working days or two calendar weeks within a 12 month rolling period, **or** one episode of 10 days within a 12 month rolling period.

3.2 Management

- Managers must ensure that all new and existing staff are familiar with their responsibilities in terms of correct absence reporting.
- Managers must ensure that all notifications of absence are recorded appropriately on HRPTS (please refer to HRPTS User Guide).
- Please refer to the HRPTS absence codes to ensure that sickness absence reasons are correctly coded.
- Upon the employee's return to work, the absence dates i.e. actual working hours lost which have been recorded on HRPTS, should be verified by managers to ensure that they are an accurate record of actual working days/hours lost to prevent any under or over recording of absence. Any discrepancies should be amended and payroll notified accordingly.
- Managers are unable to amend or delete any HRPTS sickness absence records of previous spells of sickness absence. They must notify payroll directly via email, citing the employee's name, their employment number and details of dates to be amended or updated.

3.3 Certification procedures

GP Fit Notes must be provided to your line manager as soon as possible. It should be noted that failure to provide appropriate certification within seven calendar days of expiry of either a trust certificate or of a doctor's certificate (fit note) will result in pay being stopped and will also lead to disciplinary action.

First day of absence	<p>Contact line manager, deputy or designated person, preferably two hours before a shift begins.</p> <p>Third party contact is only appropriate in exceptional circumstances.</p> <p><i>Provide as much information as possible relating to the reason for, length of absence at this stage. If possible advise of any urgent work/ meetings that may need addressed during their absence.</i></p>
Fourth day of absence	<p>Self-certificate required and employee must directly contact the line manager and provide an update on their absence and expected duration. This must be dated from the first day of absence and be posted/delivered to the line manager to arrive within 7 calendar days from the first date of absence. <i>If an employee has any difficulty in doing this, they should contact their line manager to discuss.</i></p>
Eighth day of absence	<p>A GP fit note or hospital certificate required. Repeated certificates will be required where the absence continues to cover the entire duration of the absence.</p>

GP Fit Note

The sick line provided by doctors to employees to cover periods of sickness absence is known as a GP fit note. Original copies of GP fit notes should be posted or hand delivered to line managers. The fit note system means that doctors can advise that the employee is either:

- 1) Unfit for work or,
- 2) May be fit for work taking account of the following advice

When the fit note indicates that the employee is not fit for work, the Manager should treat this in the normal way, and ensure that the fit note is retained at local level by the line manager. Managers must then update HRPTS to record the period of sickness absence and the reason for absence.

If the reason for the employee's absence has changed since the commencement of the period of absence i.e. first GP fit note stated 'flu like symptoms' and subsequent fit notes, state 'sprained ankle,' managers must ensure that this new reason is recorded locally on the employee's file.

If the doctor has indicated that the employee '**may be fit for work taking account of the following advice**', the manager must consider the suggestions made by the doctor which may include, for example: altered hours, amended duties or adaptations, and should take the following action immediately on receipt of the fit note:

- 1) Contact the employee to discuss, and where consideration can be given to the advice made by the doctor (or to alternative arrangements which may also aid a return to work), the manager should confirm the arrangements with the employee including the return to work date. It should be noted that in many cases this will be about temporary measures and this should be made clear to the employee at the outset. This can be recorded in free form text format on HRPTS. Where permanent adjustments are required, these should also be confirmed with the employee and recorded in writing by the Manager. Managers should refer to the Trust's Employment of People with Disabilities policy and seek advice and guidance as required from HR's Improving Working Lives team.
- 2) In exceptional cases, where it is not possible to provide the support for the employee to return to work, the manager should use the statement as if the doctor had advised 'not fit for work' and should process the sickness absence in the normal way and update HRPTS to reflect this. The manager should ensure that they have discussed this with the employee and explained the reasons for their decision. The employee does not need to return to their doctor for a new statement to confirm this. All cases should be reported to the HR Attendance Management Case Lead.

In all cases, on receipt of a fit note, the line manager must take appropriate action immediately. Whilst the advice on the fit note is not binding it is important that managers give serious consideration to the advice and information provided by the doctor particularly where it would aid an earlier and successful return to work for the employee, this is appropriate whilst

dealing with an employee who has a disability where failure to implement reasonable adjustments may be contrary to the Disability Discrimination Act.

There may be occasions when an employee is able to return to work before the end of a period where the doctor had advised that they were not fit for work, i.e. before the end date on a GP fit note. The employee should discuss this with their manager and if there is agreement, it is acceptable for the employee to return to work before the end of the period covered on their most recent fit note. The employee does not require a 'signing-off' line. The manager should amend the end date of the sickness period and actual return to work date on HRPTS and complete a return to work interview.

In some cases, it may be necessary to discuss the doctor's advice on the fit note with an Occupational Health professional. The manager should contact Occupational Health so that appropriate advice can be provided. At this stage the Occupational Health professional will guide the manager as to whether an appointment is required before the employee returns to work. Section 7 provides further detail regarding phased return to work.

3.4 WITHHOLDING OF SICK PAY

Entitlement to sick pay may be withheld if you;

- do not adhere to the required absence reporting procedures
- do not provide the required certification in a timely manner
- fail to attend and/or co-operate with a management referral to the Occupational Health department or an outcome from Occupational health
- do not maintain contact with their line manager during their absence or fail to provide contact telephone details
- give the Trust inaccurate or misleading information about the absence
- fail to attend scheduled meetings with line management and or HR
- fail to comply with any aspect of this Policy or Procedure

Prior to taking action to stop pay the line manager will write to the employee and provide notification that they are considering this action.

3.5 Recording and monitoring procedures

It is important that managers comply with recording all periods of sickness absence on HRPTS in accordance with this protocol and HRPTS User Guide from when an employee first reports sick. It should not only serve as a recording mechanism but should quickly identify any patterns of absence which may emerge.

Managers recording of sickness absence on HRPTS is the sole basis on which the HR department provides statistical analysis on both long term and

short term sickness absence within the Trust. This information will ensure that staff are appropriately paid during any period of sickness absence and managers will be accountable for any recording failures or anomalies. It is imperative therefore, that managers ensure that this recording is accurate and up to date. Managers can also access the absence analysis reporting function via HRPTS/MSS.

SECTION 4 – MANAGEMENT OF SHORT AND LONG TERM ABSENCE

4.1 Short-term absence

Short-term absence is a single period of absence lasting less than 20 days. The Trust has established triggers for the management of short term absence which should give rise to consideration for further action. The triggers are: -

- a) Three episodes of absence within a 12 month rolling period;
- OR**
- b) Two episodes of absence totaling 10 working days or two calendar weeks within a 12 month rolling period;
- OR**
- c) One episode of 10 days within a twelve month rolling period.
- d) Any recognisable pattern of absence.

After all periods of absence, a return to work interview should be carried out to discuss the circumstances of the absence and to enable appropriate monitoring and action to be taken. Guidance on how to carry out a return to work interview can be found in the Managers' Toolkit for Managing Absence.

Stage One

Once one of the trigger points is reached, the manager should consider the circumstances of the case and take action as appropriate. Discretion should be used in every case depending upon the individual circumstances.

Where the manager is aware that the employee's absence was related to their disability, the manager must record this on HRPTS (see HRPTS USER GUIDE).

On reaching a trigger point, discussions at the return to work interview along with previous history / background will determine one of the following 3 courses of action to be taken: -

1. No Action;
2. Referral to Occupational Health;
3. Reminding of obligations prior to proceeding with action under the Trust's disciplinary procedure.

1. No Action

Evidence of Mitigation

- a. To ensure a consistent and equal approach to all employees, managers should investigate and consider the individual circumstances of each case such as extenuating personal circumstances, previous history and / or job related factors which may be contributing to the absence level. Taking consideration of the circumstances of the absence does not preclude action being taken however a verbal warning under the disciplinary procedure may not be considered appropriate at this stage.
- b. Managers should still emphasise the need for improvement in the employee's level of attendance. It may be relevant to discuss with the employee possible options regarding different working arrangements, for example reduced hours or deferred start and finishing times which would help improve attendance. The employee should be reminded that it is expected that they will demonstrate and sustain an improvement in attendance.
- c. If the employee is unable to sustain an improvement and the manager is satisfied that the circumstances of the case have been addressed sufficiently and that there are no health issues to explore, consideration should be given to taking disciplinary action as detailed within point iii.

2. Referral to Occupational Health

Evidence of a medical condition or health issue

- a. If there is a common reason for short term absences or where the employee indicates at the return to work interview that they have a medical condition which is contributing to their absence levels, a referral should be made to Occupational Health to determine if there is an underlying health problem. If established that periods of short term absence are caused by an underlying health condition, or disability, adjustments should always be considered and implemented by management when it is reasonable to do so, to enable the employee to stay in work.
- b. **When an employee is diagnosed with cancer**
If an employee is diagnosed with cancer, the manager should meet with the employee to offer their full support in facilitating their continued attendance at work where appropriate, and draw the employee's attention to the range of support services on offer

throughout the Trust. This includes the Work and Cancer Employee and Employer's booklet, chaplaincy services and Staffcare.

An Occupational Health referral should be made and the HR Attendance Management team should be informed.

Cancer is defined legally as a disability from the point of diagnosis, and is therefore covered under the Disability Discrimination Act.

c. When an employee is diagnosed with a terminal illness

Where the employee is diagnosed with a terminal illness, managers should adopt a particularly sensitive and sympathetic approach and arrange an immediate referral to Occupational Health, notify their co-director and the HR Attendance Management team.

Managers should establish the employee's intentions around remaining at work and make reasonable adjustments to facilitate this, including time off to attend appointments. Managers should also ascertain if the employee wants colleagues to be informed of their diagnosis. The manager should also supply information regarding support available through Staffcare, Here4U and direct them to HSC Pensions if applicable.

d. When an employee dies

In the sad event of the death of a colleague, managers should be aware of the distress this may cause for other staff. Staff should be informed swiftly, with compassion and sensitivity. Inform those closest to the deceased staff member first: this may mean contacting them at home if they are on leave. Communicate the news in a quiet environment. Email is not acceptable. Signpost staff to support services available through the chaplaincy service, Staffcare and Occupational Health. Managers should also provide staff with copies of the Grief and Bereavement, Here4U and Support at Work Following a Personal Bereavement booklets. Managers should also consider requests for time off to attend the funeral.

e. When an employee is diagnosed with a mental health condition

When an employee is diagnosed with a mental health condition, the manager should contact the employee as soon as possible and arrange to meet to discuss and offer full support. The line manager may make a referral to Occupational Health where the employee wishes to avail of support services within Occupational Health e.g. counselling or psychological assessment if the manager requires guidance and support re the employee's fitness to remain or return to work.

Managers should also direct such employees to the literature available on mental health and work, available through HR, as well as the bWell app and website, the Mind your Mind Toolkit, Belfast Trust Recovery College, HUB and Staffcare.

Adjustments

- a. Adjustments may include changes to the employees working pattern, work tasks or work environment and in most cases will be required for a temporary period only, however, longer term, permanent adjustments are often necessary.
- b. It is important to remind the employee that they are responsible for their own attendance and as such they must contribute to finding solutions which will enable them to provide regular service. Again, the confirmation of a medical condition/illness does not preclude action being taken and the employee should be advised that it is expected that attendance improves.
- c. Any agreed adjustment(s) should be issued to the employee in writing, outlining agreed time periods if appropriate and the requirement for monitoring. This information should also be shared with the HR Attendance Management Case Lead for the Directorate.

Continued Short Term Unacceptable Attendance

- a. Should the employee continue to have an unacceptable level of short term absence, discussion at the return to work interview should include reference to previous meetings and action that has been taken to date. Advice may be sought from Occupational Health and if there are no further adjustments that could be made, the employee should be advised that consideration may have to be given to redeployment (see section 8) or termination on the grounds of ill-health (see section 10).
- b. Where there is no improvement in attendance consideration may be given to taking disciplinary action as detailed within point iii.

3. Reminding staff of their obligations in line with the Attendance Protocol prior to proceeding with action under the Trust's disciplinary procedure

Where a manager is satisfied after discussion with the employee that the short term absences are unrelated and there is little or no mitigating circumstances including work related issues, then an employee should be advised that in accordance with their obligations in line with the Attendance

Protocol that a further period of absence may lead to an informal warning under the Trust's Disciplinary Procedure.

The action taken at this trigger point is to warn the employee that an improvement in attendance is expected and that an informal warning under the disciplinary procedure will be considered if there is a further period of absence. A copy of this protocol should be given to the employee and this should be recorded in the return to work interview documentation.

Stage Two—Proceeding with Informal action (warning) under the Trust's disciplinary procedure

- Should the employee continue to demonstrate poor attendance at work after investigating the circumstances at the return to work interview (including previous history and background), the manager should refer to the previous warning given and advise that further action is now being considered under the Trust's disciplinary procedure. The employee should be invited to a separate meeting and given the opportunity to bring a representative.
- At the meeting the manager should outline the absences to date and where appropriate refer to previous discussions at return to work interviews. The employee should be advised that an **informal warning** is being issued under the Trust's disciplinary procedure and that they are expected to demonstrate and sustain an improvement in their level of attendance.
- The informal warning must be followed up in writing to the employee advising of the right of appeal (to the next line manager) and that the warning will be kept on file at department level for 6 months. The employee should be advised that further absences during this six-month period may lead directly to a formal disciplinary hearing. Managers should record in the free notes section on HRPTS i.e. date the informal warning was issued regarding unsatisfactory attendance at work.

Stage 3-Proceeding with Formal action under the Trust's disciplinary procedure

4.2 Formal disciplinary action

- Where there is no improvement in the level of attendance and there is sufficient evidence that informal action has been taken to address the level of absence, it may be necessary to invoke formal disciplinary proceedings. It should be noted that absenteeism is listed as an issue of misconduct under the Trust's disciplinary procedure.

- Disciplinary action may also be appropriate where there is evidence of non-compliance with the attendance protocol, failure to provide appropriate certification, failure to report absent for work (unauthorised absence) or misuse of sick-pay provisions.
- The manager should ensure that they explain to the employee that formal action is being taken. The employee will be given at least five working days' written notice of the hearing and will be advised of his/her right to be accompanied by a representative of his/her trade union representative or work colleague if they prefer. The manager is responsible for presenting the facts of the case to the disciplinary panel and should provide an account of the levels of absence and the action taken to date.
- The disciplinary panel will be constituted in accordance with the Trust's disciplinary procedure. The line manager of the employee will present all the facts of the case and the employee and/or his/her representative will have the opportunity to present their response and raise any issues.

Potential outcomes may include;

- I. Formal Warning
- II. Final Warning
- III. Dismissal
- IV. Invoking of other procedures and processes

4.3 Long-term absence

Long-term absence is defined as continuous absence of four calendar weeks or more. Where a member of staff commences a period of sickness absence which is likely to be long-term, it is important that the manager establishes the reason for this absence and establishes the frequency and method of contact from the outset. The normal expectation would be that weekly or fortnightly contact is maintained throughout the period of illness dependent upon the circumstances of the sickness and that regular meetings are held with the employee.

Early interventions in a period of sickness absence which is likely to be long term are more effective than waiting for the 4-week indicator to trigger action. The management of long term absence may be helped by the efficient medical management of the case and close co-operation (where appropriate) with the Occupational Health service. This may minimise time off and identify at an early stage, the employee's capacity to return to work.

Potential Interventions include but are not limited to the following;

- Physical Adjustments to workplace
- Changes to job role

- Changes in working pattern
- Reduction in contractual hours
- Additional Training
- Implementation of worklife balance policies

This policy should be read in conjunction with the Trust’s Management of Stress, Health & Wellbeing Policy. In addition, there are a range of health and wellbeing initiatives offered as part of the bWell Strategy and within Here4U.

Further details can be obtained from the Trust HUB.

It may be appropriate in some cases to make an immediate referral to Occupational Health on the first notification of absence. The following referral timescales are to be used as a guide:

Musculoskeletal:	immediate referral
Terminal illness:	immediate referral
Postnatal debility:	immediate referral

Making a referral

- In all cases the manager must carry out an initial assessment of the situation and decide if a referral to Occupational Health is necessary at this time. If an employee is hospitalised for example or has just had surgery, then it may be appropriate to defer making the appointment to a more suitable time.
- The manager must complete the Trust’s official form when referring staff to Occupational Health, and should ensure that they include all relevant details, background information and particular concerns and questions about fitness (see section 6 for further details). The form must be completed in full otherwise it may be returned by Occupational Health causing an unnecessary delay. Employees being referred to Occupational Health must be informed of the contents of the referral by their manager and of the questions being asked of Occupational Health about them, prior to sending out written notification of the appointment.
- Managers should also consider referral to Occupational Health even before a period of absence where it would be beneficial to the employee and perhaps prevent a more serious health problem developing.
- Managers must record the referral date to Occupational Health on HRPTS and any subsequent dates also as there may be several appointments during one period of absence and these must be

recorded on the system. Please refer to the HRPTS User Guide for recording sickness absence.

Maintaining contact during absence

- It is important that the manager arranges to meet with the employee regularly during long term sickness absence. This is an important way to continue to engage the employee with the workplace and to ensure that the absence is managed in a positive and proactive way. Managers must record all such meetings with staff on HRPTS.
- Discussion at the meeting should include their current state of health, the Occupational Health opinion, likely date of a return to duty, any interventions or reasonable adjustments that can facilitate an earlier return to work and to agree a way forward. The individual circumstances of each case should be considered when determining when best to carry out meetings, but advice and clarity can be sought from the HR Attendance Management team.
- Where an employee is off for a long time, it will be necessary to have several meetings over the course of the absence. The involvement of a HR officer will be dependent on the circumstances of each case and should be when alternative employment (section 8), ill-health retirement (section 9) or termination due to ill-health is being considered (section 10). As above, managers must record all welfare meetings on HRPTS.
- Returning to work after long-term absence can be daunting for an employee, and there are a number of ways in which the manager can support and facilitate this return.
 - Firstly, tailor the approach to the individual, depending on the length of the absence and the effects of the illness on their ability to undertake their duties.
 - Remain in regular contact with the employee throughout the absence to they do not feel disengaged or disconnected with the workplace. Let the employee know of any news or updates that they may have missed if appropriate. Also, keep key personnel in HR up to date.
 - Hold regular meetings with the employee throughout their absence, identifying any barriers to their return and seeking to address them.

- Risk assess the employee's current role and duties, and consider if any adjustments need to be made to their work tasks. Take all elements into consideration, such as meeting locations and commute. Each directorate is partnered with a Health and Safety manager who can advise further.

4.4 Other related issues

Probationary period

When an employee commences in the Trust, all aspects of their performance should be monitored closely, including attendance. The importance of regular attendance should be addressed within the Induction programme and employees should be reminded at the outset of their obligations under this protocol. Failure to provide regular and effective service during probation may result in termination of employment.

Episodes of both long and short term absences

Where an employee has absence which includes both long term and short term episodes, the manager should address this at the return to work interview and explore the reasons for both before taking action. If the short-term absences are unrelated to a health issue and the employee has reached a trigger point, it may be necessary to proceed with action under the disciplinary procedure. Advice should be sought from the Attendance Management team and in all cases the employee should be reminded of their requirement to provide regular and effective service.

Failure to attend meetings

It should be noted that at any stage of this process if an employee is unable to attend a meeting, contact should be made with their manager advising of the reason for non-attendance in advance of the meeting taking place. Where failure to attend is due to circumstances outside of the employees control then another date will be offered. Where there is no reason for non-attendance or evidence of repeated cancellations, employees should be aware that decisions may be made in their absence and disciplinary action may be taken. Managers should record on HRPTS in the free text notes in the 'New Note' details of such cancellations and subsequent action taken by management.

Having Surgery outside the UK/EU

Employees who are travelling overseas for surgery may be entitled to occupational sick pay. They should discuss their intention with their manager to ensure that arrangements for communication are agreed and that they provide appropriate medical certification throughout the period of sickness. Managers should seek advice from HR and Payroll before the employee commences sickness absence.

Sickness and annual leave

- a) Where an employee has booked a period of annual leave and either becomes sick before or during the period of annual leave, they must immediately report sick for work in the normal way and provide certification from their GP as soon as possible so that the annual leave can be returned to them. Managers will need to update HRPTS to record that the leave type has changed from annual leave to sickness absence and ensure that the start date, predicted end date and reason for absence are included.
- b) If an employee is absent on a period of sickness absence and has been advised by their GP that a holiday would be beneficial to their recuperation, then the employee must inform their manager of their intention to travel.
- c) When requesting annual leave (whether or not the employee is on a period of sickness absence) an employee should notify Occupational Health through their Manager if they are travelling to countries outside Europe, North America or Australia, and their trip is to last at least four weeks. Occupational Health will arrange appropriate follow up, which may include a Health Questionnaire or a Health Screening Assessment.
- d) Employees continue to accrue annual leave (excluding statutory days) whilst on sickness absence. Employees who return to work with accrued annual leave, should discuss this with their Manager so that the leave can be used appropriately. This may include returning on a part-time basis using the accrued leave. Where an employee is returning to work in a new annual leave year (i.e. from 1st April onwards) following a period of long term sickness absence and they were unable to use their annual leave owing to their sickness absence, this outstanding annual leave may be carried over to the new leave year in line with Department of Health guidance.

Further advice should be sought in these cases from the Attendance Management team.

Sickness as a result of sports injury or secondary employment

Employees should seek to refrain from any secondary employment or activities that may affect their capacity to provide regular and effective employment. Where an absence has been attributable to a sports injury or secondary employment, managers should remind employees of this at an early stage. Whilst the Trust promotes participation in sport and physical activity in order to maintain and improve wellbeing, where there is evidence of recurring frequencies or excessive amounts of absence due to either of the above, this may prevent the employee from receiving occupational sick pay in the future. Statutory sick pay will continue to be paid.

Sickness during pregnancy

Periods of sickness during pregnancy which are directly related to that pregnancy should not be counted towards the trigger points for managing short term absence. The absence should be recorded as normal and the manager should carry out a return to work interview to discuss and explore options that will support the employee. It may be necessary to temporarily adjust the employee's work tasks or work environment for an agreed period of time to enable the employee to remain in work. Managers need to ensure that the reason for sickness absence is accurately recorded i.e. as being pregnancy related. Managers are reminded of the need to conduct workplace pregnancy risk assessments for each pregnant employee (Please contact Risk & Governance Team for advice).

Managers are reminded that if an employee is off work ill or becomes ill with a pregnancy related illness during the last four weeks before the expected week of childbirth, that maternity leave will normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the next week after the Employee last worked whichever is the later. If the illness is not related to pregnancy then normal sickness absence regulations apply until the agreed date of commencement of maternity leave.

In addition, managers should contact the Improving Working Lives team, for details and dates of Maternity Road Show events to ensure that all pregnant employees have the opportunity to attend.

Going home sick

Where an employee reports for work but then has to leave due to sickness, this should be recorded on HRPTS as going home early. Managers should conduct a return to work interview re this period of absence with the employee and advise the employee that all sickness absence from work is now recorded. If this happens on a third occasion within 12 months of the first

episode, the employee should be advised that this may result in informal disciplinary action.

New employees

When an employee commences in the Trust, all aspects of their performance should be monitored closely, including attendance. The importance of regular attendance should be addressed within the Induction programme and employees should be reminded at the outset of their obligations under this protocol.

New employees should be advised that entitlement to occupational sick pay is dependent on length of service.

Failure to provide regular and effective service during probation may result in the termination of employment.

Receipt of Compensation following Road Traffic Accident

The Trust reserves the right to claim any monies paid to an employee who was in receipt of Occupational sick pay during a period of sickness absence as a result of a road traffic accident. Payroll Shared Services will liaise with the legal representative managing the claim where appropriate.

SECTION 5 – DISABILITY DISCRIMINATION ACT (DDA)

5.1 Disability Discrimination Act (DDA)

In accordance with discrimination legislation the Trust has a legal requirement to make reasonable adjustments which would enable an employee with a disability to remain in work and provide reliable and effective service. Serious consideration must be given to making temporary or permanent adjustments to working practices or premises and in all cases advice and guidance should be sought from the Occupational Health service and HR. Reference should also be made at the outset to the Trust's policy on the Employment of People with Disabilities and associated guidance on reasonable adjustments which can be found on the Intranet. It should be noted that consideration of reasonable adjustments should also be made in relation to employees who are not covered by disability legislation.

The Occupational Health service cannot confirm whether or not an employee has a condition which falls within the statutory definition of disability. Equally the employer and/or the employee may not be able to determine this and in these cases it is important that all parties consider the definition and establish whether it is likely that the employee would meet the definition. In order to avoid discrimination, managers are encouraged not to attempt to make a judgement as to whether a particular individual falls within the statutory definition of disability, but to instead focus on meeting the requirements of each employee on a case by case basis.

The act defines a disabled person as **someone who has a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.**

Examples of reasonable adjustments may include: -

- Allowing absence during working hours for assessment or treatment.
- Allocation of some duties to others.
- Making adjustments to premises.
- Acquiring or modifying equipment.
- Change of hours or work patterns and availing of work-life balance policies.

Adjustments made for the purposes of retaining staff will require managers to make a judgement as to whether or not the adjustment is reasonable. Factors which may have some bearing can include:

- Disruption to service and other colleagues.
- How effective the adjustments are in preventing the disadvantage?

- How practical it is.
- Its financial and other costs.

5.2 Managing absence

Periods of sickness which are directly related to a disability should be recorded as such. Whilst it is not appropriate to deal with absence related to a disability under the disciplinary procedure, the manager should ensure that levels of absence are addressed directly with the employee at the return to work interview and that the employee is aware of their responsibility to contribute to finding solutions which will enable them to provide regular service. Managers must record all return to work interview dates on HRPTS.

Where the employee would have reached a trigger point in respect of their level of short term absence (or before this if absences can be prevented) action must be taken. The manager should discuss and explore options with the employee that will support the employee and enable them to provide regular and effective service. It may be necessary to adjust the employees work tasks or work environment and advice should be sought from Occupational Health in relation to any proposed adjustments and whether the adjustment would sufficiently support the employee. This should be confirmed to the employee in writing and again the employee reminded that it is expected that they demonstrate and sustain an improvement in attendance.

Where adjustments have been made and where there is evidence that there are no further adjustments which could be reasonably made and the employee remains unable to provide regular and effective service, consideration may be given to termination on the grounds of ill health (section 10) or retirement due to ill-health (section 9).

SECTION 6 - REFERRALS TO THE OCCUPATIONAL HEALTH SERVICE

6.1 Role of Occupational Health

Occupational Health is the specialty concerned with the interaction of work and health, including how work and the working environment can affect an employee's health and how this in turn can impact on his or her ability to perform their duties. Occupational Health's principle role is to provide advice to employees, managers and the Trust on issues relating to health at work and fitness for work. This service is **confidential, advisory** and **impartial**.

Staff should be aware that attending Occupational Health appointments is a requirement under their contract of employment, and therefore they must make every effort to attend these appointments. Failure to attend can result in disciplinary action being taken for breach of contractual obligations.

Consent and confidentiality are taken very seriously by Occupational Health. Procedures within Occupational Health will involve seeking the employee's informed consent for an assessment and to provide a report to management following the consultation.

A referral to Occupational Health professionals is made by the manager by completing a referral form. On the basis of this information an appointment will be offered with the most appropriate member of the multi-professional Occupational Health team.

6.2 Completing a referral

Managers must advise the employee prior to submitting the referral to occupational health of the reasons for referral.

The manager should ensure that appropriate information is recorded on the referral form and that all relevant current and background information and questions are recorded. Managers should record the date of the referral to Occupational Health on HRPTS. When the actual appointment date is known, the manager has responsibility to inform the employee of the appointment details and record the appointment date on HRPTS.

Managers must include a full sickness record for the previous five years (including reasons) and details of any action or adjustments that have been offered or accommodated to date.

6.3 The report

Occupational Health will discuss with the employee the contents of the report to management. They will be offered the opportunity to see the written report within 3 working days before it is sent to their manager and may choose to withdraw their consent at any stage to forward the report. Employees should, where possible, take advice from their representative if they are considering withdrawing consent. Managers will take action without medical guidance based on the information they hold. In the absence of an Occupational Health report being released, managers should contact the Attendance Management team to discuss the best way forward in such cases.

Managers can request clarification on the report content by contacting the appropriate Occupational Health professional.

6.4 Self-referrals

Employees can contact Occupational Health with a view to making a 'self-referral'. An Occupational Health practitioner will then determine whether an appointment is appropriate. Self-referral appointments are confidential, however if a self-referral is made and the manager also refers the employee, both appointments will be linked and the employee asked to give consent to Occupational Health to provide a report to management.

6.5 Failure to attend Occupational Health

If an employee is unable to attend Occupational Health they must contact their line manager at least two working days prior to appointment to provide a reason for this. If no reasonable explanation is given, the manager should advise the employee of their contractual obligation to attend and arrange for a new appointment. This should also be addressed in writing when confirming the new appointment date.

Failure to attend on two occasions may lead to disciplinary action being taken. The manager should contact the Employment Law team in Human Resources where there is sufficient evidence of repeated non-compliance despite previous warnings.

Where an employee fails to attend Occupational Health and fails to make contact in relation to their non-attendance, the manager should immediately make contact with the employee to ascertain the reasons for this. Such failure to attend Occupational Health appointments should be recorded on HRPTS in notes (please refer to the HRPTS User Guide).

Employees must be reminded of their contractual obligations and a new appointment date provided. The employee should be advised in writing that disciplinary action will be considered and pay stopped if this is repeated.

6.6 Failure to return to work if found fit by Occupational Health

There may be occasions when the opinion of an employee's GP may differ from the Occupational Health professional in terms of fitness for work. On these occasions the Occupational Health Specialist i.e. nursing and medical opinions overrules the GP's opinion on fitness for work.

SECTION 7 - RETURN TO WORK ARRANGEMENTS INCLUDING PHASED RETURN

Where possible staff will be assisted in their return to work, particularly where the absence has been for a protracted period of time. Phased rehabilitation allows the employee to start contributing to the workplace at an earlier stage and is also aimed at aiding recovery.

7.1 Phased return recommended by Occupational Health

- a. An employee returning from long-term sickness absence on a rehabilitation programme with a phased return, recommended by Occupational Health (and agreed with management) will receive no loss of normal pay during the rehabilitation period. Details of phased return may be recorded in free form notes on HRPTS (please refer to the HRPTS User Guide).
- b. The employee will return to work on an agreed phased rehabilitation programme for a period not exceeding 6 weeks. The phased return will generally include reduced working hours and may also include some adjustment to tasks. The work pattern is dependent on the manager's ability to accommodate the adjustment of hours within their service needs and agreed with the member of staff prior to the return to work. It should also be clear how working hours will increase throughout the phased return so that by the end of the agreed period the employee is ready to commence normal working (this should be agreed between the manager and the employee). During the phased return period the employee will receive normal pay. It is important to note that a phased return may be recommended for a period less than 6 weeks.
- c. During the phased return, it is important that the manager monitors the arrangement. Before the end of the phased return the manager should meet with the employee to review progress and confirm the return to normal working arrangements.
- d. If it is clear that the employee requires more time, this should be discussed with the employee and a further time limited period agreed.

It should be made clear to the employee that this further period does not attract full pay (if it is beyond 6 weeks) and will be paid either at the reduced hours or using accrued annual leave. Employees returning from long term sickness absence, may carry over their outstanding annual leave from the previous leave year up to a maximum of 28 days (pro/rata for part time staff).

This should be recorded and confirmed in writing to the employee and the appropriate documentation forwarded to payroll to adjust pay where necessary. The employee should also be reminded that it is expected that there will be a return to full duties and working hours. If at the end of the agreed extension the employee feels that they would like to continue working reduced hours, the manager must decide if this can be granted on a permanent basis and should confirm any decision in writing. Where an employee indicates that they cannot carry out the full range of duties associated with their post, the manager should contact Occupational Health for further guidance.

7.2 Request for phased return

- a.** Where a phased return has not been recommended by Occupational Health but has been requested by the employee or on the fit note issued by a GP, consideration should be given to granting this request as it may enable the employee to return to work earlier. Managers should review all such requests in accordance with the Trust's Flexible Working policies i.e. reduced hours, unpaid leave etc.
- b.** Any adjustments to working pattern, hours or alternative duties, should be discussed, agreed and confirmed in writing. In cases, where a phased return to work was not recommended by Occupational Health, yet agreed between the manager and employee at local level, staff can use accrued annual leave to reduce hours or should be paid according to the reduced hours.
- c.** Managers should also consider if re-training is required and should be guided by the employee and their rate of progress when they return to work. It should be noted that training includes 'on the job' training and may not always mean formal training programmes.
- d.** It may be useful to enable the employee to shadow or spend time with colleagues rather than expect them to commence work immediately.
- e.** The extent and length of reintegration will depend upon the requirements of the service balanced against the needs of the employee and should be for a period not exceeding 6 weeks.

- f.** In all cases, managers are responsible for monitoring arrangements and again employees should be reminded that this is for a temporary period only and it is expected that they will return to normal working.
- g.** If at the end of the six week period, the employee requires more time, the line manager should refer the individual to Occupational Health to consider a further limited period. It should be made clear that this further period does not attract full pay and will be paid at the reduced hours or using accrued annual leave.

SECTION 8 - REDEPLOYMENT ON HEALTH GROUNDS

8.1 Redeployment on Health Grounds

Where an employee is not able, on health grounds to return to their post, Occupational Health will consider and make recommendations on whether the employee should be considered for redeployment. Redeployment should always be considered before termination as a means of retaining an employee in employment. This may be on a permanent or temporary basis depending on the circumstances of the case. The employee can, on health grounds, be transferred to another vacant post in another department within or outside of their directorate group if it is deemed suitable to sustain employment for the individual without the loss of essential skills to the organisation.

Where alternative employment is being sought for an employee who is found permanently unable to return to their post as a result of a health related problem, a search will take place during a time limited period which would normally not exceed 8 weeks from the point when it was agreed that the search would begin. Please see Section 8.2 for further guidance.

Consideration for redeployment is limited to vacant posts based on the advice of Occupational Health on the range of duties that the employee is deemed suitable to undertake. The employee must meet the basic criteria or have equivalent experience, and be deemed suitable for the post being considered for redeployment.

Where an employee has a disability, criteria and experience requirements may be waived and a reasonable period of training, induction and support provided to enable the employee to perform the range of duties of the new post. HR, Occupational Health, external organisations and managers will work partnership, on a case by case basis, to identify suitable redeployments and ensure timely, appropriate, reasonable adjustments are made in consultation with the employee. Where applicable the normal 8-week time period may be extended to support any adjustment.

Employees must consider all posts offered. Alternative employment at the same grade or hours cannot be guaranteed and protection of pay will not usually apply. Payment will be made at the appropriate level for the new role.

Whilst operational requirements remain paramount, it is the responsibility of all managers within the Trust to support the redeployment processes by giving due consideration to redeployment cases presented to them.

In the case where a suitable post is identified, a site visit will be arranged as soon as practicably possible with a view to commencing a trial period.

Where there is more than one employee being considered for the identified post on the grounds of ill health redeployment a competitive interview will take place.

Management Responsibilities

On receipt of a report from Occupational Health which recommends either permanent or temporary redeployment (if this is unclear the manager must contact the professional who completed the report to ascertain) the Manager must promptly take the following action in accordance with the timescales indicated below: -

1. On receipt of report, clarify with Occupational Health if unclear about what duties the employee would be fit to do and/or to clarify permanent/temporary arrangement.
2. On receipt of report, contact the employee either by telephone or arrange to meet to discuss the report, to confirm that they understand what it will mean, to discuss duties and to advise of the action that will now be taken. Record all discussions including the date on which the search will begin to ensure that the 8-week timescale is followed.
3. The manager must carry out an initial search which normally would not normally exceed 2 weeks for a suitable vacancy within their own department/areas of responsibility. Whilst every effort should be made to redeploy at the same band, suitable vacancies at lower and higher bands may be considered and the employee should be advised of this accordingly. Managers should also give consideration to positions that are likely to become vacant within a reasonable period.
4. Where the manager has been unable to find suitable alternative employment within their Directorate after four weeks, contact should be made with the Attendance Management team who will broaden the search to include all Directorates within the Trust for the remaining four weeks. Managers should continue to look for alternative posts within their original post/duties with any reasonable adjustments if appropriate. The manager should also discuss this with the employee in an attempt to identify other areas of work which may be suitable.
5. On receipt of a vacancy or number of vacancies, the employee should be invited to a meeting to discuss the options and to agree suitable redeployment.

6. Managers should seek advice and guidance from the Attendance Management team and where appropriate a representative from the team will attend the meeting with the employee.
7. All discussions and agreements should be documented and issued to the employee and their representative where appropriate, in writing from the manager.
8. The manager should complete the Internal Organisation Movement form, selecting the redeployment option, so that the employee can be moved from their current position into the new position. In the comments section of the form, please state that this is an ill-health redeployment that has gone through Occupational Health and HR.
9. Where the employee challenges the suitability of the options presented and where the manager is satisfied that the options are reasonable, this should be made clear to the employee and if necessary advice sought from Occupational Health about his/her suitability to carry out the duties. The employee should be reminded that refusal to accept a suitable alternative offer may lead to termination of contract.
10. Throughout the eight week process it is vital that the employee is regularly updated. Meetings should take place where necessary so that the employee is given an opportunity to consider their options.
11. The same processes should be followed for seeking **temporary** redeployment on health grounds. Documentation should clearly record the relevant time periods involved and the employee should be reminded that it is expected that they return to their original post / duties.

8.2 Where alternative employment cannot be found

The Trust will endeavour to meet the needs of the employee to assist them to remain in useful employment. However, if at the end of the eight-week period suitable alternative options cannot be found, consideration may be given to termination on the grounds of ill-health (see section 9) or retirement on health grounds (section 8). In this circumstance, it is vital that all searches have been carried out or that there is evidence of the employee failing to consider alternative reasonable options before termination is considered. Where an employee has a disability, each case will be reviewed on an individual basis with regards timeframes for identifying suitable redeployments to ensure that reasonable adjustments are put in place to retain the disabled employee in employment were possible.

In all cases of redeployment, managers should note that the employee **remains** the responsibility of their Directorate and every effort should be made to seek appropriate alternative employment within that Directorate.

8.3 Review of redeployment

Where employees have been redeployed, the suitability of the redeployment must be formally reviewed after four weeks. The purpose of the four-week review period is to enable both the employee and the new manager to assess the suitability of the redeployment and the employee's ability to carry out the duties of the post. There may be occasions where the trial period may be extended, this should be agreed between the manager and employee.

Whilst redeployment will not be overturned on the basis of the employee not liking the new post, there may be occasions when redeployment is unsuccessful. In these circumstances advice should be sought from Occupational Health and a decision taken to pursue a further redeployment, consider termination of the contract due to ill-health or pursue ill-health retirement.

SECTION 9 - ILL-HEALTH RETIREMENT PROCESS

Ill-health retirement is available to employees who are members of the HSC Pension Scheme (two or more years' membership is the qualification). There is no automatic right to receive early ill-health retirement benefits from the HSC Pension Scheme. The decision to apply remains the employee's and may be an option where there is a chronic ongoing medical condition which affects an employee's ability to provide a regular and effective service. In order to apply, medical evidence will be required from an Occupational Health physician. It is important to note that the success of an application rests with the HSC Pension Medical Advisors.

If the employee has contributed to the HSC Pension Scheme and has made a decision to apply for ill-health retirement, HR are responsible for processing the application and providing the administrative link with HSC Superannuation Branch. As most employees who apply for ill-health retirement will already be attending Occupational Health, the Occupational Health physician should be already aware of the employee's decision to apply and will assist with the completion of form AW33.

The application will be considered by the HSC Pension medical advisors taking into consideration such factors as the medical condition, the prognosis at the time of application, their ability to carry out the duties of their job and ability to effectively and reliably carry out any type of work of like duration. There are now two levels of eligibility.

- Tier One – Unable to do **current** job due to permanent ill health. Detail the difference in these 2 tiers in terms of entitlement
- Tier Two – Unable to carry out **any** regular employment of like duration due to permanent ill health.

There are two possible outcomes following the application process:

- ① The employee satisfies the requirements of the scheme for either tier 1 or tier 2;
OR
- ② The employee does not satisfy the requirements of the scheme.

In the event of a successful application, HR will make contact with the employee to process their application for benefits (AW6).

Where the employee does not satisfy the requirements of the scheme the manager will arrange a review meeting. Following the review meeting, the employee should be advised that one of the potential outcomes of this meeting may be to convene a panel to consider terminating the employee's contract on health grounds (section 10). This will not affect the employee's

right to appeal the decision of HSC Pensions. The appeal process is a matter between HSC Pensions and the employee, and the Trust thereafter will only have a link through the administrative role. HSC Pensions will directly advise the individual of the appeal process.

SECTION 10 - TERMINATION ON THE GROUNDS OF ILL HEALTH

10.1 Termination on the grounds of ill health

This may be applicable where an employee is unfit to continue in employment with the Trust and alternative redeployment options have been exhausted or were not applicable. It may also be applicable, if the employee has not paid into the HSC Pension Scheme or where an application to retire owing to ill-health has been unsuccessful. It should be noted that there is not an automatic entitlement for an employee to exhaust his / her entitlement to sick pay before a decision is taken to terminate the contract of employment on health grounds. The manager and HR must apply the following principles pending a decision to terminate on grounds of ill-health and must: -

- Seek a current opinion from an Occupational Health professional on how long the employee is likely to remain unfit for work and the likelihood of resuming duties in the foreseeable future or indefinite future;
- Have sufficient evidence of engaging in a full consultative process with the employee;
- Review and assess the impact the absence is having on the service and the ability to sustain further absence;
- Confirm that it has been considered whether or not the employee has a disability under the definition within the DDA and provide evidence of reasonable adjustments made or considered by the Directorate including redeployment to another post;
- Ensure that all matters relevant to a decision to terminate have been considered and investigated, including all possible redeployment options, with the individual employee and that the employee has been advised and consulted throughout the process;
- Consider if the employee has been rejected for ill-health retirement;

10.2 Review Meeting

For all employees, it is imperative that the following criteria have been met before ill health termination can be confirmed:

1. Medical evidence of an underlying condition which would have an impact on their ability to provide reliable and effective service or medical evidence that the employee is unfit for their post;
2. There has been full consultation with the employee and their representative;
3. All reasonable adjustments and or redeployment options have been fully explored with the employee, management and Occupational Health.

Having gone through the stages indicated above and where there is no further action that could be taken to support the employee to remain in employment with the Trust, the manager must arrange to meet with the employee and his / her representative and a HR officer from the Attendance Management team, to carry out a review meeting. The purpose of this meeting will be to clarify the Trust's position regarding the employee's fitness for work and future employment with the Trust. At the review meeting, the employee should be advised that one of the potential outcomes of this review may be a decision to convene a panel to consider ill health termination.

The review meeting should be arranged by the manager within two weeks of receipt of a report from Occupational Health where it is clear that the employee is unfit for work and/or where the manager is satisfied that there is no further action that can be taken which would enable the employee to provide regular and effective service.

Should a decision be taken following the review meeting to proceed to a panel to consider termination of the employee's contract on ill health grounds, this should be communicated to the employee in writing, stating clearly the reasons for this course of action and recapping what was discussed at the review meeting.

The Trust has developed a two-tiered approach to this:

Agreement to proceed with Termination on Ill Health grounds

For those employees who are unfit for work and are in agreement with the Occupational Health recommendation to leave their employment on ill health grounds (and where there is no prospect of redeployment to any suitable alternative post) they will be invited to meet with management, HR and their representative to proceed with the process as an alternative to attending a panel.

However, in the letter from their manager inviting them to this meeting, they will again be offered the option of attending an Independent Panel to consider their case (as above).

In addition, if they do not opt to attend a panel, they continue to have the right to appeal the outcome. e.g. those who have applied for ill health retirement and where HSC Pensions id not award same.

Independent Appeal Panel

An independent panel (refer to Section10.4) who;

- a) have an underlying condition which will have an impact on their ability to provide reliable and effective service or the employee is declared unfit for their post by Occupational Health OR
- b) have been unsuccessful in securing alternative employment via the ill health redeployment process OR
- c) have applied for ill health retirement and where HSC did not award same.

Once a decision has been taken to consider the termination of an employee's contract of employment on ill health grounds and HR have advised that a hearing with an independent panel will be convened (as per paragraph 2 above) the line manager should meet with the HR Absence lead, to prepare a case to be presented to a panel.

HR will write to the employee, advising them of the date, time and venue of the panel hearing and advising them that the Trust is contemplating the termination of their contract of employment on ill health grounds. Employees should be given at least 1 weeks' notice and be advised that they may be accompanied by a Trade Union representative or trusted work colleague. Staff will be reminded that there is no provision for legal representation within the Trust's internal procedures.

10.3 Meeting with HR, Line Manager & Trade Union Representative when an independent panel is not to be convened.

If as highlighted in paragraph 1 above, an employee has made an informed decision that they do not wish to attend a panel hearing, a meeting will be arranged. This meeting will commence the administrative process of ending an employee's contract of employment with the Trust. The meeting will be attended by the employee, HR Officer, their Line Manager and their representative.

At the meeting, HR will clarify the last day of the employee's service with the Trust and arrangements for HSC pensions if applicable and inclusion of any

outstanding annual leave. Those employees not in the HSC pension will be advised of any pay in lieu of notice which is dependent on their length of service.

HR will write to the employee following this meeting, confirming what was discussed and agreed and offering the employee the right to appeal.

10.4 Independent Panel hearing

The panel will be constituted at the appropriate level dependent on band of individual employee in line with authority to dismiss.

Employees will have the right to be accompanied by a Trade Union / Staff Association Representative or work colleague. There is no provision for legal representation within the Trust's internal procedures.

The Manager will provide the employee with any documentation that will be referred to during the course of the hearing at least 5 working days in advance of the hearing.

The employee will provide any documentation that they wish to refer to support his/her case during the course of hearing to the HR representative for circulation to the panel at least 3 working days in advance of the hearing.

At the hearing, the Manager will present the panel with the information and documentation as referred to above and should refer to the level of absence and impact on service delivery, outline the action taken and support provided to date, and explain why it is necessary to consider terminating the employee's contract of employment. Reference should be made to the most recent Occupational Health opinion.

Following the presentation to the panel by the Manager, the employee and or their representative will have the opportunity to respond, comment and present their own mitigation and case to the panel. The Panel will ask the employee if they agree with what has been presented and if not, seek clarity and information from the employee.

It should be noted that there may be occasions when new information is provided at the hearing which may mean that termination is not appropriate at that time. In these circumstances the employee should be advised that the hearing will be adjourned to consider the new information and to seek further advice and guidance. It is vital that the Manager remains in contact with the employee to keep them updated and supported and that a decision to either reconvene the hearing or to explore other options in view of the new information, is taken promptly.

The panel will consider all documentation and information provided by management and the employee and make their decision following the hearing. Employees will be normally notified in writing within 7 days following the hearing.

Should a decision be taken by the panel to terminate the employee's contract of employment on ill health grounds, the panel will advise the employee of the date on which their employment will terminate and the right of appeal. The panel will further advise the employee that they are entitled to receive one weeks paid notice for each year of continuous employment subject to an overall maximum of twelve weeks. The employee has the right to appeal the decision within 7 days on receipt of the letter.

10.5 Management presentation

The management presentation to the panel should include the details as set out in the template in appendix 14 regarding ill health termination. The Attendance Management HR officer dealing with the case will assist the manager with this.

10.6 Appeal process

- Employees wishing to appeal the decision to terminate their employment on the grounds of ill-health should write to the Director of Human Resources, stating their grounds of their appeal, within seven days of receipt of the letter containing the decision.
- The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will receive at least 7 working days' notice of the date of the appeal hearing.
- The appeal panel, will comprise two managers from the Trust who have had no previous involvement in the case and who are at a more senior level than the original panel who will review the circumstances of the case (as presented by the manager and employee concerned or his/her representative) and will make a joint decision accordingly.
- The appeal hearing is not a re-hearing of the original hearing but rather a consideration of the employee's specific grounds of appeal. The employee will have opportunity to present any new evidence that has not been previously considered.
- The employee will be informed in writing by the panel of the outcome including reasons for their decision, within seven days of the hearing taking place. The panel's decision is final.

- If the decision is made to overturn the original termination of contract, then the employee will be reinstated onto the payroll with effect from the date of termination. The directorate co-director must notify payroll and HR of this decision.

SECTION 11 - HSC INJURY ALLOWANCE

The HSC Injury Allowance Scheme provides benefits for all employees, whether or not they are members of the HSC Pension, who have been absent on certified sickness absence because of an injury, disease or a condition **wholly or mainly** attributable to the duties of their HSC employment and have suffered a consequential loss of earnings. The regulations do not apply to any person whose condition is wholly or mainly due to other causes or is caused by or seriously aggravated by his / her own culpable negligence or misconduct.

Only those employees who meet the definition above and provided the injury occurred on or after 31st May 2013 and whose earnings reduce i.e. when an employee has gone on to half pay/no pay, can submit an application. On receipt of an application, the HR Officer will contact payroll to confirm that there is a loss of earnings in accordance with the Injury Allowance Scheme. The relevant Injury Allowance Panel will consider the case in line with the guidance provided. This will include requesting further evidence for example from the line manager, health and safety, e.g. incident forms, Occupational Health opinion.

For further information on Injury Allowance and applications please contact Your HR at 02890 635678 or call to 4th Floor, McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast.

SECTION 12 - ATTENDANCE MANAGEMENT TRAINING REQUIREMENTS

To ensure that this protocol is fully implemented and complied with, it is essential that managers with responsibility for attendance management are fully trained. Training for managers in this area of responsibility is mandatory. In addition, it is essential that managers attend mandatory Equality & Diversity training for further guidance on managing disability in the workplace.

The Attendance Management Team (AMT) will co-ordinate a series of training sessions throughout the year and it is the responsibility of Directorates to ensure that appropriate staff receive this training.

In some circumstances the AMT will also provide training sessions to managers when requested by the Directorate or when new initiatives are developed or if there are changes in legislation.

12.1 Monitoring of policy and operating procedures

Following the implementation of the protocol it is essential that a formal method of monitoring compliance, user satisfaction and success is established.

The Trust's Sickness Absence Focus Group will review the protocol. The group will also agree and progress new initiatives which support the management of attendance.

12.2 Equality and Human Rights considerations

This policy has been screened for equality implications as required by Section 75 and Schedule 9 Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these. This policy has a direct impact on disabled employees and it is therefore recommended that Trust managers continue to record employee absences that are related to disability. Managers are required to work in partnership with HR, to ensure that such absences are monitored on a regular basis.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment.

Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

12.3 Alternative formats

This document can be made available on request in alternative formats, for example plain English, Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

12.4 Review of the protocol

This protocol should be reviewed periodically in consultation with recognised Staff Side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Staff Side

Signed on behalf of Trust

Date : _____

Date: _____

SECTION 13 – APPENDICES

- 13.1 Trust Self Certificate
- 13.2 Management Referral Form to Occupational Health
- 13.3 Return to Work Interview Form
- 13.4 Guidance on Carrying out a Return to Work Interview
- 13.5 Letter – Failure to attend Occupational Health
- 13.6 Letter – Absent - No Sickness Certification (1st letter)
- 13.7 Letter – Absent - No Sickness Certification/Contact (2nd Letter)
- 13.8 Letter – Manager Meeting Employee on Long Term Sickness Absence
- 13.9 Letter – Manager issuing Informal Warning
- 13.10 Letter - Attend Absence Review Meeting
- 13.11 Letter – Attend Meeting to End Employment On Ill Health Grounds
- 13.12 Letter – Inviting Employee to Hearing with Independent Panel Following Review Meeting
- 13.13 Guidance for Management Presentation to Hearing with Independent Panel
- 13.14 Format of Independent Panel Hearing
- 13.15 Pro-forma – Independent Panel’s record re Hearing
- 13.16 Attendance Management Checklist for Managers



APPENDIX 1

BELFAST TRUST SELF-CERTIFICATE (for absences lasting 4-7 days)

PERSONAL DETAILS:

Name: _____ Grade: _____

Location: _____ Staff No: _____

National Insurance No: _____

DETAILS OF CONTACT MADE BY YOU WITH YOUR DEPARTMENT:

Date contacted: _____ Time contacted: _____

Name of person contacted: _____

Contacted by whom (if not you): _____

If contact made by someone other than you give reason why: _____

ABOUT YOUR ABSENCE

Reason for absence: _____

What date did your sickness begin?

What date did your sickness end? (leave blank if you don't know):

What date did you resume work? (if applicable):

Do you anticipate being off for more than 7 days? YES NO

Are you visiting your doctor? YES NO

What date did you last work before your sickness began?

What time did you finish work on that date?

ABSENCE RELATED TO ACCIDENT AT WORK: YES NO

I declare that this is a full and accurate account explaining the necessity for my absence. I note that disciplinary action may be taken against me if this is found to be a false statement.

SIGNATURE: _____ Date: _____

Appendix 2

Management Referral Form to Occupational Health

Please note that Occupational Health will only accept on-line referral forms.

Please access this form using the following hyperlink
<http://intranet.belfasttrust.local/directorates/hr/OH/Pages/Forms.aspx>

or by visiting the HUB, Occupational Health, Forms

The screenshot shows the Belfast Trust Intranet page for Occupational Health Forms. The header includes the 'the hub' logo and 'Occupational Health' text. A search bar is present with a dropdown menu set to 'This Site: Occupational'. The navigation menu includes 'The Hub', 'HR Home', 'About Occupational Health', 'Fit Testing', 'Forms', 'Advice & Information', 'Sharps Injuries', 'Staffcare', and 'Flu Campaign'. Below the navigation menu, the breadcrumb trail reads 'The Hub > Directorates > Human Resources > Occupational Health > Forms'. The main heading is 'Forms'. Below this, it states 'Below is a selection of Occupational Health requests:' followed by a list of links: 'Management Referral Form.xlsx', 'Pre Employment Health Assessment Questionnaire.doc', 'PPHA Request Form (appendix 1) June 2011.doc', 'Tuberculosis Contact Tracing for Healthcare Staff.doc', 'Request for Placement - Volunteers Hlth Assess.doc', 'night worker health assess_letter_mgr_Apr 13.doc', 'Respiratory Health Surveillance Contact List (Feb15).docx', and 'Infectious Diseases (excluding TB) Contact Tracing Form.doc'. The footer contains the HSC Belfast Health and Social Care Trust logo, the tagline 'caring supporting improving together', and the 'INVESTORS IN PEOPLE' logo. There are also sections for 'Useful Links' (A-Z Listings, Infection Control, Contact E-Comms Team, HSC Knowledge Exchange) and 'Corporate Links' (Search Staff Directory, Directorate Structures, Corporate Contacts, Content Management, Copyright, Disclaimer).



Return to Work Interview Form

This form must be completed immediately upon return to work

1. Personal Details:

Name :

Grade / Band :

Location :

Staff Number :

2. Details of this absence from work (including partial days absence)

From	To	Reason	Total Days Lost	Hours Lost

Please tick if the absence is related to the following

Pregnancy

Disability

Accident / Incident at work

3. Details of all sickness related absences within last 12 months

From	To	Partial day	Full day	Reason for absence	Working days & hours lost	Management action

Please note : If a sickness absence record is unsatisfactory it is necessary for a Manager to take the necessary steps to improve the situation to ensure a satisfactory attendance record.

4. Notification of Absence:

Did you notify your department on the first day of absence? Yes No

If yes, who did you speak to?

If no, please state who did notify and the reason why :

Reporting Procedure carried out? Yes No

Did you submit a Trust cert? Yes No

Did you submit a Doctors cert? Yes No

Discussion Points :-

5) Action to be taken by Manager (if any):

Record RTW Interview Date on HRPTS. **Reason/s for Absence:** Managers should differentiate between short and long term absences. Managers should initiate appropriate action and ensure they record main discussion points on additional comments section

Short Term

Long Term

No Action <input type="checkbox"/>	No Action <input type="checkbox"/>
Referral to occupational Health <input type="checkbox"/>	Referral to occupational Health <input type="checkbox"/>
Return to work arrangements <input type="checkbox"/>	Agreed Adjustments <input type="checkbox"/>
Stress risk assessment <input type="checkbox"/>	Stress risk assessment <input type="checkbox"/>
Informal Warning <input type="checkbox"/>	Return to work arrangements <input type="checkbox"/>
Formal Disciplinary Action recommended <input type="checkbox"/>	Informal warning <input type="checkbox"/>

Additional Comments :-

Manager's Signature : _____ **Date :** _____

Employee's Signature : _____ **Date :** _____

Following return to work interview, Managers must ensure that the dates of absence i.e. actual working hours lost owing to sickness are verified and match those recorded on HRPTS & record date of RTW interview on HRPTS



CARRYING OUT A RETURN TO WORK INTERVIEW

Purpose

A return to work interview is one of the most important tools in reducing and controlling both long and short term absence from work.

The purpose of the return to work interview is:

- To make the employee feel welcome and valued upon return.
- To ensure that the employee is really fit to return.
- To discuss the cause of the absence.
- To address any problem that may be causing or contributing to the absence.
- To discuss advice/recommendations from OH where appropriate.
- To improve attendance.
- To update the employee on work issues.

Environment

The return to work interview often involves discussion of a sensitive and confidential nature. To ensure the interview is conducive and can facilitate such discussions Managers should:-

- Hold the interview in private and respect the confidentiality of issues discussed.
- Create an atmosphere of trust and support.
- Explain the purpose of the interview

A return to work interview should be carried out on the same day that the employee returns and as early as possible so that discussions and clarification around such as adjustments, phased return, reporting procedures or attendance levels can take place. Also, so that the employee can be updated on any relevant and important work related issues. Where a Manager is unable to carry out the return to work interview on the day of return the employee should be advised of this and arrangements made for the interview to take place within 2 days of the return date.

Preparation

In the majority of cases the return to work interview will be short involving a brief discussion about the absence and the reason for absence. However there may be occasions when a more detailed interview will be necessary where for example a trigger point has been reached, or where an employee is returning after a long period of sick leave or where there are OH recommendations to discuss.

Before beginning an interview, the Manager must **prepare** so that all aspects of the case can be discussed in full. It is important that all background information has been gathered including previous history, reasons for absence, patterns, reference to previous discussions/warnings where appropriate, OH opinion, personal circumstances etc.

It is also recommended that reference is made to the Trust Attendance Protocol before and during the interview for guidance in relation to managing the case.

Structure

Welcome

Absence

Responsibility

Move on

The Welcome phase

An employee may have been absent from work for a long time or may have gone through a particularly difficult period in their life. As a Manager it is vital that you welcome the employee back to work and at the outset note their absence and the impact this may have had on them.

The Absence phase

This is the core of the interview. This is where you must discuss the recent period of absence including reference to previous absences where necessary. You should refer to the Trust Management of Attendance Protocol for guidance in the management of the short or long term absence.

On occasions the employee may present you with information relating to their personal circumstances that you may want to consider before initiating more formal action. If you consider the information to be mitigating then you must advise the employee that formal action will not be taken but that an improvement in attendance is still required. If the employee refers to issues caused by, or exacerbated by, work then you should be prepared to discuss it and help solve it. Here are some guidelines for the absence phase of the interview:

- Ascertain why the employee was absent and where appropriate explore what treatment if any they have taken/are undertaking.
- Place the absence in the context of any previous absences and, where appropriate, seek an explanation for any apparent patterns or trends.
- Be sensitive where personal problems and illnesses are being discussed and refer to the services of OH where appropriate or to recommendations made.

- Ask for further information/evidence if you are unclear about the reasons for absence. If you do have facts that appear to contradict the employee's statement, discuss these and give the employee an opportunity to explain.
- Offer and discuss solutions that will enable reliable and effective service or advise the employee that you will seek further advice.
- If an employee has a problem that is going to cause persistent absence, you must refer to the Trusts Attendance protocol and specifically to the section on managing short and long term absences. Any action taken should be done in accordance with the Protocol.

The Responsibility phase

Although the absence phase is the core of the interview, the responsibility phase is the part that has the greatest influence on improving attendance.

The responsibility phase is not always necessary or appropriate. Its purpose is to manage absence and to improve attendance in the future. If the absence is unlikely to recur, then you may well decide that a responsibility phase serves no purpose and to move directly to the final phase.

However where there is concern about the ability to provide regular service in the future or where the employee has a high level of absence, you may want to advise them that they must accept responsibility for their attendance and contribute to finding solutions that will enable them to provide regular service.

Move on

It is very important to leave the meeting on a positive note where all parties are clear about what was discussed and agreed. Express confidence in the employee's ability to attend in future and then move on to brief the employee on the events that occurred during their absence and what is now expected of them in terms of work.

Conclusion

The purpose of the return to work interview is to manage absence effectively and to support the employee to remain in work and provide regular and effective service. Most interviews will be straightforward and short however there may be occasions when the interview is difficult both for the Manager and the employee. In all cases the return to work interview should be used positively to manage absence effectively and the employee should leave the interview clear about what has been discussed and the way forward. The date of the Return to Work Interview must be included on HRPTS.

Appendix 5

**FAILURE TO ATTEND OCCUPATIONAL HEALTH
OR, REPEATED SHORT NOTICE CANCELLATION**

PLEASE NOTE: MANAGERS ARE REQUIRED TO TAILOR THIS LETTER TO INDIVIDUAL EMPLOYEES ON A CASE BY CASE BASIS

Date

Name & Address

Dear

Job Title & Location

I refer to your employment in the above post and your current absence from work since DATE **Use 1 or 2 as appropriate)**

1. I have been informed by the Occupational Health Department that you failed to attend an appointment on DATE and that you also failed to provide any reason or explanation for your non attendance.

or

2. I have been informed by the Occupational Health Department that you cancelled your appointment on DATE at short notice. I would remind you that Occupational Health appointments are a valuable resource and where possible prior notice must be given so that appointments can be re-allocated appropriately.

A further appointment has been made for you to attend the Occupational Health Department on TIME and DATE.

Attendance at Occupational Health is a contractual obligation and I would ask that you contact me MANAGERS NAME, at Tel: NUMBER, immediately to confirm your attendance at the new appointment and to advise me of your reason for not attending/cancelling (delete as appropriate) the appointment on Date.

Failure to attend this further appointment or failure to give good reason for your non-attendance may result in your pay being stopped and disciplinary action being taken.

I look forward to hearing from you.

Yours sincerely

Appendix 6

ABSENT NO SICK LINES/CONTACT – 1ST LETTER FROM MANAGER

PLEASE NOTE: MANAGERS ARE REQUIRED TO TAILOR THIS LETTER TO INDIVIDUAL EMPLOYEES ON A CASE BY CASE BASIS

DATE

NAME & ADDRESS

Dear

Re: Job Title & Location

I refer to your employment with Belfast H&SC Trust in the above post and note that you have been absent from work since DATE.

Following your absence from_____, you have failed to make contact with your line management contrary to the Attendance Management Protocol.

In accordance with the Attendance Management Protocol you are also required to submit the necessary absence certificates. I have enclosed a copy of the Trust Self Certificate which you are required to complete and as you have been absent now for more than 7 days you are also required to submit a GP Fit Note to cover your current sickness.

I am therefore requesting that you contact me, NAME at Tel: NUMBER immediately on receipt of this letter, and in any event, not later than ___am/pm on_____ to confirm the position in relation to your current absence.

If you have not contacted me by this date, this may result in your pay being stopped and potential disciplinary action being taken against you.

Yours sincerely

Appendix 7

**ABSENT NO SICK LINES & OR NO CONTACT – 2nd LETTER FROM
MANAGER**

PLEASE NOTE: MANAGERS ARE REQUIRED TO TAILOR THIS LETTER
TO INDIVIDUAL EMPLOYEES ON A CASE BY CASE BASIS

DATE

NAME & ADDRESS

Dear

Re: Job Title & Location

I refer to my previous letter (DATE), and my phone call on DATE and I am concerned that you have continued to fail to submit appropriate sickness certification regarding your current sickness absence from work, contrary to the Trust's Management of Attendance Protocol.

I am therefore requesting that you contact me, NAME at Tel: NUMBER immediately on receipt of this letter, and in any event, not later than ___am/pm on _____ to confirm the position in relation to your current absence.

If you have not contacted me by this date, the Trust's salaries and wages department will be instructed by me to stop your pay with immediate effect. Failure to adhere to this request may also result in formal disciplinary action.

Yours sincerely

Appendix 8

**MANAGER MEETING EMPLOYEE ON LONG TERM SICKNESS
ABSENCE**

PLEASE NOTE: MANAGERS ARE REQUIRED TO TAILOR THIS LETTER
TO INDIVIDUAL EMPLOYEES ON A CASE BY CASE BASIS

DATE

NAME & ADDRESS

Dear

I refer to your current absence from work since _____ and wish to
advise you that a meeting has been arranged for Location, date and time.

Please let me know if you wish this meeting to take place in another location.

The purpose of our meeting is to discuss your absence from work and options
that may be available to you in order to aid your return to work when you are
fit to do so. You may also want to consider taking this opportunity to raise any
concerns you may have regarding your future employment options.

If you wish, a Staff Colleague or your Trade Union representative may
accompany you to the meeting. If you wish a Trade Union representative to
be present, you must arrange this directly with your representative.

Please confirm that this date and time are suitable by contacting me at
TELEPHONE NUMBER.

Yours sincerely

Manager

Appendix 9

MANAGER ISSUING EMPLOYEE WITH A VERBAL WARNING

Date

Name

Address

Dear

Re: Issue of Verbal (Informal) Warning

I refer to our meeting held on _____ You were represented by _____(or) You confirmed you did not wish to have representation. (delete as appropriate)

The meeting was held to discuss your unsatisfactory attendance record, please see below:- (LIST ALL RELEVANT EPISODES OF SICK LEAVE)

(THE FOLLOWING PARAGRAPH IS OPTIONAL DEPENDING ON WHETHER YOU HAVE REFERRED THE EMPLOYEE TO OH TO DETERMINE IF THERE IS AN UNDERLYING HEALTH CONDITION)

An Occupational Health report dated _____ advised that there were no underlying health issues which have contributed to your high level of absence. I then discussed with you during the meeting that this level of absence is unacceptable and warranted informal disciplinary action.

As such, I issued you with a verbal warning which will remain on your file for a period not exceeding 6 months from the date of issue of this letter. During this time your attendance will continue to be monitored. Should your attendance not improve or you fail to comply with the Management of Attendance Protocol, this may result in formal disciplinary action.

I hope that the issuing of this verbal warning will address to you the serious need to improve your attendance and that going forward this improvement will occur.

You have the right to appeal the issue of this verbal warning and must do so in writing stating the grounds of your appeal, within seven days of receipt of this letter to the next line manager (NAME AND CONTACT DETAILS).

Yours sincerely

ATTEND ABSENCE REVIEW MEETING

**PLEASE NOTE: MANAGERS ARE REQUIRED TO TAILOR THIS LETTER
TO INDIVIDUAL EMPLOYEES ON A CASE BY CASE BASIS**

DATE

Name
Address

Dear,

Re: Job title, location

I refer to your current sickness absence from work since (DATE) and following receipt of your Occupational Health report, a Review Meeting has been arranged for DATE/ TIME and VENUE. The purpose of the Review Meeting is to explore possible options with you regarding your future employment with the Trust.

You have the right to be accompanied to this Review Meeting by a Trade Union rep or staff colleague. A representative from Human Resources will also be present.

It is important that you confirm your attendance by telephoning me at _____ on receipt of this letter.

Yours sincerely,

Appendix 10a

**ATTEND ABSENCE REVIEW MEETING FOLLOWING EMPLOYEE'S
UNSUCCESSFUL APPLICATION FOR RETIREMENT ILL HEALTH**

Date

PRIVATE & CONFIDENTIAL

NAME

ADDRESS

Dear

JOB TITLE & LOCATION

I refer to your employment in the above post and to your application for ill health retirement and understand that the HSC Pensions Service has advised you that your application for medical retirement did not satisfy the requirements set down in the scheme rules for Ill health retirement.

As you will be aware from our meeting on DATE when you advised that you agreed with the Occupational Health report from Dr NAME dated DATE, that you are unfit for work and that you had decided to apply for your Ill Health Retirement Pension Benefits. We discussed that in accordance with the Trust's Managing Attendance Protocol, the Trust would terminate your employment on ill health grounds should your application for Ill Health Retirement be unsuccessful.

Therefore, you are required to attend a meeting on DATE, TIME & LOCATION in which I will commence the administrative process of terminating your Trust contract of employment on the grounds of your continued ill health.

Additionally, as discussed I would like to advise you that should you wish you may instead opt to attend a meeting with an independent panel comprising a HR Manager and a Senior Manager from your Directorate (who has had no prior involvement in managing your case) who will consider your case and your future employment with the Trust. At this meeting, your line manager will present a case to the panel regarding your fitness for work and what options have been considered to date.

Please contact me by telephone on (inset number) or by e-mail (insert) to confirm which of the above options you wish to avail of i.e.

1. Meeting with HR & me as your Line Manager to terminate your employment on ill health grounds on DATE & TIME.

Or

2. Attending a Hearing with an independent panel to consider your future employment options with the Trust. (should you choose this option, dates for hearing will be convened and sent to you under separate cover).

It should be noted, that you have the right to be accompanied at either of these meetings by an employee representative, that is, any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee.

Yours sincerely

Manager

** delete as appropriate

cc Panel members ie 5th Line Manager & HR Absence Lead & HR Manager

Appendix 11

Template letter inviting employee (following Review Meeting) to attend Meeting to End Employment on Ill Health Grounds

Date

Name

Address

Dear

I refer to your current absence from work and the Review Meeting held on (insert date). As was discussed with you at the Review Meeting, it has been agreed that you remain unfit for work and no reasonable adjustment or alternative redeployment has been identified as being suitable for you.

At the Review Meeting, you advised that you agreed with the Occupational Health assessment that you are unfit for work. You also advised that you wish to leave your employment with the Trust and we discussed ill health termination. Therefore in accordance with the Trust's Managing Attendance Protocol, you are required to attend a meeting on (date) at (time) in (venue), at which I will commence the administrative process of terminating your Trust contract of employment on the grounds of your continued ill health.

Additionally, as discussed, I would like to advise you that should you wish you may instead opt to attend a meeting with an independent panel comprising a HR Manager and a Senior Manager from your Directorate (who has had no prior involvement in managing your case) who will consider your case and your future employment with the Trust. At this meeting, your line manager will present a case to the panel regarding your fitness for work and what options have been considered to date.

Please contact me by telephone on (inset number) or by e-mail (insert) to confirm which of the above options you wish to avail of i.e.

1. Meeting with HR & me as your Line Manager to terminate your employment on ill health grounds on (insert date).

Or

2. Attending a Hearing with an independent panel to consider your future employment options with the Trust. (Should you choose this option, dates for hearing will be convened and sent to you under separate cover).

It should be noted, that you have the right to be accompanied at either of these meetings by an employee representative, that is, any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee.

Yours sincerely

Manager

** delete as appropriate

cc Panel members ie 5th Line Manager & HR Absence Lead & HR Manager

Appendix 12

Template letter inviting employee to a Hearing with an Independent Panel following Review Meeting

Date

Name

Address

Dear

I refer to your current absence from work and the Review Meeting held on (insert date). As was discussed with you at the Review Meeting, it has been agreed that you remain unfit for work and no reasonable adjustment or alternative redeployment has been identified as being suitable for you.

Therefore, in accordance with the Trust's Managing Attendance Protocol, you are required to attend a meeting on (date) at (time) in (venue), at which an independent panel will consider the termination of your Trust contract of employment on the grounds of your ill health.

I enclose a copy of the report/documentation to be considered by the panel.

The panel will be (name), (Title) and (name), Human Resources Manager. (Name of manager) (Title) will also be in attendance.

You may be represented at the hearing by an employee representative, that is, any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee.

Yours sincerely

Manager

** delete as appropriate

cc Panel members ie 5th Line Manager & HR Absence Lead & HR Manager

Appendix 13

Guidance for Management Presentation to Independent Panel

The Management presentation to the panel should include,

1. The employee's personal details

Name, Band, Directorate, Department, Base, date of Appointment, Member of HSC pension scheme (or not)

Details of Employee's Trade Union Representative.

2. Does employee meet the definition of Disability as per DDA?

If employee has a disability, specify if any absence was attributable to disability.

3. Time line of events

Details from when employee first commenced sickness absence to most recent,

Copy of absence report from HR computer system,

Details of Meetings held with employee under Managing Attendance Protocol (including office visits, home visits or return to work interviews if appropriate)

Dates of meetings & details who was in attendance including other Trust staff / management and or employee's Trade Union Representative.

4. Occupational Health Referrals and Reports

Date of referral (s) to Occupational Health.

Provide copy of management referral forms

List dates of Occupational Health appointments

Provide copies of Occupational Health reports

Details of any specialist report findings,

5. Employment options explored with employee

Details of any alternatives such as redeployment, adjustments to hours, location, duties etc. were explored by manager to support employee.

If employee has a disability, what reasonable adjustments were considered?

Details regarding any information that was provided to the employee in advance of hearing re ill health termination.

Independent Panel Hearing Procedure**Format of Hearing**

Chair of panel introduces those present and explains the format for the meeting. Panel to confirm with the employee that they understand that the outcome could result in the termination of their employment with the Trust and also, that they have received all relevant documentation in advance of the hearing.

**Manager makes their presentation**

Chair of panel asks employee if they have any further information/points they wish the panel to take into consideration in addition to what has been provided by the manager to the panel and employee/TU representative in advance of the meeting



Panel may ask employee & manager questions to provide clarification to the panel



Meeting is concluded & panel will then consider the documentation & any mitigation presented by employee/TU representative.



Decision is communicated in a sensitive manner to the employee by the Manager in the 1st instance. This should then be followed up in writing to the employee advising of right to appeal if decision is to terminate the contract of employment.

NB: Appeal Hearing will follow the same format as above

Independent Panel Hearing Procedure

Pro-forma for Hearing Panel Decision Making Process

Date of Hearing/Appeal	
Employee Details (name, band, location)	
Name of TU Rep / Accompanying Colleague	
Panel Details (name, title)	
Consideration of documentation/evidence	
Summary points made by employee/manager	
Panel decision and reasons	
Signed:	
Panel members:	Date:

Attendance Management Checklist for Managers

Key Checks	
Has the sickness absence been accurately recorded on HRPTS or ETM02 Excel Timesheet?	
If you as a manager did not personally record the absence, has it subsequently been verified and checked by you as accurate?	
Has absence been certified? (1- 3 days uncertified. 4-7 days Trust self cert must be completed by employee. 7 days or more – GP fit note required) Copies to be retained securely by manager (these are no longer sent to Payroll). If not certified, please use template letters and write to employee.	
Has an agreed format & frequency of communication with employee been agreed & recorded in employee file?	
Has record of communication with employee during absence been retained in employee file?	
Has employee been referred to OH? Record of referral to Occupational Health to be retained on employee file. If no referral, record reasons for non-referral on file.	
Has OH report been received? Has copy of report been retained? Have you as the manager taken appropriate action re any OH recommendations? Has evidence of action taken been retained on employee file?	
Has HR advice been sought re absence?	
Has return to work interview been conducted for every period of absence? Has HRPTS been updated to include return to work interview date? Is follow up action recommended i.e. referral to OH, review of working patterns, informal/formal disciplinary action etc. Has copy of return to work interview been retained?	
When employee returns to work from sick leave, verify actual working days lost against what was recorded on HRPTS or on Timesheet by checking and updating HRPTS and contacting Payroll Shared Services if necessary.	
Has HR been involved re repeated causal absence with no underlying health condition?	

Regional Policy Framework of Best Practice for Managing Attendance

Introduction and Context

This document, written in partnership between HSC employers and Trade Unions, sets out a regional framework of agreed core principles for the management of attendance in respect of the Northern Ireland Health and Social Care workforce. It is set in the context of Circular HSS (AFC) 4 2008 of the Agenda for Change handbook and relevant terms of conditions and the Healthy Workplaces handbook (NHS Employers) 2007.

The agreed approach is based on the acceptance that the health and wellbeing of the workforce is critical to the effective functioning of any organisation and that the management of attendance is an important management issue which requires to be pursued in an open and transparent manner. Recognition must be given to the duty of the employer to support staff when they become ill, facilitating them, in so far as possible to safely return to work as early as they can. In addition the employer has a responsibility to actively encourage a culture of Health and well being within the workforce while equally expecting employees to take personal responsibility for their own health and well being.

The partners to this framework also recognise that HSC organisations have a primary responsibility to provide high quality services to their population and that absence places additional pressure on employees who are not affected by illness. The National Audit Office Report (2003) indicates that “Staff absence has a direct impact on the ability of NHS Trusts to treat patients and can increase costs through the use of bank and agency staff”

It is considered important to have a clear and unambiguous framework for managing attendance building on evidence based best practice in accordance with terms and conditions of service and detailed local protocols and procedures.

Contractual Obligations and Expectations

The two-way nature of the employment contract creates certain obligations and expectations for both the employee and the employer. In the area of attendance management employees must give regular and effective attendance at work and employers must provide a safe and supportive working environment to enable them to do so. Employees are not expected to come to work if clearly incapable of doing so, but should not remain away from work, where adjustments or modifications could be made to facilitate their return.

Employers will endeavour to maintain employees in their current role but this may not always be possible if they are unable, due to incapacity to continue to carry out the duties and responsibilities of that role to a satisfactory and acceptable standard. Therefore employers should at the earliest possible stage consider redeployment to other roles, either on a temporary or permanent basis, to reduce the length of the employee’s absence or indeed to maintain the employee at work while clearly communicating their intentions and reasons for doing so to employees.

Employees must commit to the various component parts of the attendance management programme and adhere to the various protocols and procedures in place to ensure that they and the employer are fully conversant with the facts of their case and the options which are available to them.

Continued absenteeism from work may lead to consideration being given to the termination of employment on the grounds of ill-health.

Best Practice principles:

- Employers and Trade Unions will actively promote a culture that encourages attendance at work.
- Early intervention by line managers together with good communication are key tools in reducing staff absence.
- Targeted interventions, such as access to timely physiotherapy services and counselling, to improve employee health and well-being will be an essential component of the employer’s approach to absence management. Clear methods for monitoring, measuring and understanding sickness absence are essential.
- Employees can expect that their sickness absence will be managed in accordance with a shared goal of an early return to work, given that this is in the employee’s and the service’s best interests.
- Employers will seek to identify and address the underlying causes of sickness absence where interventions in the workplace would improve employee health and well-being.
- Staff who are unwell must be treated with dignity and respect at all stages in the attendance management process.
- Adherence to employer obligations under the terms of the Disability Discrimination Act will be an integral part of the attendance management local policy arrangements, including the duty to make reasonable adjustments;
- Rehabilitation and focus on return to work will be a primary consideration as being out of work can progressively damages health and decreases life expectancy

Supporting roles

Employers and Trade Unions acknowledge that there are a number of key supporting roles in effective and sustainable attendance management. Based on evidence based practice these are:-

- Senior Management in the form of leadership, support, communication of organisational expectations and control
- Human Resources in terms of strategic influence, development of policy and practice, robust information systems, development of corporate initiatives, consistent advice and appropriate learning and development opportunities
- Occupational Health Professionals centring on role definition, work emphasis, multi-disciplinary case management and corporate business approach
- Line Managers through increased emphasis on role, service priority, confidence ability and skills training
- Trade Unions through locally supportive role and ensuring procedures are complied with by members

Effective attendance management is only achievable therefore when a satisfactory combination of the above features are present. To this end, employers will quickly put in place agreed local protocols and procedures together with a fully integrated, comprehensive

and mandatory training programme incorporating a number of featured themes deriving from the input of those key supporting roles previously identified.

Local management arrangements will define the requirements for employees and line managers in reporting sickness absence and the subsequent recording arrangements so that employees are appropriately paid. These arrangements will also ensure that an accurate data base is available for workforce information reports which HR will provide on a regular basis to management to facilitate the monitoring of absence rates, the analysis of causes and trends and the development of action plans.

The regional HSC Joint Negotiation Forum will ensure that local protocols and procedures are consistent with this framework before local implementation.

For the purposes of this framework the following definitions will apply:

Short term absence: likely to be one day up to a week, but can extend up to 4 calendar weeks.

Local protocols and procedures will clearly define triggers for action to be taken in cases of recurring short term absence (intermittent absences).

Long Term absence: Continuous absence of 4 calendar weeks or more.

Rehabilitation/phased return: A time-limited restriction on the role the employee undertakes pending a return to the full duties of the employee's post.

Modified work: Where permanent restrictions on the employees' role are required this will mean changes to the employee's current job or redeployment on a permanent basis to another post which accommodates these permanent restrictions

In support of the principle of '**early intervention**', employers, while treating each individual absence case on its own merits, will seek to review cases with employees on a timely basis and will seek to ensure that appropriate and timely support of Occupational Health Departments is made available to employees. The following referral timescales are to be used as a guide:

- Stress – immediate referral
- Injury at work – immediate referral
- Musculo-skeletal – immediate referral
- Absence following maternity leave – immediate referral
- Long term absence – where absence has reached or is expected to reach a period of 4 calendar weeks or more

While such triggers are stipulated it is important that employers use their discretion as to the appropriateness of their application in certain circumstances and on individual cases.

Consistency of approach in the development of local protocols and procedures

Whilst local employers in partnership with their local Trade Union side will need to develop detailed local protocols and procedures for managing attendance, certain procedural points not expressly stated in the relevant terms and conditions handbook, need to be adopted and applied consistently across all employers.

These are:

- An employee returning from sickness absence on a rehabilitative programme recommended by Occupational Health and agreed with management will experience no loss of pay during the rehabilitative period, which will not exceed 6 weeks.
- When an employee is on a rehabilitative return to work on reduced hours, that employee, for recording purposes, will be recorded as being at work, not on sick leave.
- Where alternative employment is being sought for an employee who is found unable to return to their post as a result of health-related problems, this search will take place during a time limited period of no longer than 8 weeks from the point when it was agreed that the search should begin.
- If alternative employment is secured, protection will not apply in the circumstances that the redeployment is to a post of a lower grade.

Operational requirements

Local protocols and procedures should include the following:

- Reporting and contacting during absence.
- Recording of absence.
- Certification of absence.
- Management of short and long term absences.
- Procedures for referral to Occupational Health
- Return to work arrangements including return to work interviews
- Rehabilitation/phased return programmes.
- Redeployment on health grounds.
- Ill-Health Retirement process.
- Termination on the grounds of ill-health.
- HSC injury benefits scheme.

Local protocols and procedures should also clearly outline the role and responsibilities of senior managers, line managers, employees, HR, Occupational Health Professionals and Trade Unions in the attendance management programme.

Each employer shall ensure that this policy framework together with locally agreed protocols and procedures forms part of ongoing training to existing managers and staff and will be part of induction training for new managers and staff.

Monitoring and Review

The HSC Joint Negotiating Forum and the individual HSC Employers will monitor complaints to assess trends and the operational effectiveness of this policy. This policy will be reviewed periodically in consultation by the HSC (NI) Joint Negotiation Forum.

Equality and Human Rights Compliance

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment.

Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

Title:	Reward and Recognition Policy		
Author(s):	Alison Kerr, Interim Human Resources Co-Director, [REDACTED]		
Ownership:	Jacqui Kennedy, Interim Director of Human Resources and Organisational Development		
Approval by:	Workforce Governance Policy Sub Committee Trust Policy Committee Executive Team Meeting	Approval date:	07/02/2019 27/02/2019
Operational Date:	February 2019	Next Review:	February 2024
Version No.	2	Supersedes	Version 1 – June 2012 – June 2014
Key words:	Reward, Recognition		
Links to other policies			

Date	Version	Author	Comments
18/06/2012	1	D McAllister	Final BHSCCT
30/11/2018	1.2	L Beckett A Kerr	Review of Reward & Recognition Policy

CARING SUPPORTING IMPROVING TOGETHER

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 **Background**

Organisational culture is about shared values and beliefs about what is important and what behaviours are appropriate. Culture influences how we feel about working for an organisation and the Belfast Health & Social Care Trust is committed to creating a culture whereby staff are enabled to feel valued, involved and proud. The Trust's People Strategy ensures that our staff are at the core of everything we do. In the spirit of Collective Leadership and Service Improvement we will actively engage our staff by supporting them to develop ideas, make decisions and share learning. This includes the recognition of commitment, adaptability, flexibility, loyalty and innovation of all staff from an organisational and personal perspective.

1.2 **Purpose**

This Policy sets out the Belfast Trust commitment to rewarding and recognising staff and to ensure that staff feel valued and appreciated. Only with the support of its staff, will the Belfast HSC Trust's vision of excellence in health and social care be achieved.

1.3 **Objectives**

To create a climate which celebrates achievement and success in the widest possible sense. This includes the recognition of commitment, adaptability, flexibility, loyalty and innovation of all staff from an organisational and personal perspective.

2.0 SCOPE OF THE POLICY

Managers play a crucial role in recognising staff for the work they do whether that is informally on a day to day basis or formally through organisational initiatives. However, it is not just a manager's role to value and recognise contributions but for ALL staff regardless of position.

3.0 ROLES/RESPONSIBILITIES

Directorates and Divisions must play their part in creating a culture that values and recognises contribution and achievement at all levels and by all levels. It is important that staff feel valued and appreciated for their contributions and achievements in the workplace. Receiving regular recognition and feedback from their manager and a sincere "Thank You" is a positive and immediate affirmation for staff that they matter and that their role within the Trust is recognised and appreciated. Managers should regularly communicate with staff particularly when staff are doing a *great* job, sometimes under difficult

circumstances. Managers should also through their interactions with staff, display behaviours that reflect our Trust values.

Each Directorate and Division should plan and develop local arrangements for what would work best within their areas for valuing and recognising the contributions and achievements of their staff.

4.0 **KEY POLICY PRINCIPLES**

Key Policy Statement(s)

In working towards this organisational culture there are key principles that the Trust recognises as critical to organisational health and prosperity and around which its value system is built. These key principles are:

- The Trust's vision is clearly set out for all to see and follow.
- It is vitally important that staff are aware of and share the values of the Trust.
- Respect and dignity should be at the forefront of staff's minds when interacting with each other.
- All staff should demonstrate personal and professional accountability.
- Communication methods will be those with which staff feel comfortable and the evidence would suggest that the one to one and team briefs are the preferred models. The Trust will strive to attain as much personal contact with staff as possible, ensuring communication is key.
- The Trust will continue to promote staff engagement in relation to organisational change and decision-making processes thereby ensuring appropriate input to decisions and improving ownership of these decisions.

These principles, will contribute to ensuring that staff are involved, have every opportunity to excel at what they do in an open learning environment and receive due recognition and reward for their achievements.

The Trust recognises that excellent customer service and the highest quality of patient care is delivered through a high quality and engaged workforce who feel valued for their contribution and are committed to living the Trust values of:

- Respect and Dignity
- Openness and Trust
- Leading Edge
- Learning and Development
- Accountability



5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff.

5.2 Resources

This Policy is required to be implemented by all Directorates.

5.3 Exceptions

There are no exceptions as this policy is applicable to all staff within the Belfast Trust.

6.0 MONITORING

The Human Resources Department will monitor and evaluate the effectiveness of this Policy.

7.0 EVIDENCE BASE / REFERENCES

This Policy complies with good practice requirements.

8.0 CONSULTATION PROCESS

Internal groups and Trade Unions were consulted.

9.0 APPENDICES / ATTACHMENTS

Not Applicable

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this Policy is:

Major impact

Minor impact

No impact

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment.

Not necessary – no personal data involved

A full data protection impact assessment is required

A full data protection impact assessment is not required

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.

It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references “reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES



27/02/2019

Date: _____

Jacqui Kennedy
Director Human Resources/Organisational Development



27/02/2019

Date: _____

Martin Dillon
Chief Executive

Reward and Recognition Policy

1.0 CONTEXT

Recognition and Reward is more than just financial. It can be rewarded and celebrated by both financial and non-financial benefits. The Trust aims to ensure that Recognition and Reward arrangements, in excess of the current remuneration and terms and conditions packages in place, will assist the Trust in recruiting and in retaining a high quality, committed and flexible workforce that provides safe and high quality service. Such arrangements include our suite of Improving Working Lives initiatives; the Trusts Childcare and Carers Frameworks, Special Leave provisions and the Trust's Health and Wellbeing Strategy, Investors in People status. Many of these arrangements go beyond legislative requirements. Furthermore a range of support for staff choices is promoted through our bwell website including a focus on supporting mental health in the workplace and our ageing workforce. To confirm our commitment, the Trust has signed up to the ECNI Mental Health Charter. Learning and Development is also a key mechanism which empowers individuals, teams and the organisation to deliver safe effective, compassionate, patient centred care, through a learning culture. There are many ways in which staff achievement is recognised and celebrated.

2.0 REWARDING AND RECOGNISING STAFF

Reward and Recognition arrangements can take many forms which largely fall into four broad categories and which are celebrated with financial and non-financial benefits:

2.1 Immediate Recognition

The Trust is a people centred organisation and committed to recognising and rewarding the achievement of staff in relation to the delivery of its service objectives. The most effective means of acknowledging the work of others and letting them know that their contribution is valued remains that of informal and immediate recognition. A simple "thank you" can be a powerful message to staff indicating that their efforts and consistent good performance is noted by their manager. The following list, is by no means exhaustive, but may serve to prompt appropriate responses of recognition and appreciation to staff in a given set of circumstances:

- Doing a good job everyday
- Publication of an important piece of work
- Going that extra mile to accommodate a colleague or to finish a piece of work
- Being creative in the job role leading to new and improved business processes and improved services
- Undertaking special projects
- Promoting good team working
- Completing courses or 3rd level education
- Recognition of success nationally/internationally
- Recognition of voluntary services to the local/wider community

All staff in the Trust, not just managerial staff, should consider how they reward and recognise others, on an individual or team basis. The following are some ideas to reward and recognise staff:

-
- Tea party in the department
- Employee of the month
- Golden ticket recognition
- Letter or note of thanks
- Acknowledgement of employee in a team meeting
- Nominate employee for an award
- Chief Executive/Trust Board lunch

2.2 Staff Development Review (SDR)

The Staff Development Review appraisal process gives those who manage and conduct annual reviews an opportunity to acknowledge formally the development of a staff member and the acquisition of skills they have achieved and to support further opportunities through the development of a Personal Development Plan (PDP). The Personal Development Plan detailing any training, education or development which has been agreed for the individual also acts as a commitment to the progression and development of the individual throughout their career and in their job role.

It is important for managers and staff to realise that learning and development comes in a variety of forms, not just attending courses and sitting in a classroom. The 70:20:10 concept centres around the idea that the majority (around 70%) of learning comes through experience, around 20% comes from social learning with colleagues and just 10% through formal learning such as face to face training or e-learning.

2.3 Special Achievements

2.3.1 The Chairman's Awards

This is an annual event organised by the Corporate Communications Team to recognise, reward and celebrate the exceptional achievements of staff, whether as an individual or a team. The categories reflect the Trust's values, respect and dignity, openness and trust, leading edge, learning and development and accountability.

First prize in each of the five categories is a silver perpetual cup and £10,000 to reinvest in the service area. Second and third prizes are £3,000 and £2,000 respectively for service reinvestment.

2.3.2 Learning and Development Awards

The Trust is committed to creating a culture in which the Trust Value of 'Maximising Learning and Development' is promoted and embedded in the Trust. Learning and Development is a key contributing aspect of the Trust's ability to achieve the provision of safe, effective and high quality care to our clients and service users. The benefit to individuals of access to learning and development can be seen in improved motivation and morale. The Trust

believes that the direct benefit of a skilled and competent workforce will be experienced by its patients and clients.

It is the Trust's intention to create a culture in which learning and development is promoted and valued and it follows therefore that the Trust would see the need and want to create opportunities for staff to be recognised for the acquisition of formal qualifications, accredited training and other types of personal growth and development.

2.3.3 Safety Quality Belfast (SQB) Recognition Event

A celebration event is held annually to recognise those staff that have completed The Trust's Safety Quality Belfast – Delivering Improvement Programme that is aligned with Level 2 of the Quality 2020 Strategy. Their achievements are formally recognised by our Chief Executive and Medical Director. To complete the qualification, participants attend a number of workshops, complete online IHI modules and take forward a Quality Improvement project within the Trust that is aligned to the Trust's Quality Improvement Plan.

2.3.4 Recognition and Learning Events

Many staff complete an accredited qualification in the Trust each year, which requires great personal commitment from staff and again demonstrates the Trust Value of 'Maximising Learning and Development'. In order to recognise this formally, the Trust organises a regular Recognition Event for learners who have completed an accredited in-house programme delivered by the HR Learning and Development team.

In addition to programmes delivered by the HR Learning and Development team, much accredited learning is delivered in professional specific contexts. Those responsible for the professional development of such groups of staff will arrange similar events to recognise individual learning achievement.

The Trust is committed to supporting staff by providing an Assistance to Study Policy to complete accredited qualifications through external providers, such as universities or further education colleges. Staff are recognised for their learning achievement at the relevant institution's graduation ceremony. The Assistance to Study Policy provides a level of funding to enable staff to learn and develop.

Achievements are acknowledged and shared on a regular basis through staff communication and Hub articles.

3.0 SERVICE RECOGNITION AWARDS

3.1 Long Service Recognition

In addition to the annual leave arrangements provided in the terms and conditions, the Trust wishes to further recognise the commitment and loyalty of those staff who have achieved 25 years' service. Those staff who have 25 years' service in the employment of the HPSS/NHS will receive one week's additional annual leave for the annual leave year in which they reach

25 years. In addition, those staff with 25 years' service will receive a Certificate of Loyalty signed by the Chief Executive.

The application form and guidance for the implementation of long service leave are attached at Appendix 1. Further advice is available from the Improving Working Lives Team, Human Resources, McKinney House, Musgrave Park Hospital.

3.2 Recognition of Staff Retirement

All staff retiring from the Trust receive a letter from the Chief Executive which personally thanks them for their service and recognises the contribution they have made during their career.

For staff retiring and who have 30 years service or more the Trust also provide a retirement gift to acknowledge their dedication and long service to the Trust.

Managers are also encouraged to hold local retirement arrangements to celebrate a staff members career and to recognise the contribution and impact they have made to the service during their employment.

4.0 CONCLUSION

Reward and Recognition is everyone's responsibility. A positive approach to the principles set out in this Policy can only seek to further improve the productivity and utilisation of staff in an environment where achievement is recognised, commitment rewarded which will result in increased job satisfaction and motivation for all our staff. The Trust's commitment to reward and recognition will be monitored via various means including HSC Staff Surveys and IIP feedback.

Let's each of us, make someone feel appreciated and valued in work today...

ADDITIONAL ANNUAL LEAVE AWARD IN RECOGNITION OF LONG SERVICE

Guidelines for Implementation

Long Service Award

Staff who have completed 25 years Health Service Experience, as an acknowledgement and recognition of long service, will receive the following:

- One additional week's annual leave (non-recurring) for 25 years' service (pro rata as appropriate)
- A certificate of loyalty signed by the Chief Executive

Procedure to Apply

- Eligible employees must self nominate and apply by completing the Long Service Leave Application Form.
- Application forms must be counter signed by their Line Manager who will forward the completed forms to the Human Resource Department, Improving Working Lives, 4th Floor McKinney House, Musgrave Park Hospital, Belfast BT9 7JB.

Notes

- The additional leave will be awarded to staff who have completed 25 years' service with the HPSS/NHS. Service does not have to be continuous and may be aggregated.
- Although staff on the Employment Break Scheme (Career Break) have continuous employment for statutory purposes, such periods of time EBS will not be recognised for the Long Service Award.
- The additional leave will be awarded on a pro rata basis to part time staff.
- Service within the Health and Social care Sector in other countries other than UK will not be recognised.
- No payment in lieu will be made to individuals who leave the service without taking their leave for long service recognition, prior to leaving.
- The additional leave will be awarded to staff once they reach their 25 years' anniversary. Leave can be requested and taken within the leave year awarded. If the anniversary occurs towards the end of the leave year and individuals are unable to take leave due to the exigencies of the service, they may carry over the additional leave which must be taken the following year.
- The additional annual leave will be based upon the number of hours worked in the year that an individual completes their 25 years of service.
- Managers must keep a record of the allocation of this leave which is non-recurring.

BELFAST HEALTH AND SOCIAL CARE TRUST

LONG SERVICE LEAVE APPLICATION FORM

Staff eligible for the Trust’s additional annual leave award in recognition of long service must apply for such leave to their Line Manager (Senior Management level) using this application form. Please refer to the Additional Annual Leave Award In Recognition Of Long Service Guidance for Implementation before completing this application form. You must ensure that the information you provide is accurate.

Staff No: _____ **Work Address:** _____
Full Name: _____
Grade/Job Title: _____ **Personal Address:** _____
Service Group: _____

I am eligible for: 25 years services recognition

Details of all HPSS/NHS Employment (beginning with most recent):

HPSS/NHS Organisation	From (dd/mm/yy)	To (dd/mm/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Details of any breaks in service (including Career Breaks):

Reason for Break	From (dd/mm/yy)	To (dd/mm/yy)
_____	_____	_____
_____	_____	_____

Have you received an additional annual leave award in recognition of long service from any previous HPSS/NHS employer?

Yes / No (please circle)

Please give details: _____

Applicant Declaration:

- I declare that the above information is correct.

Signature: _____ **Date:** _____

Line Manager Recommendation

- I recommend that the above staff member receive their additional annual leave award in recognition of achieving 25 years’ service with the HPSS/NHS.
- The above staff member will be facilitated in taking this leave within the time period specified.

- A record will be kept of this leave having been taken.

Signature: _____ Date: _____

Name: _____ Job Title: _____

**Completed Application Forms must be forwarded to Improving Working Lives,
4th Floor, McKinney House, Musgrave Park Hospital, Belfast, BT9 7JB
for verification.**

For Action by Human Resources Department:

Approved: (please circle) Yes / No Copy Returned to Line Manager (Date): _____

Signed: _____



Title:	Relocation and Associated Expenses Policy		
Author(s)	Gladys McKibbin, Senior Human Resources Manager		
Ownership:	Marie Mallon, Director of Human Resources		
Approval by:	Policy Committee Executive Team	Approval date:	20 August 2012 22 August 2012
Operational Date:	August 2012	Next Review:	August 2015
Version No.	V1	Supercedes	
Links to other policies	<p>This policy does not replace the terms and conditions of service and should be read in conjunction with the following:</p> <ul style="list-style-type: none"> • Hospital Medical and Dental Staff Terms and Conditions – Paragraph 314-315 • Consultant Terms and Conditions Schedule 21 • HSS GEN 1/2010 – Regional Guidance in Relocation, Removal and Excess Travel Expenses for Doctors in Training • Associate Specialist Terms and Conditions of Service (Northern Ireland) 2008, Schedule 20 • Speciality Doctor Terms and Conditions of Service (Northern Ireland) 2008, Schedule 20 		

Date	Version	Author	Comments
01/12/10	0.1	Gladys McKibbin	Initial Draft
14/02/11	0.2	Gladys McKibbin	Amended following comments from Mervyn Barkley
23/2/11	0.3	Gladys McKibbin	Amended following comments from Medical HR and Employee Relations Team
23/3/11	0.4	Gladys McKibbin	Amended following consultation across the whole HR Team.
06/06/11	0.5	Gladys McKibbin	Amended following senior manager consultation
29/06/12	0.6	Gladys McKibbin	Amended following comments from LNC

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

This policy details when relocation and associated expenses may be paid by the Trust and outlines the process that must be followed when processing requests.

1.2 Purpose

The purpose of this policy is to provide clarification for applicants and human resources staff in relation to relocation and associated expenses.

1.3 Objectives

- To provide clear guidance to human resources staff and applicants in relation to relocation and associated expenses;
- Ensure consistency of application in relation to relocation and associated expenses;
- To ensure a fair and equitable process for applying for relocation and associated expenses is administered;
- To ensure equality of opportunity, in the processing of all applications, regardless of religious belief, political opinion, racial group, sexual orientation, age, marital status, gender, disability or those with or without dependant.
- To ensure appropriate use of public monies in relation to relocation and associated expenses

2.0 SCOPE OF THE POLICY

The Trust is committed to ensuring that all applications for relocation and associated expenses are treated fairly and equitably and accordingly the provisions in this policy are applicable to all staff.

3.0 ROLES/RESPONSIBILITIES

The roles and responsibilities of HR, management and applicants for relocation and associated expenses, are set out in the policy.

3.0 KEY POLICY PRINCIPLES

3.1 Key Principles

This policy does not replace the terms and conditions of service and should be read in conjunction with the following:

- Hospital Medical and Dental Staff Terms and Conditions – Paragraph 314-315
- Consultant Terms and Conditions Schedule 21
- HSS GEN 1/2010 – Regional Guidance in Relocation, Removal and Excess Travel Expenses for Doctors in Training
- Associate Specialist Terms and Conditions of Service (Northern Ireland) 2008, Schedule 20
- Speciality Doctor Terms and Conditions of Service (Northern Ireland) 2008, Schedule 20

A guiding principle of this policy is that applicants should not be financially disadvantaged by reasonable costs incurred through a move either in the interests of the service or to further their professional training. However, they are also not expected to profit materially from reimbursements in respect of relocation and associated expenses.

The level of financial assistance to be provided will be determined by the Trust, in agreement with the prospective employee, prior to the post being accepted.

The Trust will take into account the length of the employee/applicants contract when considering eligibility for the payment of relocation and associated expenses.

Applicants or staff applying for relocation and associated expenses will be required to formally declare all previous re-imbursements claimed whilst employed with other Trusts in Northern Ireland. In relation to Junior Doctor applications normally only one claim for removal/relocation will be paid during the course of the doctors training programme.

If an employee's spouse or partner is also employed by the Trust, or another Trust in Northern Ireland, then normally only one will be eligible to claim relocation/removal expenses.

Entitlement to removal expenses for house sale and purchase will normally be dependent upon the move being completed within 12 months of taking up the post.

Payment will only be made to employees following presentation of original relevant receipts. These claims must be forwarded to the Trust within 13 months of taking up post. To ensure value for money, employees will be required to provide three estimates for each expense claimed for and demonstrate that they have proceeded on the basis of the lowest cost alternative for each.

Applicants currently in rented accommodation or in the process of buying their first house are not entitled to claim for expenses in connection with the house purchase. They will however be able to apply for reimbursement of removal of furniture and personal effects.

3.2 Eligibility Criteria

Relocation and associate expenses may be payable to both successful applicants who are joining the Trust and current employees.

In relation to **successful applicants joining the Trust** relocation and associated expenses will only be payable at the discretion of the Co-Director, RUP and the relevant Service Group Director, who will take into consideration how the applicant meets the eligibility criteria stated in this section.

In relation to **current employees** relocation and associated expenses may be payable where the employee has been required by the Trust to move to a new headquarters or place of work.

Removal and associated expenses will only be payable where the applicant/employee signs an undertaking to repay all or part of the reimbursement and grants paid if they leave the Trust within 2 years of the appointment which gave rise to the expenses. The only exception to the 2 year period is in relation to rotational medical staff that may have shorter placements. In these circumstances the rotational doctors will only be required to repay if they leave prior to the agreed end date of their placement with the Trust and/or rotational training programme.

Relocation expenses will **normally** only be paid if the daily travelling distance from current home to the new place of work is greater than 40 miles (one way). In these circumstances the employee may be required, as a result of their job role, to relocate to a new home closer to their place of work. **This distance is however not prescriptive** and the Trust will take account of all the circumstances of each case including; the applicants role and whether or not there is a business need for the employee to live within close proximity to work, the specific route travelled, the current infrastructure, the overall journey time and mode of transport.

In circumstances where a current employee is required to move to a new work location which results in them having to travel only a few additional miles per day, however this increase in mileage results in them travelling over 40 miles (one way), then the Trust will normally only pay excess mileage in these circumstances. As stated in the previous paragraph, the Trust will take account of all the circumstances of each case.

Employees may choose not to move house but rather to travel daily the greater distance between their home and new place of work. Further details can be found in section 3.4 – Excess mileage in lieu of removal.

In certain circumstances a member of staff, who lives within 40 miles of the new place of work may also be required to move home. An example might be when a job has an on-call commitment which expects the post holder to live within a specified response time / distance.

3.3 Relocation Expenses

Relocation expenses will only be paid if the employee meets all of the criteria listed in Section 3.2 above.

The maximum limits that will be paid by the Trust are as follows:

CRITERIA	MAXIMUM LIMIT
Employment contract is for up to 12 months or less.	£1000
Employment contract is longer than 12 months AND the employee does not sell their former residence.	£1000
Employment contract is longer than 12 months AND the employee sells their former residence.	£8000

Detailed below is a summary of the relocation expenses that **may** be payable:
(Please note an employee wishing to claim any of the expenses listed below should gain Trust approval prior to incurring the expense, to prevent any future disappointment should approval not be obtained). Details of how to apply can be found in Section 3.5 of this policy.

3.3.1 Search for Accommodation

Expenses payable during the search for accommodation (e.g. excess travelling expenses and/or subsistence) should normally be in line with the rates applied by the Trust.

Employees who make preliminary visits to obtain accommodation may be entitled to travel and subsistence allowance for themselves and their spouse/partner/children as follows:

- Up to 2 visits may be reimbursable;
- Where it is not possible to return home, suitable overnight accommodation in the area may be reimbursed on submission of receipts and subject to the Trust's limit for night allowance. (Up to a maximum of four nights).
- Travel for the employee and spouse/partner/children may be reimbursed on submission of receipts. Where an employee uses a private car, to make the visit, the Trust's public transport rate will be paid.

An employee wishing to make a claim, in connection with their search for accommodation, should discuss and agree with the Trust in advance to avoid any disappointment.

3.3.2 Legal and Other Expenses

Legal and other expenses connected with the sale and/or purchase of accommodation or any unsuccessful bona fide attempt to purchase.

Employees may be reimbursed any reasonable additional vouched legal and other expenses (e.g. house agents or auctioneers fees, mortgage redemption fees, survey fees, stamp duty, land registration fees etc).

3.3.3 Removal and Storage of Furniture

Employees may be reimbursed any reasonable cost connected with:

- Removal of furniture and effects from the former residence to the new home, including insurance of goods in transit;
- Storage of furniture and effects for a reasonable period and not exceeding 6 months.

3.3.4 Bridging Loans

Interest charges (net after income tax relief where available) on a bridging loan not exceeding the estimated selling price of the former residence may be reimbursed where the Trust is satisfied that the employee has acted reasonably in electing to purchase a house in the new area in advance of having sold their property in the old area.

Reimbursement may be made for a duration of up to and not exceeding 6 months, in circumstances where the employee has continued to incur these expenses.

3.3.5 Continuing Expenses in the Former Residence

The Trust may reimburse any reasonable continuing commitments in the former residence where an additional simultaneous accommodation charge in the new area cannot be avoided. The maximum period for which this expense can be claimed is 6 months.

3.3.6 Travelling and Subsistence Expenses

Employees may claim travelling and subsistence expenses for themselves, their spouse/partner and children, if applicable.

3.3.7 Advance of Salary

The Trust may make an advance, recoverable from salary, to assist with house purchase. Please note, in relation to new employees joining the Trust, this payment can only be made once they have joined the Trust and signed onto the payroll.

3.3.8 Miscellaneous Expenses

The Trust may make in relation to the particular circumstances of each individual employee and of the expenditure actually incurred, a single payment for additional expenses arising as a result of the move.

3.3.9 Value Added Tax

Value Added Tax will be paid in appropriate circumstances.

3.4 Excess Mileage in Lieu of Removal

As stated under section 3.2 above employees who meet all of the eligibility criteria may choose not to move house but rather to travel daily the greater distance between their home and new place of work.

The mileage that may be paid under these circumstances is the difference between the mileage from home to their designated base of work and the mileage from home to the new place of work. **

Payment of excess travel costs will not be agreed where, in the judgement of the Trust, the journey time and/or distance involved is likely to be detrimental to the safety of the employee, and/or to the satisfactory performance of the employee's duties. In such circumstances, the Trust may wish to seek alternative arrangements which will address the needs of both the employee and the service.

Excess travel is paid at the appropriate rate according to employee's terms and conditions of service. Further information on the rate payable, and the duration of time excess mileage may be claimed, can be obtained from the Employee Relations Department for staff on agenda for change and senior executive terms and condition and the Medical HR Department for staff on medical and dental terms and conditions.

Once the Trust has agreed that you are eligible to claim excess mileage, and the number of miles that can be claimed per journey, you will be required to regularly complete an on-line mileage claim form detailing all of the dates that you had to drive the excess mileage. Please note excess mileage is only payable on dates that you actually had to travel the excess miles. Further details on submitting on-line claims can be obtained from the finance department.

*** Designated base of work in the case of rotational doctors is usually, but not always, the first hospital on the rotation. Doctors may elect to have one of the other hospitals on their rotation as their designated base of work (if this is closer to their home address)*

3.5 How to apply

Any employee who believes they are eligible to claim expenses must complete the application form in Appendix 1 and return to the relevant section of the Human Resources Department as follows:

Medical applications should be returned to the Medical HR Team, 4th Floor, McKinney House, Musgrave Park Hospital Site, Stockman's Lane, Belfast.

Applications from current employees should be forwarded to the Employee Relations team, 5th Floor, McKinney House, Musgrave Park Hospital Site, Stockman's Lane, Belfast.

Applications from new staff joining the Trust should be forwarded to the recruitment and selection team, 5th Floor, McKinney House, Musgrave Park Hospital Site, Stockman's Lane, Belfast

Following receipt of a complete application for relocation expense the Co-Director, RUP and the relevant Service Group Director will carefully consider each application taking account the eligibility criteria stated in this policy and the individual circumstances of each case.

3.6 Complaints

Should an employee/applicant have a complaint then they should forward the details of their complaint to the relevant section of Human Resources as stated above.

The Human Resources team will forward the applicant an acknowledgement of their complaint within three working days detailing who is handling the complaint and when they can expect a reply.

The complaint will be investigated and responded to fully within 20 working days by the Human Resources team. Where the complainant has a disability the response will, on request, be communicated in an appropriate format. If it is not possible to respond within this timescale the Human Resources team will provide the complainant with a written explanation for the delay and details of when a response can be expected.

4.0 IMPLEMENTATION OF POLICY

4.1 Dissemination

This policy applies to all staff appointed to the Belfast Trust. It also applies to staff that are required to move work location as a result of organisational change.

4.2 Resources

Training session for HR staff involved in the processing of relocation and associated expenses.

5.0 MONITORING

In view of its responsibility the Human Resources Department will regularly appraise and examine other procedures to satisfy itself that the Trust policy remains relevant.

In the event of the Trust having to adopt a process which is at variance with these procedures, a written record will be taken by the appropriate Senior Personnel Officer outlining the reasons for any variation and details of alternative procedures adopted. A copy of all such variances must be approved by the Co-Director.

Where any person believes there has been a breach of this procedure, complaints should be brought to the attention of the Trust's Human Resources Director.

6.0 CONSULTATION PROCESS

Internally this policy was forwarded to human resources staff and Trust senior managers for comments.

The policy was also presented to the Local Negotiating Committee and the Workforce Policy Committee.

9.0 APPENDICES / ATTACHMENTS

The following appendices are attached:

Appendix 1 Application form

MAHI - STM - 102 - 9462
APPLICATION FORM FOR RELOCATION/EXCESS MILEAGE

SECTION A – TO BE COMPLETED BY ALL APPLICANT’S

Name:		Job Title:		Staff No:	
Have you or your spouse claimed for relocation/excess mileage travel within HPSS or NHS before:				YES/NO	
If yes, please provide details below:					

Which option you wish to be considered for:

Relocation Expenses		Excess travel expenses in lieu of relocation	

Which of the following is applicable to you:

I am a current employee of the Trust		I am a new employee /applicant		I am a Junior Doctor on a rotational programme	

SECTION B – TO BE COMPLETED BY CURRENT EMPLOYEES

Job Title:		Date Commenced in Post:		Does your post have on-call commitments	YES/NO
Current Home Location:		Current Work Location (designated base of work):		Distance from your current home to current work location in miles:	
Are you changing home location (if yes provide details of new location)	YES/NO	Are you changing to a new work location (if yes provide details of new location)	YES/NO	Distance between new home and new work location in miles:	
Please provide details of the reason for the change in home and/or work location:					

SECTION C – TO BE COMPLETED BY ALL NEW EMPLOYEES (INCLUDING JUNIOR DOCTORS ON ROTATION)

Address of old home:		Was your old Home:	Rented/Owned Furnished/Unfurnished
Job Title of post offered:		Location of post offered:	
Commencement Date:		Address of new home:	
Does the post have on-call commitments:			

SECTION D – TO BE COMPLETED BY JUNIOR DOCTORS ON ROTATION ONLY

Current Grade:		Current Specialty:	
Location Employed:		Dates of Current Post:	
Length of Rotational Training Programme:		Current Shift Type:	
On-Call Commitments:		Is your post part of a rotational training programme?	YES/NO
Your nominated base hospital: (This base should remain the same throughout your rotational programme – see policy for further details)		Distance from your home to base hospital (in miles):	
		Distance from your home to new location (in miles):	

Please provide details of your rotation from commencement:

Junior Doctors are also required to produce supporting evidence from NIMDTA.

Post	Location	Dates

SECTION E – TO BE COMPLETED BY THOSE CLAIMING REMOVAL/RELOCATION EXPENSES

Details of House Sold		Details of New Property	
Address:		Address:	
Selling Price:		Purchase Price	
Number of Bedrooms:		Number of Bedrooms:	
Reception Rooms:		Reception Rooms:	
Kitchen:		Kitchen:	
Garage (YES/NO)		Garage (YES/NO)	
Garden (YES/NO)		Garden (YES/NO)	
Size of ground surrounding property (approx)		Size of ground surrounding property (approx)	

Please summarise the expenses you wish to claim in the box below:

Expense Claimed	Amount Claimed

SECTION F – TO BE COMPLETED BY THOSE CLAIMING EXCESS MILEAGE

The mileage that may be paid is the difference between the mileage from home to their designated base of work and the mileage from home to the new place of work

Please detail the number of excess miles you wish to claim:	
Detail how you have calculated the above amount:	

Please note the Trust will confirm the above miles by google maps prior to approving the amount that can be claimed per journey.

SECTION G – TO BE COMPLETED BY ALL APPLICANTS

I confirm that the above information which I have provided is accurate and correct. Furthermore, I hereby agree that should I leave the Trust’s employment OR Training Programme within two years of taking up the post/programme, I will repay all of the removal expenses received.

Signed: _____ Print Name: _____ Date: _____

OFFICE USE ONLY: DATE APPROVED BY DIRECTOR (COPY OF APPROVAL TO BE ATTACHED)	/ /
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10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

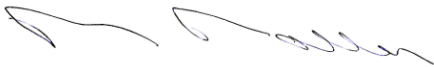
Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Date: 22 August 2012

Name Marie Mallon
Title Deputy Chief Executive/
Director of Human Resources



Date: 22 August 2012

Name Colm Donaghy
Title Chief Executive



Reference No: TP006/08

Title:	Temporary Across Site Staff Relocation Protocol		
Author(s)	Damian McAlister : HR Co-Director Kate Brown		
Ownership:	Mrs M Mallon, Director of Human Resources		
Approval by:	Policy Committee Executive Team Chief Executive	Approval date:	25.02.08 27.02.08 27.02.08
Operational Date:	March 2010	Next Review:	March 2013
Version No.	V2	Supersedes	V1
Key words:	Relocation, Temporary across site		
Links to other policies			

Date	Version	Author	Comments
Mar 08	V1	K Brown	Policy drafted
Jan 14	V2	K Brown	Policy reviewed
		D McAlister	

1.0 INTRODUCTION/PURPOSE OF POLICY

1.1 Background

This protocol is designed to provide guidance on the temporary movement of staff across site.

1.2 Purpose

To facilitate cross site relocation of staff. To ensure consistency of approach in relation to temporary relocation.

1.3 Objectives

To ensure consistency of approach in this area.

2.0 SCOPE OF THE POLICY

Applicable to all staff moving across site.

3.0 ROLES/RESPONSIBILITIES

The role, responsibilities of managers are clearly outlined.

4.0 KEY POLICY PRINCIPLES

Definitions

This protocol was designed to facilitate temporary relocation with Staff Side agreement.

Key Policy Statement(s)

Policy Principles

This protocol is relating to Good Employment Practice.

5.0 IMPLEMENTATION OF POLICY

This protocol is for implementation by all Managers, Trust wide.

5.1 Dissemination

The Protocol will be incorporated within the Framework document on the Management of Staff Affected by Organisational Change.

5.2 Resources

No resource implications for implementation.

5.3 Exceptions

The scope should detail all areas where the policy is to apply - this is to note any area that has been noted as exempt because it is currently unable to comply with or implement the policy.

6.0 MONITORING

Provide detail of any inherent key performance indicators (KPI) relevant to the successful implementation of this policy.

Describe the process for monitoring the effectiveness of all of the above and who and how this will be done. This monitoring should include any section 75 implications of implementing the policy.

7.0 EVIDENCE BASE / REFERENCES

This protocol was drawn up to ensure professional codes of conduct, standards for conduct, performance and ethics are not compromised by temporary relocation. Professional codes of conduct are standards.

8.0 CONSULTATION PROCESS

This protocol has been jointly agreed by Staff Side and approved by the TJNCF.

9.0 APPENDICES/ATTACHMENTS

Appendix 1 - Temporary Across Site Relocation Protocol

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Chief Exec



Director

Appendix 1- Temporary Across Site Relocation Protocol

1. Purpose and scope

The Trust recognises that, throughout their employment , staff may be required to temporarily move from one site to another within the organisation, to ensure safe and effective care for patients and clients.

Where attempts to cover staffing shortages on an intersite basis have been unsuccessful staff should not unreasonably refuse a request by their manager to temporality move to another site.

This Protocol is designed to outline the principles underpinning such decisions and to clarify the procedure which must be strictly adhered to in support of safe practice and appropriate governance arrangements.

This protocol is only intended for use in crises situations relating to sickness/absence and other urgent service need. This policy is not intended for use in situations where predicted absence or long term vacancy applies.

Staff Governed by Professional Regulation

2. Procedure

- 2.1 The decision to relocate member/members of staff in line with serious and pressing service needs will be the responsibility of a Co-Director or Professional Lead e.g. Associate Director of Nursing within each of the service groups (or those Senior Managers with delegated authority to do so). Where practicable, 24hours notice will be given. However, it is recognised that this notice period may not be possible where urgent or pressing service needs arise. Staff and trade unions will be fully appraised of the situation by the responsible senior manager. As a means of ensuring that the appropriate trade union representatives can be alerted to the situation as quickly as possible, initial contact should be made with the respective Senior Committee Trade Union Side Chairs. They are:

BCH Site	Colin McQuillan
RGH Site	Ray Rafferty / Catherine Harte
Mater and North & West	Eoin Stewart
Musgrave and south & East	Roberta Magee

- 2.2 If the Sector Committee Chair is unavailable, contact should be made with the Trust trade Union Office, 3rd Floor, Musgrave Wing, Royal Hospitals, Grosvenor Road, Belfast, BT12 6BA, Tel no 90634232. The Trade Union office will provide managers with contact details for the appropriate site trade union representatives with whom they must discuss the circumstances surrounding the need for temporary relocation. This should focus on the reasons for the relocation and any subsequent impact on the site from which the staff are to be moved. If the appropriate trade union representatives are for some reason not available, managers can proceed with the relocation and involve those trade union representatives at the earliest possible opportunity.

- 2.3 A pool of staff for whom the relocation would be suitable, based on their experience and skills and their compatibility with the job requirements of the post in question will be identified by the appropriate ward/department manager.
- 2.4 Volunteers from the identified pool (as referred to in 2.3) must be sought in the first instance with due regard to their personal circumstances and care should also be taken to ensure that staff who may be less vocal are not asked to fill a disproportionate amount of requests. Where volunteers are not forthcoming, staff will be selected to move location but in order to ensure fairness and equity of decisions, relocation requests should be shared out amongst the identified pool of staff.
- 2.5 The ward/department manager, over the area from which the volunteer is sought and under the direction of the authorised managers as set out in 2.1 above, will be required to ensure that staff under consideration for relocation are not currently undertaking an induction programme.
- 2.6 Staff must be provided with a clear indication of the role to be undertaken together with an approximate time frame over which help and support will be required including hours of work. This must not exceed one month, however should this period need to be extended due account should be taken of the need for further consultation with trade unions and staff involved in those affected services. Cognisance should be taken of flexible working arrangements previously agreed.
- 2.7 It is important to establish if a move to a site/area requires an Access NI check in accordance with the Trust's Procedure and Safeguarding Vulnerable Groups (Northern Ireland Order 2007) & the Vetting and Barring Scheme.
- 2.8 The ward manager/department manager of the receiving ward/department must ensure that the individual staff member is provided with the following:
- Confirmation of duration of stay, working hours
 - Satisfactory orientation to the new ward/department to include familiarisation with equipment, procedure and protocols.
 - A named mentor will be assigned to support that staff members during the transition period. This mentor will ensure that the new staff member is introduced to the team, orientated to the ward, and is aware of the policies and procedures and equipment
- 2.9 Any member of staff who is concerned about matters of professional accountability and competence as a result of being relocated should discuss this initially with the ward/department manager to whom they are working who will take whatever steps are necessary to resolve the issue/raised. These concerns must also be in writing.

- 2.10 If the member of staff is sufficiently concerned that matters have not be satisfactorily resolved at this level they can therefore refer the matter/s on to the appropriate service manager, verbally and in writing.
- 2.11 Staff agreeing to work across site by management request shall suffer no detriment in earnings and shall also receive the following payments except were other suitable transport arrangement are available:
- Excess car parking charges incurred at the site in question
 - Excess travelling expenses from permanent to temporary site.

This protocol has been drawn up to ensure that the varying Codes of Professional Conduct; Standards for Contact, performance and ethics are not compromised in any way and the Trust considers it essential that staff members participating in cross site working do so within a robust framework of responsibility and accountability to protect the public and support safe practice.

Staff Not Governed by Professional Regulation

The process to be adhered to in relocating staff who are not governed by professional regulation are as outlined in Section 2 – Procedure with the exception of Para 2.4, 2.8 and 2.9

3. Review

This protocol will be reviewed periodically by HR, in consultation with management and TU interests and revised in order to ensure its continuing relevance and effectiveness.

Title:	Your right to raise a concern (Whistleblowing) Policy		
Author(s)			
Ownership:	Dr Cathy Jack, Medical Director		
Approval by:	Policy Committee Executive Team	Approval date:	11 January 2018 24 January 2018
Operational Date:	April 2018	Next Review:	April 2023
Version No.	3.2	Supersedes	3.1 - April 2018 – April 2023
Key words:	Whistleblowing, whistle-blowing, whistle, blowing, raising a concern, concern, public interest, suspected wrongdoing, Public Concern at Work, PCaW, whistleblower		
Links to other policies	http://intranet.belfasttrust.local/policies/Pages/Policies/Finance.aspx		

Date	Version	Author	Comments
09/08/2012	0.1	Paul Ryan Joan Peden	
09/01/2013	1.1	June Champion	Initial Draft
14/02/2013	1.2	Nicola Williams	Bribery Act 2012
15/02/2013	1.3	Joan Peden	Revised Draft
15/02/2013	1.4	June Champion	Revised Draft
18/02/2013	1.5	Policy Committee	Comments
01/05/2013	1.5	Workforce, Governance and Policy Review Sub committee	No Comments
16/10/2014	2.1	Jill Shaw-O'Doherty	Revised details relating to the Head of Office and Medical Director.
28/11/2017	3.0	Robert Henry	Detail from Regional Framework lifted into BHSCT Policy
30/03/2018	3.1	Robert Henry	Additional line added on request from HR regarding Working Well Together Policy and Harassment Policy
16/02/2020	3.2	Claire Cairns	Policy advocates list updated

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- 4.4 Raising a concern externally**
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- 7.0 Evidence Base / References**
- 8.0 Consultation Process**
- 9.0 Appendices / Attachments**
- 10.0 Equality Statement**

1.0 BACKGROUND & PURPOSE OF POLICY

Health and social care services exist to promote the health, wellbeing and dignity of patients and service users and the people who deliver these services want to do the best for those they serve.

Encouraging staff to raise concerns openly as part of normal day-to-day practice is an important part of improving the quality of services and patient safety. Many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. When concerns are raised and dealt with appropriately at an early stage, corrective action can be put in place to ensure safe, high quality and compassionate care.

The importance of raising concerns at work in the public interest (or “whistleblowing”) is recognised by employers, workers, trade union and the general public. Working in partnership with Trade Unions, staff associations and employee representatives is an important part of ensuring fairness and promoting awareness of the policies, procedures and support mechanisms which a good employer will have in place.

1.1 Defining Whistleblowing

Whistleblowing is defined as “when a worker reports suspected wrongdoing at work”.

The wrongdoing is often related to financial mismanagement, such as misrepresenting earnings and false accounting, but can also have more immediate consequences.

Staff can report things that are not right, are illegal or if anyone is neglecting their duties. This might include, for example, concerns around:

- patient safety;
- health and safety at work;
- environmental damage; or
- a criminal offence (e.g. fraud).

Whistleblowing can also be broadly defined as simply ‘raising a concern’. People outside the organisation, including stakeholders, suppliers and service users, can also raise concerns through the HSC Complaints Procedure. However, whistleblowing is different from making a complaint or raising a grievance.

Whistleblowers can often act out of a feeling of fairness or ethics rather than a personal complaint. As Public Concern at Work (PcAW) states, it is important to note that:

“...the person blowing the whistle is usually not directly, personally affected by the danger or illegality. Consequently, the whistleblower rarely has a personal interest in the outcome of any investigation into their concern – they are simply trying to alert others. For this reason, the whistleblower should not

be expected to prove the malpractice. He or she is a messenger raising a concern so that others can address it".

1.2 Overview

This applies to **all staff** (employees, workers) involved in the work of BHSCT. It does not apply to patients and clients or members of the public who wish to complain or raise concerns about treatment and care provided by BHSCT or about issues relating to the provision of health and social care. These will be dealt with under the separate BHSCT Complaints Procedure.

This is for staff to raise issues where the interests of others or the organisation are at risk. If a member of staff is aggrieved about their personal position they must follow the local grievance procedure for making a complaint about Bullying and/or Harassment.

All cases of suspected, attempted or actual fraud raised under this policy should be handled promptly in line with the organisation's Fraud Response Plan

It is important that BHSCT, like all HSC organisations are committed to the principles set out in their whistleblowing arrangements and can ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation.

Within BHSCT

- Head of Office has been identified to take responsibility for ensuring implementation of the whistleblowing arrangements.
- For each Directorate advisors/advocates have been identified to signpost and provide support to those wishing to raise a concern. **(Ref Appendix D)**
- A non-executive board member has been identified to have responsibility for oversight of the culture of raising concerns within their organisation.

As an employer, BHSCT must take all concerns raised seriously. However, it may not be necessary to carry out a formal investigation in each case. BHSCT Head of Office / Directorate Advocate will consider a range of possibilities depending on the nature of each case:

- explaining the context of an issue to the person raising a concern may be enough to alleviate their concerns
- minor concerns might be dealt with straightaway by line management
- a review by internal audit as part of planned audit work might be sufficient to address the issue e.g. through a change to the control environment
- there may be a role for external audit in addressing the concerns raised and either providing assurance or recommending changes to working practices
- there may be a clear need for a formal investigation.

Having considered the options it is important that the rationale for the way forward is clearly documented. If necessary, the BHSCT can also seek advice and guidance from the relevant prescribed person.

1.3 BHSCT Procedure for Whistleblowing

1.3.1 Introduction

All of us at one time or another may have concerns about what is happening at work. The BHSCT wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or BHSCT itself, it can be difficult to know what to do.

The BHSCT recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged.

This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know. The BHSCT has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

1.3.2 Aims and Objectives

BHSCT is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the BHSCT;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the BHSCT is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The BHSCT roles and responsibilities in the implementation of this policy are set out at **Appendix A** of this Policy.

2.0 SCOPE

The BHSCT recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the BHSCT, including permanent, temporary and bank staff, staff in training working within the BHSCT, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think BHSCT should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the BHSCT's local grievance procedure, Working Well Together Policy or Harassment Policy which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to

replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

3.0 ROLES & RESPONSIBILITIES

Refer **Appendix A**

4.0 KEY POLICY PRINCIPLES

4.1 Suspected Fraud

If your concern is about possible fraud or bribery BHSCT has a number of avenues available to report your concern. These are included in more detail in BHSCT Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspensions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Director of Finance
- Fraud Liaison Office (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.repporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The BHSCT's Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the BHSCT or under its control.

The BHSCT expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

4.2 BHSCT Commitment to you

4.2.1 Your Safety

The BHSCT, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The BHSCT will

not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The BHSCT expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the BHSCT reserves the right to take disciplinary action if appropriate.

4.2.2 Confidentiality

With these assurances, the BHSCT hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to initially a member of staff within your Directorate that has been identified to provide support in relation to Whistleblowing.

(Ref **Appendix D** for details of BHSCT Directorate Advocates)

The BHSCT is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

4.2.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice 4.3.2).

4.3 Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in 4.4. You should also remember that you do not need to

have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

4.3.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager (or lead clinician or tutor). But where you do not think it is appropriate to do this, you can use any of the options set out below. If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact:

the designated advisor/ advocate (**Ref Appendix D**)

If you still remain concerned after this, you can contact:

Claire Cairns Head of Office (**Ref Appendix D**)

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see 4.4 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

4.3.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation. Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

4.3.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

4.4 Raising a concern externally

The BHSCT hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the BHSCT would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the BHSCT recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
 - o General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
 - o The Regulation and Quality Improvement Authority;
 - o The Health and Safety Executive;
 - o Serious Fraud Office,
 - o Her Majesty's Revenue and Customs,
 - o Comptroller and Auditor General;
 - o Information Commissioner
 - o Northern Ireland Commissioner for Children and Young People
 - o Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

4.5 The Media

You may consider going to the media in respect of their concerns if you feel the BHSCT has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The BHSCT reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by Corporate Communications on behalf of the BHSCT. Staff approached by the media should direct the media to this department in the first instance.

4.6 Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the BHSCT listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

4.7 Equality, Human Rights & DDA

The BHSCT This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the BHSCT to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories. The policy has been **screened out** without mitigation.

4.8 Alternative Formats

The document that this Policy is based on can be made available on request on disc, larger font, Braille, audiocassette and in other minority languages to meet the needs of those who are not fluent in English.

4.9 Sources of advice in relation to this document

The Policy Author, Head of Office or Directorate Advocates (as per Appendix D) should be contacted with regard to any queries on the content of this policy.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This is applicable to all staff. In addition to the Head of Office and Directorate Advocates, Senior Managers play a vital role in ensuring all staff are aware of the arrangements within the Trust.

5.2 Resources

Public Concern at Work (PCaW) have delivered training to key staff within the Trust

6.0 MONITORING

Details regarding Whistleblowing will be maintained by the Head of Office

7.0 EVIDENCE BASE / REFERENCES

- Your Right to raise a Concern (Whistleblowing) HSC Framework & Model Policy (02 Nov 2017)
- Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health & Social Care (NHS, 2014)
- Government Whistleblowing Policies National Audit Office (2014)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Where’s whistleblowing now? 10 years of legal protection for whistleblowers, PCaW, March 2010
- Whistleblowing in the Public Sector: A good practice guide for workers and employers, published jointly in November 2014 by Audit Scotland, the National Audit Office, the Northern Ireland Audit Office and the Wales Audit Office, with the support of Public Concern at Work
- Review of the Operation of Health and Social Care Whistleblowing Arrangements (RQIA, 2016)
- Definitions set out in Articles 3 (3) and 67K of the Employment Rights (Northern Ireland) Order 1996
- The Public Interest Disclosure (Northern Ireland) Order 1998
- Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014
- The Employment Rights (Northern Ireland) Order 1996 as amended by the Employment Act (Northern Ireland) 2016
- Department of Health. Correspondence from Health Minister Ref SUB/325/2012 (02 Mar 2012)

8.0 CONSULTATION PROCESS

This policy has been taken from the Regional framework that has been agreed after regional consultation including Northern Ireland HSC organisations and Trade union representation.

9.0 APPENDICES / ATTACHMENTS

Appendix	Details
A	Roles and Responsibilities
B	Procedure for raising a concern
C	Advice for Managers responding to a concern
D	Key contacts within BHSCT
E	Flowchart for raising concerns & whistleblowing process

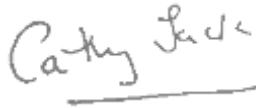
10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact
Minor impact
No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



4 April 2017

Date: _____

Dr Cathy Jack,
Deputy Chief Executive/Medical Director



4 April 2017

Date: _____

Martin Dillon
Chief Executive

Appendix A Roles and Responsibilities

The BHSCT

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via organisations shared learning Procedures

The non executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Senior Manager

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within the BHSCT where appropriate
- To invoke the formal procedure and ensure the Head of Office is informed, if the issue is appropriate
- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations
- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictiv

All Members of Staff

- To recognise that it is your duty to draw to the BHSCT attention any matter of concern
- To adhere to the procedures set out in this policy
- To maintain the duty of confidentiality to patients and the BHSCT and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

Appendix B Procedure for raising a Concern

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager (lead clinician or tutor). This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager (lead clinician or tutor), for whatever reason, please raise the matter with the designated adviser/ advocate for your Directorate (Ref **Appendix D** for further details)

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the Head of Office any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Claire Cairns Head of Office directly (Ref **Appendix D** for details)

Step four (formal)

You can raise your concerns formally with the external bodies listed in 4.4

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the BHSCT to take forward the investigation in conjunction with the Agency if appropriate.

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the BHSCT Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will

discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The BHSCT board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation's culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

Appendix C - Advice for managers responding to a concern

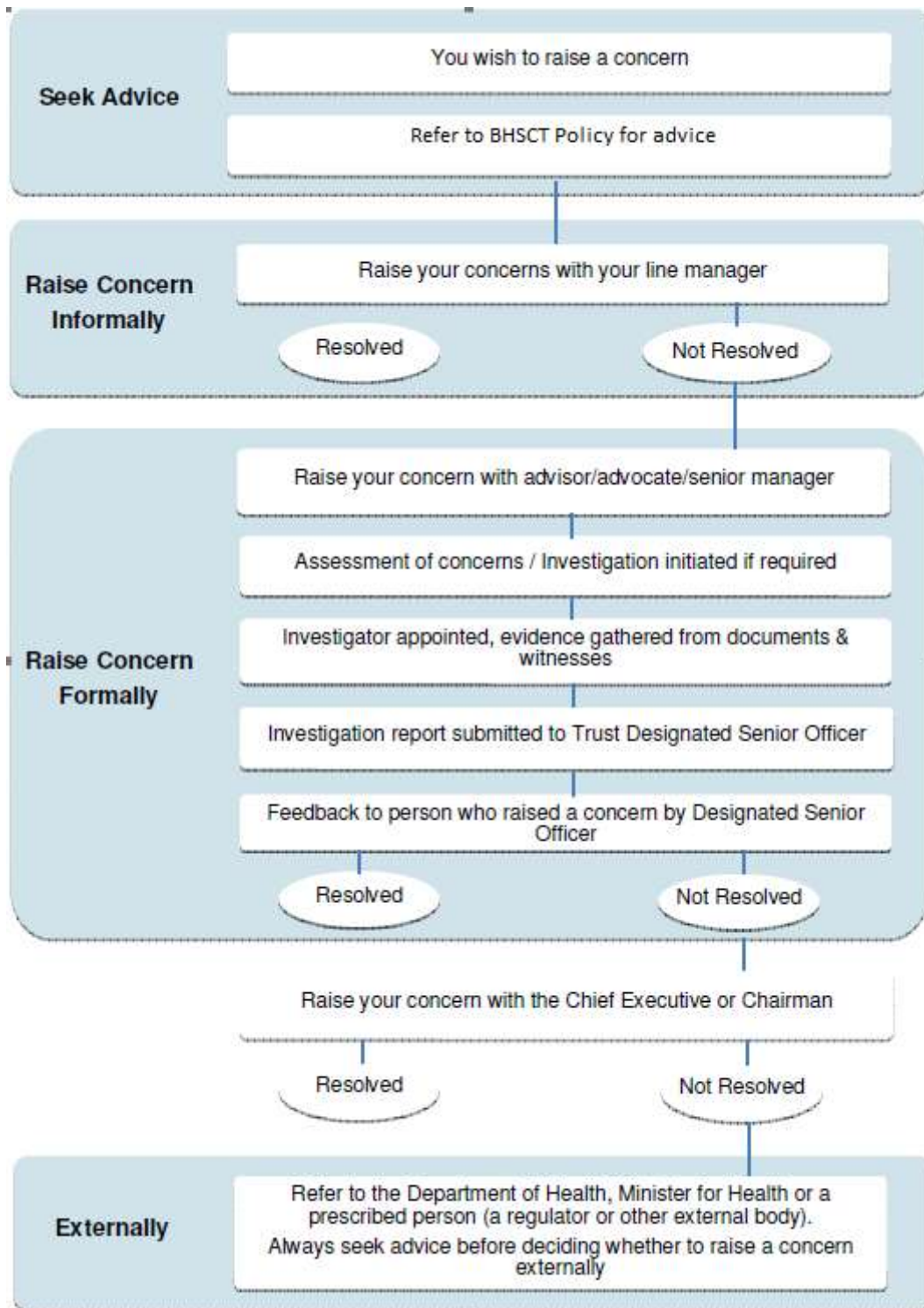
1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and
11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

Appendix D – Key contacts within BHSCT

The following table outlines staff within BHSCT that have been identified to provide further advice / guidance in relation to whistleblowing

	Name	Email Address	Phone Number
Head of Office	Claire Cairns		
Directorate	Advocate		
Adult Social & Primary Care	Ursula McCollam		
	Catherine Collins		
Children's Community Service	Nuala C Toner		
	Kerry Lee Weatherall		
	Cathy Curry		
Finance, Estates Services & Capital Redevelopment	Nicola Williams		
	Damian Horisk		
	Fiona Cotter		
Human Resources & Organisation Development	Joan Lowry		
	Martin McGrath		
	Marie Curran		
	Sally Thompson		
	Claire Nellis		
Nursing & User Experience	Alison Kerr		
	Seamus Trainor		
	Karen Devenney		
	Paula Forrest		
	Aisling Pelan		
Specialist Hospitals and Women's Health	Tony McDonagh		
	Patricia McKinney		
Surgery & Specialist Services	Brenda Kelly		
	Sharon O'Donnell		
	Debbie Wightman		
Unscheduled & Acute Care	Clodagh Loughrey		
	Liz McAlea		
	Bernie Carey		
	Tara Clinton		
	Margaret Reid		
Medical Directorate	Jane Sheridan		
	Peter Watson		
Performance, Planning & Informatics	Robert Henry		
	Gillian Acheson		
	Stephen Best		

Appendix E Flowchart - Raising Concerns & Whistleblowing Process





Belfast Health and
Social Care Trust
caring supporting improving together



framework for staff *with a caring role*

Directorate of Human Resources
and Organisational Development



Introduction

The Belfast Health and Social Care Trust employs over 22,000 staff, across a diverse number of job roles covering a wide range of professions. Our staff are employed on a variety of working practices and patterns, across a range of health and social care settings. We know that modern life at times can be demanding. It can be difficult to balance the various social and economic pressures we experience outside of work on a daily basis including caring, parenting and our own personal and health issues. In addition, working in a health and social care environment whilst often rewarding, can frequently be challenging physically, mentally and emotionally. As a Bronze Accredited Investor in People Employer, we aim to be exemplary in improving the working lives of our people, helping them to become champions of their own wellbeing, and that of their families and the wider community we serve. Through its overarching People Strategy, the Trust is committed to supporting staff and in so doing lead the Trust into the top 20% of high performing NHS Trusts and recognised as a world class health provider and all round great place to work.

The demands of reconciling work and care for adult family members are becoming increasingly important. According to 2011 Census data, one in nine workers in the UK has informal caring responsibilities. Eighty per cent of UK carers are of working age, and nearly half undertake paid work as well as providing unpaid care.





Introduction

For many individuals, reconciling work and care is difficult; over a quarter of carers of working age report that caring responsibilities affect their ability to take up or remain in employment. Over two million people have given up work at some point to care for family, and three million have reduced working hours.

The demand for care and support will increase considerably over the next 30 years, and a growing group of unpaid carers will have multiple caring responsibilities. A common pattern is for people between the ages of 50 and 64 to assume caring responsibilities for older relatives as well as grandchildren at the same time as they have the greatest labour market value because of their cumulative skills and experience. (Evaluation of the Carers in Employment Project, Final report 2018)

One in five UK adults with caring responsibilities surveyed by Carers UK felt that their work was negatively affected because of their caring responsibilities

The Trust is aware of the substantial costs to individuals and families, when carers reduce their earnings through reducing working hours or moving into lower-paid work, or if they give up paid work entirely. Carers who drop out of work create vacancies that often the Trust finds challenging to recruit and replace. Those carers who remain in work can struggle to balance the demands of working and caring.

315,000 adults below State Pension Age are estimated to be unemployed after leaving work due to caring responsibilities. (Evaluation of the Carers in Employment Project, Final report 2018)



Carers Framework Strategy

The Carers Framework Strategy supports the Trust’s Corporate Management Plan (2018-23) and the Trust’s People Strategy of “caring, supporting, improving, together”, where our people are at the core of everything we do for the benefit of the communities we serve. We aim to ensure that a culture of health and wellbeing becomes a priority for our diverse workforce and supports our five corporate themes:

Safety, Quality and Experience

- Working collaboratively and in partnership with internal and external stakeholders to use innovative ways to promote our carer initiatives, policies and support.

Service Delivery

- Looking at our carer initiatives and interventions, their impact and how we can raise the bar even higher.

Strategy and Partnerships

- Encouraging managers to engage effectively with Carers Organisations and Carers Support Groups, Occupational Health, Human Resources, Health Improvement, Health and Safety, Chaplancy and other

People and Culture

- Educating our people about how to identify and seek support and actively seeking their feedback about how we can further support them to improve their health and wellbeing and balance their commitments as a Trust employee and a carer.

Resources

- Refining our strategies for supporting staff with caring responsibilities.

The Carers Framework enables the Trust to proactively engage with staff as carers to enhance their health and wellbeing.





Introduction

The Case for Action

Over 2 million people across the UK have given up work at some point to care for loved ones, 3 million have reduced working hours. Carers UK and YouGov (2013) as part of *Caring & Family Finances Inquiry UK Report (2014)* Carers UK

In a recent Carers UK survey, 65% of respondents reported that they gave up work due to the stress of combining work and care
Carers UK 2015

In 2013, the Carers in Employment Task and Finish Group Report, Supporting Working Carers: The Benefits to Families, Business and the Economy¹² included the specific recommendation that:

'The Department of Health should work with key stakeholders in a number of local authority areas to explore ways in which people can be supported to combine work and care and the market for care and support services can be stimulated to grow to encompass their needs'

Carers NI State of Caring report 2018 based on State of Caring survey results 2018: 18% working carers reduced their hours; 8% took less qualified job or turned down promotion to fit around caring; 32% felt stressed or anxious at work due to combining caring and work.

'Working carers report that work provides respite from caring and makes them come alive'
Carers in Employment
Carers UK 2015

Evidence suggests that caring begins to have *'an adverse effect on an employee's ability to remain in the workplace'* once caring activities demand more than five hours per week. Age UK and Carers UK 2015



Current Position

The Trust has a range of initiatives that support our staff as carers. Through a collaborative and partnership approach, across services and with Trade Unions and external stakeholders, we have a significant number of key policies, support services and initiatives to support staff as carers and to ensure their health and wellbeing.

Policies and Guidance	Support Services	Initiatives
<ul style="list-style-type: none"> • Carers • Work Life Balance • Family Friendly • BWell Strategy • Childcare Strategy • Stress, Health and Wellbeing • Management of Attendance • Alcohol and Drugs • Disability Equality • Equal Opportunities • BWell Strategy • Childcare Strategy • Stress, Health and Wellbeing • Management of Attendance • Alcohol and Drugs • Disability Equality • Equal Opportunities • Health and Safety • Domestic Violence and Abuse • Working Well Together • Harassment • Harmonious Working Environment 	<ul style="list-style-type: none"> • Carers Network • BWell Health Fairs for staff including internal and external exhibitors • A multidisciplinary Occupational Health Service including Fast Track Physiotherapy, Conditions Management Programme and Clinical Psychology and Medical, Nursing and OT Services • Staff Care 24/7 Confidential Staff Counselling Service • Health Improvement Team • Improving Working Lives Team • Domestic Abuse Support Service • Employee Networks (Disability-LGBT-International Nursing) • Bullying and Harassment Support • Maternity Information Sessions 	<ul style="list-style-type: none"> • Mind Ur Mind Toolkit • Belfast Recovery college • Mental Health Charter • Carers Recognition Event • HR Drop In Clients • Participations with external partners ie. Carers NI, Parenting NI and Employers for Childcare • Range of resources on Bwell App and Website • Age Focus Groups • Self help Guides • Mental Health and Emotional Wellbeing Training Guide • Drink, Work and Me campaign • Here 4 U classes, events, advice and support • Health Improvement Training Programmes on Nutrition, Physical Activity, Oral Health • Participation with external spot • Bereavement Guidance • On-boarding • Mindfulness Programmes • Stress Focus Group • Free 12 week Smoking Cessation • Annual Childcare Scheme • Childcare Vouchers • Cycle to Work Scheme



Current Position

As an employer, the Trust recognises that the impact of caring can sometimes adversely affect individuals' own personal health and wellbeing. It is important that staff take care of their own health, even if they are busy looking after someone else's health.

Caring for somebody can be very demanding on an individual's time and energy. Dealing with medical professionals, arranging finances and claiming benefits as well as worrying about the person you care for is stressful.



Finding time to keep regular medical appointments, meet up with friends or simply relaxing can feel like an impossibility when caring for someone. Added to this, nearly half of people with caring responsibilities, juggle their role with working or volunteering either full or part-time. Looking after themselves when caring for somebody who may have significant needs is no easy task especially if an individual already has or develops their own disability, illness or health condition.

The Trust is cognisant of the fact that many working carers, including some with significant caring commitments, reported that work can provide a respite from caring and makes them feel alive. Staff may not be willing to reduce their hours or spend less time working as potentially this could impact on their independence and social contact.

The Trust's Bwell app and website www.bwellbelfast.hscni.net is one single, overarching brand that unifies the entire suite of employee health and wellbeing support. These two interactive tools for staff are free of charge and can be accessed on any smart phone or pc in any location, internal or external to the Trust.

The Bwell programme is of fantastic benefit to all staff and their families and a particularly useful resource for staff as carers. We continue to review and evaluate all of the Bwell services and benchmark ourselves against best practice to meet the challenge of continually improving the working lives and wellbeing of our staff. There is a wide range of health and wellbeing issues, set out in five key themes:





Current Position

Social Isolation

New research from Carers UK shows more action is needed to support unpaid carers who feel isolated and lonely. Greater understanding from friends and colleagues, are all needed to combat a 'silent epidemic' of loneliness affecting those providing support to ill, older or disabled loved ones.

More than 8 in 10 (81%) surveyed unpaid carers described themselves as 'lonely or socially isolated due to their caring responsibilities, with those affected facing a potentially damaging impact on their mental and physical wellbeing. The report suggests that current carers who have not felt lonely were less likely to suffer mental (42%) and physical (35%) ill-health compared to those who did. Carers who had felt lonely or isolated were almost twice as likely to report worsened mental (77%) and physical (67%) health. 32% of those surveyed felt "isolated" at work due to care responsibilities.

Societal Pressures

In the UK there are an estimated 7 million unpaid carers, providing support and care for people with physical and mental illnesses. Their care means there is far less stress on our healthcare system, and it also lets many people stay within their own homes, rather than entering the care system. While this can be a better scenario for those that need care, it can often mean a far more challenging daily routine for those caring. (Carers UK)

Almost half of the 7 million estimated carers have to balance their care obligations alongside a job, and 1 in 5 people providing care will have to quit their job in order to continue doing so. Unpaid care contributes over £130 billion into the UK economy enough for a second NHS. (Carers UK)

Sandwich Generation

The term 'sandwich generation' is often used to refer to those looking after young children at the same time as caring for older parents. It can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations. With an ageing population, and where people are starting families later, 'sandwich caring' responsibilities are on the rise and it is women who are more likely to face the pressure of simultaneously shouldering responsibility for young and old. A recent Carers UK study found women were four times more likely than men to have given up work due to multiple caring responsibilities.

Sickness Absence

Sickness absence within the Trust costs in the region of £30 million each year. This figure does not include the costs of providing cover or the impact on colleagues and managers. Employees with caring responsibilities may be more susceptible to stress and wellbeing problems. The Trust focuses on staff wellbeing through Bwell and improving working live initiatives ie. HR Drop in Clinics, Bwell health fairs, Here 4 U activities and leaflet for staff members with a caring role provides employees with support and information on a wide range of health and wellbeing issues.

Ageing Workforce

In a sector where the workforce is ageing and there are challenging recruitment and retention issues, there is the need to retain skilled experienced staff. There has never been a more important time to focus on the benefits of retaining skilled workers - and supporting our employees to work healthily and productively - rather than incurring the costs of recruiting and retraining new staff. Changing demographics and an ageing population mean that 3 in 5 people will end up caring for someone at some point in their lives. This is an issue none of us can afford to ignore. We are continuing to review flexible retirement options for staff and develop a range of initiatives to support our aging colleagues regarding their continuous employment.



Drivers for Change

Already 90% of working carers are aged 30 plus i.e. employees in their 'prime' employment years. The peak age for caring is also 45-64 when many employees will have gained valuable skills and experience. With fewer young people entering the job market, there has never been a more important time for the Trust to focus on the benefits of retaining our skilled staff rather than incurring the challenges, including skills shortages and costs, of recruiting and retraining new staff.

The Trust recognises the business need to support working carers. We believe that adapting a flexible working approach to when supporting carers to remain in work makes good business sense and:

- Attracts and retains staff
- Reduces stress
- Reduces recruitment and training costs
- Increases resilience and productivity
- Reduces sickness absence
- Improves service delivery
- Improves people management
- Increases staff morale
- Improves work life balance

'The number of carers in the UK set to rise from 6 million to 9 million over the next 30 years, the proportion of carers in our workforce is also likely to increase significantly'.

Carers UK 2015



How we plan to do this

The Trust has developed this framework to support us to build on our progress to date and develop a more integrated approach to supporting and enabling staff with caring commitments to remain in work whilst simultaneously safeguarding their health and wellbeing. This is in line with our Organisation Development aim of supporting the delivery of safe, high quality and compassionate care by increasing our capability and capacity for innovation, research and continuous learning, and using collective leadership to deliver decision making and improvement closer to the point of care - positively influencing behaviour and culture change leading to a more engaged workforce.

The model illustrated below has four keys strands which support the delivery of our objectives over the next five years:



Key Outcome Measures

We will continue to review and monitor this Framework in conjunction with our BWell, Childcare and People Strategies. We will focus on the four key strands of our model for delivery; A Flexible Workplace, Improving Working Lives, Better Relationships, Learning and Development.

We will continue to collate data and feedback information via surveys, focus groups, HR Drop in Clinics and evaluations of our interventions and initiatives. Our staff engagement scores, staff survey results, turnover, absence levels and uptake of Carer and health and wellbeing initiatives will provide useful indicators. We have developed some key outcome measures which will be monitored and shared on an annual basis through the production of Trust and Directorate dashboards and scorecards. These are as follows:

Measures of Success	Policies and Guidance
Increased availability of good quality information, advice and support for carers	<ul style="list-style-type: none"> • Development of a Network for Carers • Attendance at Trust Bwell health fairs • Information sessions by Trust Carer Coordinators
Increased awareness for staff with caring responsibilities and access to the health and wellbeing and specialist support initiatives	<ul style="list-style-type: none"> • Managers promoting health and wellbeing events and initiatives • Increased hits on Bwell app and website. • Increased attendance at Trust health fairs and uptake of Here4U activities • Improved Staff Engagement Scores - NHS Staff Survey, Pulse surveys
Increased uptake of health and wellbeing support for staff with caring responsibilities.	<ul style="list-style-type: none"> • Increased hits on Bwell app and website • Attendance at Trust health fairs • Uptake of Here4U activities
Improved feedback from employees and Trade Union colleagues about the work environments across our Trust	<ul style="list-style-type: none"> • Increased staff engagement and wellbeing scores • Increased numbers of employees completing a range of surveys including; NHS Staff Survey, ONS4, Pulse surveys • Increased numbers of staff attending the Trust's Network for Carers
Improved staff engagement and satisfaction scores	<ul style="list-style-type: none"> • Increased staff engagement and wellbeing scores • Increased numbers of employees completing a range of surveys and demonstrating greater job satisfaction and higher morale
Reduced levels of sickness absence	<ul style="list-style-type: none"> • Quarterly absence dashboard reports • Internal Audit - improved manager compliance with protocol



Effective marketing and promotion are central to ensuring that all Carer themed activities, initiatives and activities that can benefit staff who are carers are brought to the attention and awareness of all Trust staff. In partnership with Adult Social and Primary Care and Corporate Communication colleagues we will ensure a comprehensive Marketing and Communication Plan for this Carer's Framework which will include:

- Increased visibility of Carer Framework via the HUB, Corporate induction and Health Fairs with specific Bwell information / stands on each theme
- Actively promote this Framework at pre-boarding and on-boarding to attract and retain staff and through on-boarding, we will enable all new employees commencing their employment with the Trust, to have immediate access to the entire range of carer and employee health and wellbeing support available
- Case studies and podcasts from employees and their managers showcasing how the Trust's initiatives enabled them to improve their health and wellbeing
- A calendar of scheduled events and utilisation of staff conferences, senior management meetings, team meetings, staff induction and Links magazine to cascade information to all staff
- Continued participation in local and national awards schemes which showcase and highlight the work and achievements to date.

For further information please contact:

Samantha Whann, Senior HR Manager

Directorate of Human Resources and Organisational Development
[REDACTED]

BT19-1932

Framework for the Management of Staff Affected by Organisational Change & Staff Redeployment Protocol

Manager's Toolkit



V2 November 2017

Introduction

The Toolkit, outlined below, has been developed as an aid for managers as you undertake organisational change and should be used in conjunction with the Trust's Framework on the Management of Staff Affected by Organisational Change, which is available on the Hub. **It is recommended that you familiarise yourself with the Framework document prior to using this Toolkit.** Click [here](#) to view the Framework.

This Toolkit provides an outline of the processes managers are required to follow, in relation to those staff affected by the organisational change, as you work through your project. It includes information on the various steps that you will need to take and complete as part of your project. The Toolkit also provides the forms you will be required to complete as part of the process and other relevant documentation, including sample letters etc. to support you as a Service Manager/project lead through your organisational change project.

Whilst the structure of the toolkit has been designed to reflect the order in which processes arise and documents are needed during your project, it has to be noted that there may be occasions when you have to revisit an element of the process, e.g. communication.

Meet the Modernisation & Workforce Planning Team

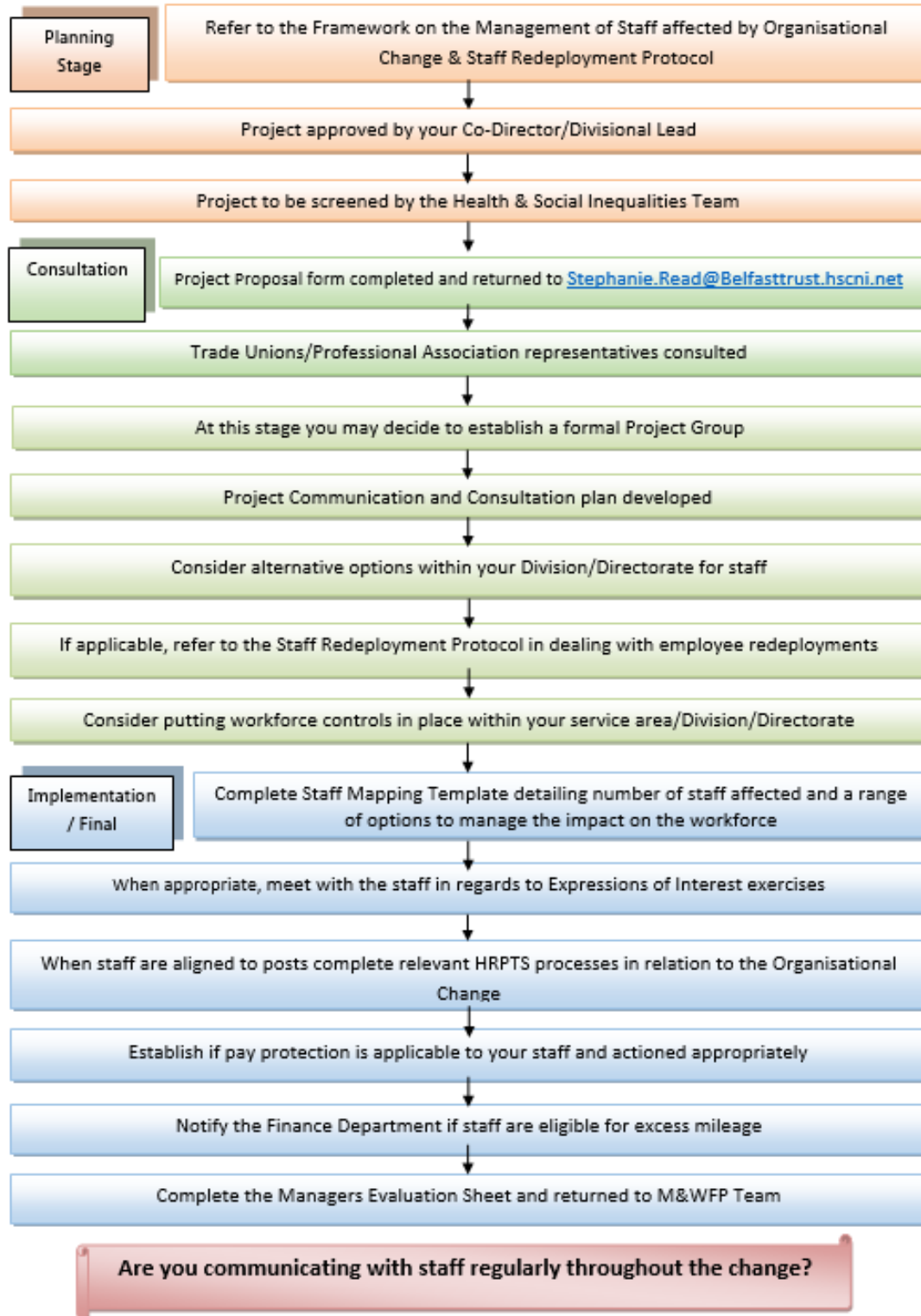
The organisational structure below indicates which members of the Team are responsible for your Directorate. In the first instance, you should make contact with a member of the team linked to your Directorate to discuss and support you with your organisational change project. A member of the Modernisation and Workforce Planning Team will be assigned to provide support and advice, on HR issues, throughout the organisational change exercise.

(Ctrl + Click the image below)



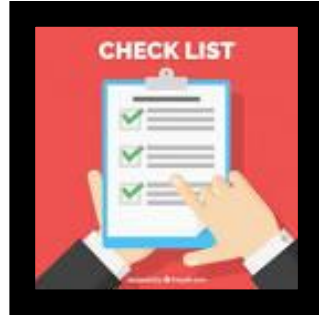
Flowchart for Managing an Organisational Change Project

The graphic below outlines the processes managers need to follow when managing change in their service area. As previously stated, as you work through an organisational change project you may have to revisit activities and therefore this process should not necessarily be seen as one step automatically leading to the next.



Checklist for managing an organisational change Project

The link below is a useful checklist of points to bear in mind as you manage your organisational change Project through each stage. **(Ctrl + Click the image below)**



PLANNING STAGE

There is a **statutory requirement** on all HSC Trusts to carry out equality screening on organisational change projects and adhere to the DHSSPS guidance when withdrawing services. You must link in with the Health & Social Inequalities Team, at the earliest point possible, who will advise the service lead regarding this requirement. A list of contacts of the Health & Social Inequalities Team and which Directorate they cover is provided below.



[Health & Social Inequalities Team Contacts](#)

It is the responsibility of the service lead to ensure that a screening exercise is carried out to identify, mitigate and monitor the impact of change on staff and service users, in connection with their organisational change project. The Screening template needs to be completed in respect of all projects. Click below to access the screening guidance and template.

[Screening and Equality Impact Assessment guidance](#)

[Screening Template](#)

The link below provides Guidance on the Withdrawal or change in the provision of services.

[DHSSPS Guidance on Withdrawal or Change in the Provision of Services](#)

CONSULTATION STAGE

By the time you contact the Modernisation and Workforce Planning Team to discuss your proposal you should have already contacted the Health & Social Inequalities Team to discuss the need to carry out the equality screening on your options.

The Project Proposal Form must be completed when you are about to begin an organisational change project, **and should be approved by the Directorate/Divisional Leadership Team for your service area.**

The Project Proposal Form will provide the Modernisation & Workforce Planning Team with important information on the project e.g. who the service lead will be, context for the change, why the change is necessary, the staff affected, expected outcomes and timescales. Your completed project proposal will be shared with interested stakeholders including the Trade Unions. A proposal template is provided below.

Once completed please return your proposal to:

(Ctrl + Click on the image below to open the template proposal form)



It is important that consultation and communication takes place throughout the organisational change project to ensure staff are kept up to date with developments.

Following the completion of the proposal a request for representatives from the trade unions will be made. A meeting will be held with the service lead, the trade unions and HR, if requested, to discuss the proposal and the implications for the staff. Following this meeting a staff briefing will be arranged to advise staff the details around the organisational change.

Supporting Staff Wellbeing

It is important to be aware that organisational change can be a potential workforce trigger for distress amongst staff. As a manager your role is to be supportive, approachable and responsive to your staff. The 'Mind Ur Mind' toolkit is a useful document to refer to when supporting your staff throughout the change process. Follow this link www.bwellbelfast.hscni.net to the toolkit.

IMPLEMENTATION STAGE

The documents contained in this section are designed to assist managers as they progress through their organisational change project.

Managers must complete the Staff Mapping Template below, which will identify all the staff affected by their proposal and the outcome of the organisational change on these staff. The mapping template will assist managers in recording this information. The template records staff by occupational group and headcount and whole time equivalent (WTE), enabling different managers to complete all the relevant sections for their service area.



[Staff mapping Template](#)

The expression of interest should be prepared by Managers when asking staff to choose from a specific number of options in relation to their redeployment and possibly their relocation. The template provides assistance in aligning staff to posts within a new structure. Each expression of interest can be specifically tailored to the situation and lists all options available to staff at a point in time. This can aid in the staff screening process.

[Template Expression of Interest Form](#)

The Corporate Nursing Directorate have provided guidance in relation to redeploying Ward Managers, which is provided in the link below.

[Redeployment Guiding Principles for Ward Managers Band 7](#)

FINAL STAGE

The documents in this section are to assist staff and managers during the final stage of an organisational change project. The document below provides you with guidance on how to use HRPTS to initiate staff changes to reflect relocations and redeployments.

[HRPTS Process for Managers when redeploying / relocating staff](#)

(If you require further advice on the functionality of HRPTS you can contact the Pay & Conditions Team on 02890 635678 or ER-GeneralQueries@belfasttrust.hscni.net)

In the event that staff have to be redeployed, managers can access the redeployment forms below. The R1 form should be completed after the Directorates' internal measures have been exhausted. The form is required to be completed by the individual to be placed onto the Trust-Wide Redeployment register and must be signed off by the manager. The purpose of this is to enable the displaced employee to be given preferential consideration of relevant posts in line with the Belfast Trust Redeployment Policy.



[Redeployment Form R1](#)

The R2 form should be completed by the manager in conjunction with the staff member and is used during the trial period only. The R2 form is used for the review and monitoring of the progress of the redeployment throughout the staff member's trial period. This will assist in confirming the suitability of the redeployment and the employee's ability to carry out the duties of the post.

[Redeployment form R2](#)

Please see links to sample template letters that can be used to communicate to staff who undertake redeployment or relocation. These can be amended to suit the particular circumstances of the exercise.

[Template Redeployment letter/Template Relocation letter](#)

Please see some brief guidance below on both short term and long term pay protection arrangements. As the individual's entitlement to pay protection is dependent on the member of staff's contract, the Pay & Conditions Team will confirm actual entitlements on an individual basis. It should be noted that full arrangements in relation to pay protection can be obtained by referring to the appropriate terms and conditions of service. You can contact the Pay & conditions team on: 02890 635678 or Email: ER-GeneralQueries@belfasttrust.hscni.net

The guidance provided below outlines when pay protection may be payable.

[Pay Protection arrangements](#)

Please see guidance below for Managers on when Excess mileage applies and how it is processed. For advice and queries contact the Modernisation & Workforce Planning Team.

[Guidance to Excess Mileage](#)

[Excess Mileage Memo to be sent to Payroll](#)



Learning & Development Support

Following the implementation of your organisational change project, your team may potentially benefit from participating in a team based development intervention. These initiatives can take various forms including team effectiveness workshops, team building, team planning. This would be particularly beneficial if there has been changes to the workforce, for instance, following a restructuring or re-organisation involving your team. Alternatively, you may wish to consider having a Team Values Workshop.

Should you wish to undertake an exercise, of this nature, you should contact the Learning & Development Manager from HR, who will be able to advise and support you through this activity. HR Information Support Team can direct you to the Learning & Development on 02890 635678.

FAQS

The FAQs address the most common queries raised during organisational change projects. Should you not find the answer to your query do not hesitate to contact a member of the Modernisation & Workforce Planning Team. **(Ctrl + Click on the image below)**



EVALUATION / REVIEW SHEET FOR MANAGERS

Obtaining feedback is important to the development of an efficient and effective service. Therefore, you are asked to complete the Evaluation Form and return it to a member of the Modernisation & Workforce Planning Team. **(Ctrl + Click on the image below)**



North & West Belfast Health & Social Services Trust

DRAFT #4

HUMAN RESOURCES STRATEGY

2005 - 2007

**Human Resources Department
Glendinning House
6 Murray Street
Belfast
BT1 6DP**

INTRODUCTION

The Trust provides a wide range of Health and Social Care Services to a population of 160,000 people living in North and West Belfast and to patients in Muckamore Abbey Hospital.

Our ethos is based on the principle of partnership and working with other statutory and voluntary agencies within the community. As a Trust we also accept our social responsibilities and have entered into partnership projects with various organisations addressing employment issues with our local communities and supporting career/employment issues within schools and colleges.

The Trust acknowledges that its staff is the most important asset in delivering effective high quality services to all of its users. Through the recognition and utilisation of staff skills and abilities the Trust continues to provide the necessary services to our community.

This strategy embraces the objectives and requirements set out in The Employer of Choice document, which maps the human resources agenda for the HPSS. It also supports the Trusts business plan and other measures in place e.g. Agenda for Change/Knowledge and Skills Framework, IIP and Controls Assurance in meeting the agreed objectives and responsibilities attached to service delivery.

Furthermore the Trust acknowledges and endorses the underpinning values identified by staff indicating that there is a need to:

- Recognise and appreciate the contribution of each staff member
- Treat others as we expect to be treated
- Treat everyone fairly with equal opportunities for all
- Be open and honest
- Build high levels of trust at all levels of the organisation
- Be flexible with staff and encourage flexibility in return

The strategy will address the six strategic areas of:

- Workforce Planning
- Retention, Return, Recruitment and Reward
- Improving Working Lives
- Equality and Fairness
- Education and Training
- Employee Relations

Workforce Planning

The Trust employs over 3,500 staff to provide effective and efficient health and personal social care services. It is vital therefore that the staff we employ possess the right skills to deliver the wide range of services provided to all our patients, clients and service users. Indeed it is the skills, capacity, commitment and total professionalism of our staff

that determines the quality of the care we deliver. Therefore, the Trust is committed to Workforce Planning as integral to the planning process for service delivery/development and for strategic decision making, which, will also be addressed in the Trust's Performance Framework. The Trust is faced with on-going significant changes that affect

the way we provide our services. New technologies, treatments and new ways of working all impact on the numbers and type of staff needed to deliver the services to our community. With the balance of care shifting to the primary care sector, the Trust must ensure that a proper workforce planning process is integrated into our business planning process. The Trust will continue to offer and extend services on a team basis in place of uni-disciplinary approaches in line with our 'caring in partnership ethos.

The provision of workforce planning within the Trust will be linked to the Human Resource Management System. The work carried out by the Regional Workforce Planning Groups will be used to inform the Trust's local plans which are drawn up on a Programme of Care basis.

Retention, Return, Recruitment and Reward

The Trust delivers its service to the community through the skills and knowledge of its entire staff. As services expand the need for additional staff increases and the implications of this requires that the Trust:

- Retains through encouraging staff to remain within the Trust
- Encourages 'returners' by offering a flexible and more attractive work environment
- Recruits the right people using the most appropriate means
- Rewards with a fair pay system

The Trust accepts that it is crucial to have the right staff, doing the right things, in the right way, in the right places and paid at the right rate. By not doing so, the burden on existing staff is shown through sickness levels and morale which in-turn attracts cost implications.

The Trust in addressing these issues is actively participating in regional initiatives and continues to seek creative and innovative approaches to employment issues. The on-going work under Agenda for Change continues to pave the way to meeting the requirements mentioned above.

Improving Working Lives

The correlation between the working lives of our staff and the quality of care provided to service users is unmistakable. By enhancing the working lives of our staff the Trust acknowledges its responsibility in creating a working environment that supports an 'employee friendly' workplace.

Furthermore the strategy aims to:

- Provide a healthy workplace for all staff
- Maintain a safe working environment
- Encourage and support flexibility in working patterns

Achieving 'quality of life' for many people is dependant on people finding a balance between the demands of employment and the responsibilities of home life. A number of policies exist within the Trust to assist staff achieve this balance and will continue to enhance and develop new initiatives.

The Trust acknowledges that by guaranteeing the following:

- showing staff that they are valued
- having mechanisms to address work related stress
- demonstrating that there is equality of opportunity in promotion and training

they will assist in our commitment in promoting the necessary work - life balance. In providing a healthy workplace, the Trust will continue to improve the role of the Occupational Health Service.

Staff absence levels continue to be monitored with work continuing on appropriate management interventions to reduce absence levels. This reduction will free up much needed resources and in turn reduce pressure on staff.

The Trust accepts its responsibility under health and safety requirements to provide a safe working environment and is committed to working towards a 'zero tolerance' environment. Our duty of care extends to dealing with bullying and harassment in the work place. Such behaviour is wholly unacceptable and the Trust has in place an agreed policy with appropriate guidelines to deal with such occurrences. Staff awareness and management training is presently being planned to promote and support safe working practices/environment.

The Trust also accepts the rights of staff under its 'whistleblowing' policy and is currently developing a staff charter promoting the rights and responsibilities of staff.

Equality and Fairness

The Trust considers itself to be an equal opportunities employer and ensures that all staff are aware of their responsibilities under the legislation. Since the introduction of the Northern Ireland Act 1998, the Trust has appointed an Equality Manager who ensures compliance with our duty to promote equality of opportunity and good relations.

The Trust has since had its Equality Scheme approved by the Commission and continues with its work to support the promotion of a culture that promotes and protects fairness and equality. Awareness sessions are being planned to promote the equality agenda throughout the Trust.

It is through a best practice approach that the Trust aims to:

- Ensure that equality implications are central to the development of Human Resource Policies
- Regularly monitor key areas
- Ensure equal application to part-time workers
- Ensure compliance with the Human Rights Act 1998

Education and Training

The continuous development of staff remains a core requirement to maintaining effective and efficient service delivery. To this end the Trust endeavours to seek out practical and innovative ways of delivering and facilitating the education, training and development of its staff. The Knowledge and Skills Framework provided under Agenda for Change will also ensure that all staff address their personal development needs and agree planned interventions towards their attainment.

In doing so the Trust will:

- Promote learning for all staff placing equal importance on groups who do not hold mandatory professional qualifications
- Develop, maintain and support a culture of life long learning
- Ensure that there is a business focus to all training and development programmes
- Enhance Trust capacity to effectively manage change situations

The Human Resource Strategy recognises the role of education and development particularly in the areas of recruitment, retention and return and continues to work on a Learning and Development Strategy.

The Human Resource' Department has agreed in principle to the introduction of UNISON's 'Return to Learn' programme in addition to the existing initiatives. This programme will target non-professional staff and offer opportunities to begin or restart personal development.

It is accepted that a clear focus for training and development activities must be evident. The Investors in People (IIP) standard requires that all training and development activities meet the business needs of the organisation.

Employee Relations

Effective employee relations lies at the heart of any Human Resource Strategy. This strategy acknowledges as one of the foundation stones to be 'working in partnership' with the many groups and organisations linked to the Trust. Employee involvement is partly reflected through the Joint Negotiating Committee and the work associated with service improvements involving staff in the process Organisational Development and

other initiatives. A Climate Survey has also been commissioned to illicit staff views with a view to improving the working environment/conditions. The Trust and its staff are firmly committed to the aim of improving the health and social wellbeing of service users. Our shared goal will be achieved in a working environment where staff continue to be involved and feel valued. To maintain and develop positive employee relations, particular attention needs to be paid to an investment in leadership and management skills. It is also acknowledged that we must possess the capacity to manage the change process and therefore must develop the appropriate management skills to facilitate the process at all stages (i.e. planning, implementation and review). To assist in this, the Trust will continue to encourage and facilitate management development opportunities for staff.

This strategy also recognises that the Human Resource Function plays a key role in ensuring good employee relations within the Trust and underpins each area highlighted in this document.

This strategy is supported further by the Human Resources Business Plan and will be reviewed on a regular basis to reflect the changes and developments within the provision of health and personal social services.

Na West

SELECTION AND APPOINTMENTS PROCEDURE

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

DRAFT SELECTION AND APPOINTMENTS PROCEDURE

Section 1. Introduction

- 1.1 The Trust, following consultation with management and staff interests, has reviewed its Selection and Appointments Procedure. The revised procedures, which apply to all staff with the exception of Medical and Dental Staff, are set out in this document.
- 1.2 In exceptional circumstances, where it is not possible to adhere strictly to the procedures, the Trust may vary them, provided the variation does not contravene the basic principles as set out in Section 2.1. Approval for a variation must be sought from the Director of Human Resources and Corporate Affairs or a nominated officer, and a written record should be made of the reasons for the variation and the details of the alternative procedure adopted.
- 1.3 Where any person considers that there has been a breach of procedures the complaint should be brought to the attention of the Employing Authority.

Section 2. General Principles

- 2.1 These procedures are set in the context of current legislation and the policy adopted by the Trust to ensure equality of opportunity regardless of religious affiliation, political affiliation, race, marital status, gender or disability.
- 2.2 It is the policy of the Trust to have a consistent approach in the filling of vacancies with suitably competent qualified and/or experienced personnel who have an aptitude required for the work.
- 2.3 All applicants must complete the Trust's official application form – CVs will not be accepted.
- 2.4 The Human Resources Department will arrange, through the appropriate Head of Department, recruitment information, including a job description and personnel specification for the post concerned.
- 2.5 The Rehabilitation of Offenders (Exceptions) Order (NI) 1979 states that, for the purposes of employment within the HPSS, a conviction may never be regarded as spent.

- 2.6 In all cases, appointment will be made following a selection process which involves shortlisting and interviewing panels (appointments panels).
- 2.7 The voting members of a panel will appoint a Chairperson who will be responsible for the efficient operation of the interviewing panel.

All panel members must have undergone suitable training in selection techniques and be fully conversant with the requirements of the legislation relating to equality of opportunity.
- 2.8 Criteria for shortlisting should be agreed at a shortlisting meeting by the panel before application forms are considered. Decisions must be taken by the shortlisting panel on the basis of the information contained in the application forms only.
- 2.9 The shortlisting panel may use selection aids, such as aptitude tests and group discussions, as a further stage in the shortlisting process. Selection aids may also be used to assist the interviewing panel in reaching its decision. Selection aids should be examined to ensure the absence of any discriminatory elements.
- 2.10 The Trust should take all necessary steps to avoid allegations of nepotism. Accordingly, anyone directly involved in the selection process who is related to one of the applicants, must disclose that fact and withdraw from the selection process.
- 2.11 All correspondence and information arising out of the selection process must be treated by all concerned in the strictest confidence. However, the Trust should release shortlisting criteria on request.
- 2.12 All appointment panels shall have powers of appointment. The only exceptions are in respect of Chief Executive posts where the appointment requires the approval of the Management Executive, or of those staff groups outlined in Section 9 (Special Arrangements). However, no formal offer of appointment may be made until the Trust is satisfied that the successful applicant is medically fit to carry out the duties of the post.
- 2.13 Canvassing by applicants will mean automatic disqualification.
- 2.14 Decisions of appointments panels should be systematically recorded. The Trust should retain such records, application forms, referee reports and all other papers, including members' notes and assessments, relating to an appointment for at least 12 months. However, information required for Fair Employment monitoring purposes should be retained for 3 years.

Section 3. Constitution of Appointments Panel

3.1 Category 1 (Chief Executive and Directors)

Voting Members

In the case of a Chief Executive post, at least two Non-Executive members and the Chairman of the Trust.

In the case of Directors, at least one Non-Executive member of the Trust and the Chairman of the Trust, and the Chief Executive.

Non-Voting Members

Two Assessors.

3.2 Category 2 (All others)

Voting Members

Three members of the Trust, one of whom should be the person to whom the appointee will be directly responsible.

Non-Voting Members

One assessor required where the post holder directly reports to a Trust Senior Manager or equivalent.

3.3 For appointments, where the Trust has joined with other agency/organisation(s) it is permissible for a representative from that agency/organisation to be a voting member of the appointments panel.

Section 4. Assessors

4.1 The Assessor's role is to advise the panel which applicants are considered competent to perform the duties of the post.

4.2 As a Member of the panel, the Assessor will participate fully in the discussion and interviews but will not have voting rights.

4.3 Assessors will only be selected if:

4.3.1 They have appropriate professional qualifications, where necessary, and knowledge of the type of post under consideration.

- 4.3.2 They hold a post for which the grading and status is senior to that of the post which is to be filled. In exceptional circumstances, the Assessor appointed may hold a grade equal to that of the post to be filled.
- 4.3.3 They have been suitably trained in selection techniques and are conversant with the requirements of the legislation relating to equality of opportunity.
- 4.4 The following persons may not act as Assessors:
 - 4.4.1 A referee for any of the applicants.
 - 4.4.2 A relative of any of the applicants.

Section 5. Procedures on a Vacancy Arising

- 5.1 Filling a vacancy and authorisation

When a vacancy occurs, the Line Manager should review the need to fill the post and make any necessary changes. This should involve a review of the needs within the Department and the feasibility of flexible working or job share, to take account of planned changes to service provision.
- 5.2 A recruitment requisition form and criteria assessment form should be completed by the Line Manager and signed by the appropriate Senior Manager and Director prior to submission to the Director of Human Resources for final approval by the scrutiny committee.
- 5.3 Once approval has been given, all advertising arrangements will be made by the Human Resources Department, in conjunction with the Line Manager, to ensure cost effective and appropriate advertising. Managers should be aware that Press and Professional Journal advertisements will be funded from within their own budgets.
- 5.4 In principle, all permanent vacancies which arise within the Trust will be advertised externally i.e. Job Bulletin, CSA Bulletin, Belfast Telegraph or Professional Journal. Where rationalisation of posts is involved, it may be necessary for posts to be competed for internally. Urgent temporary vacancies may, if appropriate, be advertised through the Training and Employment Agency, or recruitment agencies if appropriate.
- 5.5 Secondments will be advertised by internal trawl, and circulated to all Departments within the Trust to give interested staff the opportunity to apply.
- 5.6 All informal enquiries regarding the vacant post will be directed to the Manager or designated officer.

- 5.7 If a waiting list is to be drawn up, this must be included in the advertisement for the post. Waiting list will normally be maintained for 6 months and be extended to a maximum of 9 months in exceptional circumstances.
- 5.8 All responses to advertisements will be monitored by the Human Resources Department to enable the Trust to place advertisements in the most effective media and monitor equal opportunities.

Section 6. Application Forms and Job Description

- 6.1 Application Forms, which will include the Rehabilitation of Offenders section and the Equal Opportunities section, job description and personnel specification and, where appropriate, police vetting forms and vetting forms for nurses, will be available from the Human Resources Department, which will collect and hold completed applications until the closing date. Once the closing date has passed, the completed applications will be forwarded to the Human Resources representative to oversee the shortlisting of the post.
- 6.2 The application form will require applicants to submit details of 2 referees with account being taken of the following:-
 - 6.2.1 Referees should have recent knowledge of the applicant.
 - 6.2.2 Referees should not be relatives of the applicant.
 - 6.2.3 One referee should represent the view of the current employer or, where the applicant is unemployed, the most recent employer. Alternatively, a college or university tutor may be appropriate.
- 6.3 It will be the responsibility of the applicants to advise the Trust of any prior arrangements regarding holidays. However, the Trust will not necessarily be required to accommodate holiday arrangements.
- 6.4 As soon as possible after the closing date for receipt of applications, the Chairperson will decide whether there has been a sufficient response to provide a suitable field of applicants for the appointment. Where they are satisfied that the response has been sufficient, they will continue with the selection process. Where it has been decided that there has been an insufficient response, all applicants will be advised accordingly and the post will be re-advertised or re-trawled as appropriate. Any application forms received at this stage will be held over and considered with any additional applications.
- 6.5 Applications are treated as confidential, and the circulation of the papers will be restricted to those involved in the selection process.

- 6.6? Application forms will not normally be acknowledged on receipt unless accompanied by a stamped addressed envelope, but all applicants will receive a letter notifying them of the shortlisting result.
- 6.7 An application received after the closing date will not be accepted unless it is clear from the postmark, or any other similar evidence, that it was despatched in good time but arrived late because of delays in transit genuinely outside the control of the applicant. The responsibility for deciding whether or not late applications should be accepted on these grounds must rest entirely with the Trust. In no circumstances should this decision be left to the shortlisting or interviewing panel. The Trust will therefore ensure that arrangements are made for such applications to be retained in their envelope and for decisions regarding acceptability to be taken by the Assistant Director of Human Resources or a nominated officer.
- 6.8 Applications will not be considered unless the Equal Opportunity Monitoring Form has been completed prior to the closing date.

Section 7. Procedures for Shortlisting Panels

- 7.1 The shortlisting panel will consist of voting members of the interview panel and a Human Resources representative (see Section 3 for constitution of appointments panel). The shortlisting panel will jointly determine which applicants are to be shortlisted on the basis of the personnel specification. If the Chairperson of the panel feels that the views and comments of the Assessor would be of value to the shortlisting panel, he/she has the option of contacting the Assessor at this stage.
- 7.2 Shortlisting may proceed with only 2 voting members present provided the agreement of the 3rd voting member has been obtained. The shortlist of applicants must be agreed by all panel members including the Assessor, if appropriate, before proceeding to the next stage.
- 7.3 Criteria for shortlisting should be recorded by the Human Resources representative and notes detailing those shortlisted and specifying why applicants were not short-listed should be made on the appropriate forms and retained on the recruitment file.
- 7.4 The panel may then consider and agree the need for selection aids. These aids may be used as a further shortlisting stage of the selection process or as an additional aid for the interviewing panel.
- 7.5 The interview date will be agreed by shortlisting panel. At least 10 days notice should be given to all shortlisted candidates. This timescale may be waived for internal trawls.

- 7.6 Referee reports will be sought for all shortlisted applicants in adequate time prior to interview dates. The job description and personnel specification should accompany a request for a reference.

It is important that referee's reports are dealt with in the strictest confidence and that care is exercised in their eventual disposal.

Section 8. Interview Panel

- 8.1 Each voting member of the panel will rank each applicant in accordance with the marking system adopted by the Trust. Guidelines on the marking system are included as part of the Trust training session on Recruitment and Selection and further copies may be obtained from the Trust's Human Resources Department if required. The panel will discuss the outcome of the marking, taking into account the results of any other selection aids that have been used. The panel will consider who should be offered the post, or, if appropriate, placed on a waiting list in priority order. References for successful candidates should be checked at this point.

- 8.2 An appropriate form giving the decision of the panel should be completed by the Chairperson and signed by all voting members. This form, along with all panel notes, must be returned to the Human Resources Department for retention.

- 8.3 Use of waiting lists:

The Trust may retain registers of applicants who have been interviewed for a particular grade of post and are considered suitable for appointment. These registers may be used when vacancies arise within the grade concerned. They should also have a finite life of 6 months.

Section 9: Job Offer

- 9.1 Offer of employment will be subject to the receipt of satisfactory:-

references

registration documents and qualifications

pre-entry medical

In relation to the pre-entry medical, all external candidates will be screened by the Trust's Occupational Health Service. Internal candidates will be screened if the new post involves a change in the type of work previously undertaken.

police vetting where appropriate

All of the above will be stated at interview and in the letter of offer of appointment.

All unsuccessful candidates will be notified in writing. If requested, applicants may have the opportunity to discuss the reasons why they were unsuccessful by writing to the Human Resources Department which will in turn contact the chairperson of the panel to arrange for a meeting to be set up.

When all conditions of employment are satisfied, the Human Resources Department will confirm the offer of appointment in writing to the successful candidate, who should accept the post in writing. A Contract of employment and other relevant information will then be issued to the appointee prior to commencement.

9.2 Signing-on of new employees

On the first day of appointment, the new member of staff should report directly to the Human Resources Department to sign the appointments forms and provide information requested in their appointment letter to enable the employee's information to be processed to the Salaries & Wages Department.

New starts are required to attend the Human Resources Department for an identity pass to be issued. These are normally issued on the first Monday of each month.

Section 10. Special Arrangements

10.1 For certain staff groups there is a need to adapt the standard procedures. These exceptions are set out below.

10.2 Medical and Dental Staff

Appointments are subject to the arrangements set out in Circular HSS (TC8) 10/98 - A Guide to Specialist Registrar Training (Section 2), and in the Appointment of Consultant Regulations (N.I.) 1996 and the Associated Direction to HSS Trusts, which may be amended by the HSS Executive from time to time.

10.3 Staff who are Employed in Posts Involving Access to Children or People with a Learning Disability

Appointments are subject to the arrangements set out in the Pre-Employment Consultancy Service Guidelines which may be amended by the Department from time to time.

Signed on behalf of Staff Side

Signed on behalf of Management





Date: 10.7.2001



North and West Belfast HSS Trust Training and Development Policy for Personal Social Services Staff

1 Aims

- 1.1 North and West Belfast Health and Social Services Trust recognise that its most important single resource is the quality of its staff and is committed to the development of this key resource.
- 1.2 It attempts to help realise their full potential, and increase job satisfaction, by providing opportunities and resources, to undertake staff development activities consistent with meeting personal, professional and organisational objectives. PSS staff need ongoing training to strengthen and develop existing skills and knowledge to enable them to deliver quality care to users and their families.
- 1.3 The Trust recognises that the training and development of its staff is an essential component of meeting its key aims and objectives and expects that all staff will devote an appropriate amount of time to relevant training and development activities. The ability to demonstrate continuous development will be required to maintain registration on the new NISCC register for social care workers.
- 1.4 The purpose of the Personal Social Services staff development and training policy is to set out the means of achieving this aim and to explain the principles that will govern the application of the policy.

2 Definition

- 2.1 The Trust recognises Staff Training and Development in the widest sense to include seminars, workshops, in house training and support programmes, peripatetic assessment, guided reading, mentoring, individual learning, job shadowing, exchanges, and conferences in addition to research or course based learning

3 Purpose

- 3.1 The Trust recognises Staff Training and Development has two key purposes
- 3.2 To enable staff to make a full contribution to the work of their Programme of Care in delivering a quality service to users and their families, and to the work of the Trust within the framework of the Trust Business Plan.

- 3.3 To enable staff to develop their effectiveness, to increase job satisfaction and achieve their potential.
- 3.4 Training represents an organised disciplined way to transfer the knowledge and know how that is required for successful performance in a job, occupation or profession. It is ongoing adaptive learning not a isolated exercise.
- 3.5 Development refers to all skills and abilities and the creation of new knowledge and ideas that changes the way an individual perceives, understands or acts. It is enhance by the freedom to think creatively and leads to innovation

4 Principles

- 4.1 The Staff Development and Training Policy applies to all members of staff involved in the provision of personal social services (care assistants, day care workers residential workers social workers, social work managers etc, full and part-time).
The policy aims to cover the developmental needs of all levels of staff, with or without formal professional or vocational qualifications. The current training continuum consists of accredited training at vocational level (NVQs) qualifying level (Degree in Social Work) and post qualifying level (PQSW, AASW).
- 4.2 All Professionally qualified social workers in the Trust are supported to obtain recognition for their continuing professional development within a UK framework of post qualifying education and training. These awards are open to all staff that holds a recognised professional social work qualification. Awards are achieved through the assessment of learning outcomes, in other words the assessment of a workers professional competence as a result of learning.
- 4.3 It is a fundamental principle of continuing staff development that individuals need to take responsibility for their own lifelong learning. The Trust seeks to establish a learning culture. Both the maintenance of competence and career advancement requires a commitment to continuous improvement and professional development as job requirements and personal interests change. Individuals have a responsibility and obligation to take full advantage of Staff Training and Development opportunities and to feed back new learning to their Teams and Programmes of care.
- 4.4 Training will address Human rights issues and all Training and Development events will be conducted within the framework of the Trust's Equal Opportunities Policy.
- 4.5 Training and development will be informed by current research, developments in social policy and practice, and organisational change.

Training and development opportunities will reflect priorities in legislation and policy. Users and carers will be empowered to participate in and contribute to training.

- 4.6 The Training and Development Team are committed to addressing needs arising from the conflict in Northern Ireland
- 4.7 The development and administration of this policy will be the responsibility of the Training Manager and the Senior Managers in programmes of care.

5 Statement of Intent

- 5.1 Each member of staff should have a job description which sets out what is expected of them in their post.
- 5.2 In compliance with the NISCC Code of practice for Employers the training team will work in partnership with the Operational managers to provide induction for all Personal Social services staff to help them to do their jobs effectively. Knowledge of relevant policies and procedures will be an integral part of this. Induction will include clarifying the responsibilities of both employees and employers under the relevant NISCC codes
- 5.3 appraisal process to be developed will enable each member of staff to discuss with their line manager their performance, developmental needs and prospects with a view to creating and monitoring a personal development plan and record.
- 5.4 The Trust will promote the Trust Appraisal/Review Scheme as a mechanism for identifying individual training and development needs, both in terms of personal development and development to support the organisational requirements.

6 Senior Managers and Line managers

- 6.1 Senior Managers/ Line Managers have an integral role to play in supporting Staff Training and Development. They will ensure that staff (within the limitations of maintaining of a quality service), is given adequate time to pursue agreed training and development activities and full encouragement and support to implement new ideas within their work.
- 6.2 Identifying training and development needs within Programme of care will be through discussion between the Senior Managers in programmes of care and the Training Manager and/or training team members. Each line manager has the lead responsibility for ensuring that staff learning and development needs are identified, prioritised and met in line with the competences required for the post.

7 Personal Social Services Training and Development Team

The Trust Personal Social Services Training Team, established in 1991, facilitates the promotion of staff development and training for personal social services staff under the following terms of reference:

- 7.1 to co-ordinate and prepare the Trust's training and development bid to EHSSB for the development and training of personal social services staff across the Trust; To report both periodically and annually on the progress of the training contract to the EHSSB.
- 7.2 to develop, promote and monitor staff training and development initiatives within the Trust, to develop innovative ways of meeting needs and supporting staff to achieve accredited learning, through training days, courses and workshops provided internally.
- 7.3 To provide leadership to develop and implement the three main areas of the continuum of training vocational qualifications qualifying training and post qualifying training. These are all lead by different training and Development Co-ordinators within the Training and Development team
- 7.4 To provide practice teaching practice assessing, work based assessment, mentoring advice and guidance to individual staff members on approved programmes of study (Practice teachers Award, PQ1, Advanced Award in Social Work, research Programmes)

8 NVQ

- 8.1 In line with the Trusts Equal Opportunity Policy and its commitment to the principles of life-long learning all social care workers have the opportunity to register for NVQ training relevant to their experience and job status.
- 8.2 The Training Team are a vital resource in supporting and promoting the NVQ initiative across all programmes of care. Having recently been accredited as an Assessment Centre by city and Guilds [December 2002] the Trust is in a strong position to carry out Work Based Assessment, Internal Verification and Quality Assurance procedures that readily meet the requirements laid down by City and Guilds.
- 8.3 As an Assessment Centre we work within the nationally agreed standards for assessing knowledge and skills competence at Level II and III. Regular scrutiny takes place regarding our NVQ procedures and practices while additionally on a six monthly basis City and Guilds externally verify and monitor all of our NVQ processes.
- 8.4 A wide ranging package of training courses and workshops ensures that candidates are well supported and achieve their NVQ awards within the suggested time frames for their qualifications.

9 Qualifying

- 9.1 It is the policy of the Trust to provide a significant number of high quality practice learning opportunities for qualifying social work students, in line with the contract with the EHSSB. These opportunities are developed, supported and monitored by the Training and Development Team, in partnership with practice teachers and on site supervisors in the operational side. It is the Trust's policy that all on site supervisors are qualified social workers with at least two years experience. The students are internal candidates on the Employment Based Route, Trainee Social Workers and external students from other programmes.
- 9.2 All Training and Development Co-ordinators will normally be Practice Teacher Award holders and therefore could be involved in practice learning with one Training and Development Co-ordinator designated as having a lead role for practice learning.
- 9.3 Support and development opportunities will be provided for practice teachers, onsite supervisors and students on a group basis.

10 Post Qualifying

- 10.1 Post qualifying education encourages quality at the point of service delivery and provides a recognised measurement of a competent workforce providing a high quality service. It offers flexible routes to qualification including accredited taught programmes such as the Child Care Award and Approved Social Worker and Trust in-house programmes.
- 10.2 On appointment all qualified social work staff receive information on the Post Qualifying framework, opportunities in the Trust to take this forward and a link person to contact.
- 10.3 Qualified social workers are encouraged to register with the Post Qualifying framework. Fees are paid by the Trust.
- 10.4 The Trust offers access for staff to a range of taught and in-house programmes to meet the Post Qualifying and Advanced Award requirements.
- 10.5 A wide range of supports are offered by the Trust to enable staff to complete these Awards including:
- ◆ Registration fees paid for the NIPQP
 - ◆ Academic registration fees paid for non graduate social workers who want to obtain a degree through the Post Qualifying framework
 - ◆ Trust library/access to internet
 - ◆ Individual Learning Agreements

- ◆ Link Worker from the Training Team who provides individual mentoring
- ◆ Paid study leave

10.6 From the 1st April 2003 it is mandatory that all newly qualified social workers complete the first part of their post qualifying award, PQ1, within two years qualification. The Trust Training Team will organise a special programme of support to facilitate all candidates to do this successfully. This includes for all newly appointed staff, payment of registration fee, personal learning plan, mentoring and an in-house support programme.

10.7 The Trust operational managers will try to ensure that newly qualified social workers have protected caseloads until they have completed PQ1.

11 Children's Services

11.1 There will be a Training and Development Co-ordinator employed in the Training Team with lead responsibility for training for Children's Services. Their role includes organising a calendar of training events to ensure that the staff can update their knowledge and skills including changing legislation and policies, procedures and guidance.

11.2 Qualified social work staff will be supported to attain Post Qualifying credits through the submission of portfolios to NIPQP, or in some instances through the completion of the Child Care Award

11.3 In addition while acknowledging that child protection is the responsibility of all professionals, the Personal Social Services Training Team are committed to providing basic child protection training for all professionals and staff working with children in the Trust, and offer many additional opportunities to nursing and other colleagues for joint training with social services staff on pertinent child care issues.

11.4 Non social work qualified staff in Children's Services will be offered opportunities to complete relevant vocational qualifications as well as be supported to attend a range of other training.

12 Adult Services

- 12.1 A calendar of training events will be organised to ensure that staff can update their knowledge and skills in legislation, policy, procedures and good practice guidance.
- 12.2 The Personal Social Services Training Team will respond to requests from Operation Managers/ Line Managers/ Staff to meet specific training needs eg. Team Development, Person Centred Planning, Dementia Care Training.
- 12.3 Acknowledging staff's responsibilities in relation to Adult Protection issues the Personal Social Services Training Team will provide ongoing Vulnerable Adult Training across Adult Programmes of Care and to all staff who have contact with service users.
- 12.4 Qualified social work staff will be supported to attain Post Qualifying Credits through the submission of portfolios to NIPQP, or through other accredited programmes such as, The Community Care Programme, Practice Teaching Award or the NI Approved Social Work Programme.

September 2003



***Hotel Services
Training & Development
Strategy***

January 2004

**Human Resources
& Corporate Affairs Directorate**



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Appendix A Proposed Training Plan 2004

1.0 Context for Hotel Services Training & Development Strategy

- 1.1 North & West Belfast Health & Social Services Trust provides a full range of community based health and social care services to over 160,000 people throughout north and west Belfast. The Trust works in the community from 50 locations including: residential homes, day centres, health centres, clinics, hostels and social work offices. The Trust also provides specialist treatment and care services for approximately 400 individuals with learning disabilities at Muckamore Abbey Hospital.
- 1.2 The Trust currently employs some 3,600 people, ranging from experienced professionals to trainees and apprentices. Almost two-thirds of Trust employees (62%) are employed to provide direct care to people. However, the effectiveness of this care would be severely limited without the remaining employees (38%) who provide essential managerial and back-up support.

2.0 Hotel Services Profile

2.1 The Hotel Services Department within the Trust provides the following services:

- Catering
- Domestic
- Transport
- Caretaking
- Laundry (Personal Clothing)
- Stores
- Security

At present, Hotel Services employs 374 staff to provide the above services with key functions detailed below:

Function	No of Staff	WTE
<i>Management</i>	8	8
<i>Admin/Clerical</i>	8	8
<i>Trust Procurement Officers</i>	2	2
<i>Operational:</i>		
Hotel Services Supervisors	12	10.35
Catering	102	50.68
Domestic	183	106.86
Transport	31	31
Caretaking/Portering	11	11
Laundry	15	13.86
Stores	1	1
Security	2	2
TOTAL	374	244.75

3.0 Rationale Behind Strategy

- 3.1 Following consultation between the Hotel Services Management Team and Trade Union representatives, it was agreed that a comprehensive Training and Development Strategy was required, to be introduced in partnership with Trade Unions. The key principle behind the introduction of the Strategy is:

'To give Hotel Services staff access to appropriate training and development which will enable them to integrate their role as part of the Trust's core treatment and care service, and achieve their own vocational and personal development needs'

Several other significant factors also underpin the need for ongoing evaluation and modification of training and development policies and procedures for Hotel Services staff. These are listed below.

3.2 Hotel Services Business Plan

The Hotel Services Business/Action Plan 2001-2006 identifies eleven key strategic themes that represent areas where action is required to move the Department forward over the coming five years. The themes are as follows:

- ☞ Quality of Service
- ☞ Risk Management
- ☞ Controls Assurance
- ☞ Service Development
- ☞ Financial Control
- ☞ Service Level Agreement
- ☞ Customer Satisfaction
- ☞ Workforce Planning
- ☞ Training and Development
- ☞ Employee Satisfaction
- ☞ Equality and Human Rights

Access to a flexible and appropriately trained workforce will be essential in ensuring the Department is able to meet the specific but inter-related objectives of the Business/Action Plan.

3.3 Skills Planning

The changing environment of Health and Personal Social Services requires assessment and review of the types of skills needed to deliver the core services of hospital and community Trusts.

With the delivery of Health and Personal Social Services continuing to change in the future, Hotel Services will need to allow for a more flexible deployment of operational staff by giving employees the chance to learn new skills to help meet changing needs. The benefit to the employee will be job enrichment, entailing a

member staff gaining a wider range of skills and, by inference, greater opportunity for growth.

In order to ensure that this transition is successful, a Training and Development Strategy is needed which incorporates a full Training Needs Analysis; a Training Plan and Schedule for Implementation and an Evaluation of the Strategy's effectiveness.

3.4 Systematic Approach to Training and Development

Training can be defined as:

'The systematic development of skills, knowledge and attitudes in order to perform a given task or job to an acceptable standard'

In order to ensure that maximum benefit is gained from training and development initiatives within Hotel Services, both for Trust staff and clients, the Department will take a systematic and planned approach to training and development as follows:

- a) Identify Trust/Hotel Services business objectives
- b) Identify Trust/Hotel Services performance requirements
- c) Identify the training needs of staff within Hotel Services
- d) Analyse the training needs (skills/knowledge/attitude)
- e) Formulate training objectives
- f) Design training to meet identified needs
- g) Implement training
- h) Evaluate training
- i) Review results and performance
- j) Feedback into existing strategy and amend as necessary

3.5 Aid to Recruitment

In order to ensure that the recruitment needs of the Department are adequately met, partnerships with local training organisations will be explored. The establishment of such partnerships will also support the attainment of NVQs by operational staff.

4.0 **Aims and Objectives**

4.1 In producing a Training and Development Strategy for Hotel Services, it is envisaged that the following can be achieved:

- **Improved levels of health and safety** in the work place, for Hotel Services staff, Trust clients and Trust employees
- **A high quality of service**
- **Maximum use of limited financial resources** through greater utilisation of in-house training resources

- **Improved staff morale** through greater consultation with staff as to what they perceive to be key training and development issues
- **A flexible workforce** better able to cope with the changing nature of service delivery within Health and Personal Social Services
- **Achievement** of Trust and departmental business objectives
- **Opportunity** for personal development and growth amongst staff in terms of enhancing future employment and career prospects

5.0 Implementation of Strategy

5.1 Training Needs Analysis

Training needs analysis is a rational process by which an organisation determines how to develop or acquire the human skills it needs in order to achieve its business objectives and incorporates the following:

5.1.2 *Organisational Analysis*

An analysis of the Hotel Services Business Plan will identify the key objectives of the Department, the methods and resources necessary to help achieve these objectives and timescales. This information will in turn help shape the Training & Development Strategy.

5.1.3 *Job Analysis*

A job analysis of specific posts within Hotel Services will highlight and prioritise the requirements of each job.

5.1.4 *Person Analysis*

This will show the skills and knowledge an individual already possesses to help the person carry out their duties.

5.1.5 *Identifying Shortfall or Gap*

If the above three steps are undertaken effectively any 'shortfall/gap', which exists in terms of staff not possessing the appropriate skills, knowledge or attitude to help them meet the organisation's goals, will be identified.

5.1.6 *Methodologies*

A variety of methods will be used to collect data and establish and assess the training needs of staff including the use of questionnaires and interviews.

5.2 Setting Training Aims and Performance Requirements

Hotel Services' training and development activities will be designed to effect specific improvements in areas of knowledge, skills and attitudes which are required to achieve individual and, ultimately, departmental and Trust business objectives.

Clear objectives and outcomes for the training of Hotel Services staff will be set prior to the training activity thus providing a basis for subsequent evaluation.

Where possible, objectives will be set in conjunction with Hotel Services managers and staff to alleviate discrepancies between a training programme's objectives and participant expectations.

6.0 Training Plan

6.1 The Training Plan for Hotel Services will set objective targets for the training of staff and show:

- The desired outcome of the training in terms of business need
- The change in service or standard of delivery required to meet the business need

Regular monitoring of operational activities within Hotel Services will also identify potential training needs and refresher training needs of staff as they adjust to changes in service and delivery in the working environment.

6.2 Prioritising Needs

Two factors will be considered when prioritising needs with regard to the Training and Development Strategy, namely the *Importance* and *Urgency* of training to Hotel Services in helping it meet business objectives.

In terms of the *Importance* of training to Hotel Services, the Department will consider how big an impact training will have on departmental and Trust performance. In addition, the Department will also consider what would happen if training is not undertaken.

With regard to *Urgency*, the Department will consider statutory requirements and levels of skill for individuals, the Department and clients of the Trust if such training is delayed.

When prioritising training needs, the Department will also identify areas where another factor, such as faulty equipment, may be having a detrimental impact on work performance as opposed to lack of adequate training.

6.3 Scheduled/Non-Scheduled Training

The Hotel Services Training Plan will make control and monitoring of the overall Training & Development strategy easier. In particular it will distinguish between *Scheduled* and *Non-Scheduled* training.

Statutory training requirements will be met under *Scheduled* training with targets being set regarding when staff can expect to receive training as well as the

nature and scope of the training. In addition to this, all new members of staff *including agency staff* will receive mandatory induction training prior to taking up their position.

Non-Scheduled training will apply to other areas within Hotel Services where training may be relevant and beneficial to specific posts and functions. Consultation between Hotel Services management staff and Trade Union representatives will determine a selection criteria by which staff may apply to access selective or non-obligatory training.

The Training Plan will provide an overall picture of what training is planned and the timescales involved. It will identify and schedule resources required in terms of Hotel Services staff time, training venues/facilities and potential internal trainers. The Plan will also allow for the proactive addressing of any problems or issues that arise within the Department as the plan evolves.

7.0 Resources Available

- 7.1 Hotel Services has internal resources for meeting the training needs of operational staff. In-house training is delivered at no cost to staff and, where possible, undertaken during normal working hours. There may, occasionally, be a requirement for staff to attend training outside normal working hours.

In addition to the training resource within Hotel Services for delivering a variety of training related to support services functions, the Department will also access other types of training and development programmes through the Trust's centralised Human Resources and other Trust departments.

External training provision exists through the Beeches Management Centre, which gives access to a variety of management development programmes, short courses, and IT training. The Department has forged a partnership with Belfast Institute of Further and Higher Education, to deliver N.V.Q. programs in Catering and Domestic Services. In addition, a number of staff is currently pursuing higher level qualifications at local colleges, these qualifications being directly related to the demands of their posts.

In addition to the above, Hotel Services will endeavour to establish partnerships with other external providers. It is envisaged that potential partners will include, L.P associates, Trade Unions and locally recognised training organisations such as Impact, North City Training and Springvale Training.

7.2 Training and Development Alternatives

Hotel Services will consider a range of training and development alternatives for meeting identified training needs. At present in-house provision exists in a variety of forms including:

- Coaching
- On-the-job-instruction
- Group training sessions
- Project work
- Secondments
- Videos/Tapes

Courses central to the delivery of the Department's services include Food Hygiene, Fire/Health and Safety, Manual Handling, Clinical Waste, Aids Awareness, Skin Care, Customer Care, COSHH, Risk Awareness, Driver Training programme and Quality Awareness, the majority of which are delivered internally.

A wide range of both theory and skills based training will therefore be available to Hotel Services staff.

8.0 Impact of Organisational Objectives/ Resources Available & Learning Styles

8.1 When selecting the most appropriate type of training for any identified training need, the final decision will take into account factors including:

- Statutory training requirements and Trust-wide/departmental objectives
- Financial/physical/human resources available
- The learning styles of staff involved

9.0 Evaluation of Training at Different Levels

9.1 The last stage of the training and development process will be to evaluate the effectiveness of the training carried out to assess:

- If the training has worked
- If the training has realised the benefits and outcomes anticipated for the individual and the Department/Trust-wide
- If the investment in time and resources (be these financial, physical and/or human) has been justified

This is arguably the most important part of the whole strategy as it will reveal if training is having the intended effect and, if not, evaluation should provide answers as to what needs to be changed in order to make the process effective. If the training is proving successful, evaluation will also provide for continuous improvement as the process evolves.

10.0 Action Plan

- 10.1 The Hotel Services Training & Development Strategy has been fully implemented. The training plan and evaluation are part of a continuous process. Appendix A gives the proposed training plan for the year 2004

11.0 Strategic Review Mechanism

- 11.1 A strategic review of the progress of the Training and Development Strategy and its implementation will take place at designated intervals. The results of the review will be communicated to the parties listed below:

- The Assistant Director of Corporate Affairs
- Hotel Services Training & Quality Development Manager
- Hotel Services Training Officer
- Hotel Services Management Representative (Community)
- Hotel Services Management Representative (MAH)
- UNISON Representatives
- NIPSA Representatives
- TGWU Representatives

- 11.2 The review will consider issues such as:

- Numbers of staff trained
- Nature of training
- Feedback from staff re: training received
- Complaints data
- Incident/Accident Review data

- 11.3 The strategic review process will allow for a re-assessment of the Training and Development Strategy and provide an opportunity for adjustments being made as necessary.
-

Appendix A

**North & West Belfast Health & Social Services Trust
Hotel Services Staff Training roll out plan
Jan 2004**

Training	Time Scale											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Training Needs Analysis for HS	▶											
BASIC FOOD HYGIENE								▶				
CONSUMER CARE						▶						
COSHH, SKIN CARE RISK AWARENESS								▶				
** MANUAL HANDLING												▶
** FIRE SAFETY												▶
INTERMEDIATE FOOD HYGIENE			▶									
** AIDS AWARENESS												▶

- * TNA will be ongoing for new starts
- ** Training officer will liaise with training providers

Gantt chart Created on 4/12/03
Tony O' Hara
Training Officer

North and West Belfast Health and Social Services Trust

POLICY FOR THE PREVENTION OF AGGRESSION TO STAFF

1 INTRODUCTION

- 1.1 This policy applies to staff working in a variety of health, social care and administrative roles who may be vulnerable to violence and harassment from patients or clients, their relatives or members of the public. It does not address issues arising from conflict between staff and such situations should be dealt with in accordance with the Trust's harassment and disciplinary procedures.
- 1.2 The policy guidelines (attached) are part of the Trust's risk management procedures and aim to:
- (i) reduce the health risk to staff by providing guidance and training in safe methods of work where there is a risk of violence present in the workplace.
 - (ii) raise awareness among staff of the potential for violence through training and encouraging communication so staff can learn from previous experiences.
 - (iii) help with the care of patients and clients by assisting staff to cope with situations where violence could occur but which handled humanely and safely by staff will help defuse hazardous situations.

2 DEFINITIONS

- 2.1 The Trust recognises the following definition of violence (based on Health and Safety Executive) as:

"...Any incident in which an employee is abused, threatened or assaulted by patients, clients, members of the public which arises out of their work, whether or not they are on duty"

This includes intimidating verbal abuse; threats which are judged likely to result in physical violence; serious or persistent harassment including sexual, sectarian or racial harassment; threat with a weapon; major or minor injury or fatalities.

- 2.2 Many staff have duties which involve contact or interventions with clients who are in crisis or on occasions unstable. While recognising the stress and tension inherent in some situations it is not acceptable for staff to be subjected to violent or intimidatory behaviours and persistent repetition of such behaviour will not be condoned.

3 GENERAL POLICY

- 3.1 The personal safety of staff is of paramount importance, and any actual or threatened aggression towards them is unacceptable.

- 3.2 Staff should treat all patients, clients and their families and carer's in a respectful and sensitive manner in accordance with the Trust's core values.
- 3.3 Staff have the right to put their own personal safety before the need to protect Trust property. The primary aim for staff at risk of violent behaviour is avoidance, withdrawal and summoning of assistance.
- 3.4 Situations may arise where it is not possible to avoid confrontation and there is a real and imminent risk of injury to staff or others. In such circumstances staff may have to use minimum force to control the situations. Staff who act within Trust policy and recognised professional guidelines will be supported in such cases. Guidance should be sought from managers on the appropriateness and use of physical restraint.
- 3.5 Staff must report all incidents as set out in paragraph 5.
- 3.6 Staff subjected to aggression will be supported and encouraged to seek whatever further support they may need following the incident.
- 3.7 Workplaces will be reviewed annually to improve workplace safety. This will be undertaken by the responsible manager in consultation with staff and the Health and Safety manager.
- 3.8 Managers must ensure that local procedures, consistent with this policy, exist for the prevention and management of aggressive incidents and that these are communicated to all staff.
- 3.9 As part of each staff member's individual workplace induction programme, the guidelines attached to this policy, workplace procedures and any relevant professional guidance will be discussed in detail. Staff at risk (i.e. following a risk assessment by managers) will receive appropriate training and guidance in preventing and dealing with violence.
- 3.10 The Trust will monitor the frequency and type of incidents of aggression in order to enhance the safety of its staff. This policy will be reviewed annually by the Director of Human Resources and Corporate Affairs in the light of changing roles, experience and understanding.

4 ROLES AND RESPONSIBILITIES

4.1 SENIOR MANAGEMENT:

- 4.1.1 The Trust recognises it's responsibility under the **Health and Safety at Work Order 1978 and the Management of Health and Safety at Work Regulations 1992** for providing as far as is reasonably practicable, a safe and secure working environment. Where violent incidents are foreseeable the Trust has a responsibility to identify the nature and extent of the risk and devise measures which provide a safe workplace and systems of work.
- 4.1.2 The **Chief Executive** has overall responsibility for this policy and this is delegated to the **Director of Operations**. The latter will ensure risk assessments required under the management of health and safety at work regulations take account of the risk of violence, that defects in the work system are prioritised and an action plan is implemented to eliminate the defects. Where due to the nature of the work activity, there is a risk of violence local procedures and safe systems will be devised to reduce the risks.

4.1.3 **Each Trust Director** has delegated responsibility to ensure risk assessments are completed within their area and the necessary action plans devised and implemented. The **Director of Human Resources and Corporate Affairs** in conjunction with the Trust's Health and Safety Committee will review this policy on an annual basis.

4.2 **LINE MANAGERS:**

4.2.1 This description refers to managers below director level responsible for the supervision / co-ordination of any person working for the Trust, whether or not they are a paid employee.

4.2.1 Managers must carry out and record risk assessments within their area of responsibility. These should take account of the risk of violence; prioritise the defects in the environment or work systems and make appropriate recommendations to their senior manager.

4.2.3 Managers and supervisors must ensure staff:

- (i) Understand the procedures and guidelines including (local) arrangements; receive instruction in safe systems of working and attend training on dealing with aggression.
- (ii) Know whom to contact should an incident occur and report all incidents to their management without delay.
- (iii) Receive effective debriefing following an incident to maximise learning gained from the incident and feel confident that they can express their anxieties and will receive a sensitive and supportive response from management.
- (iv) Are encouraged to identify their need for further support following an incident and if needed access the Staff Care Support scheme.

4.3 **STAFF:**

4.3.1 Staff must ensure their behaviour shows respect for the dignity and rights of patients, clients and their families.

4.3.2 Staff have a responsibility for their own safety and that of colleagues and others who may be affected by their acts or omissions at work. Staff must:

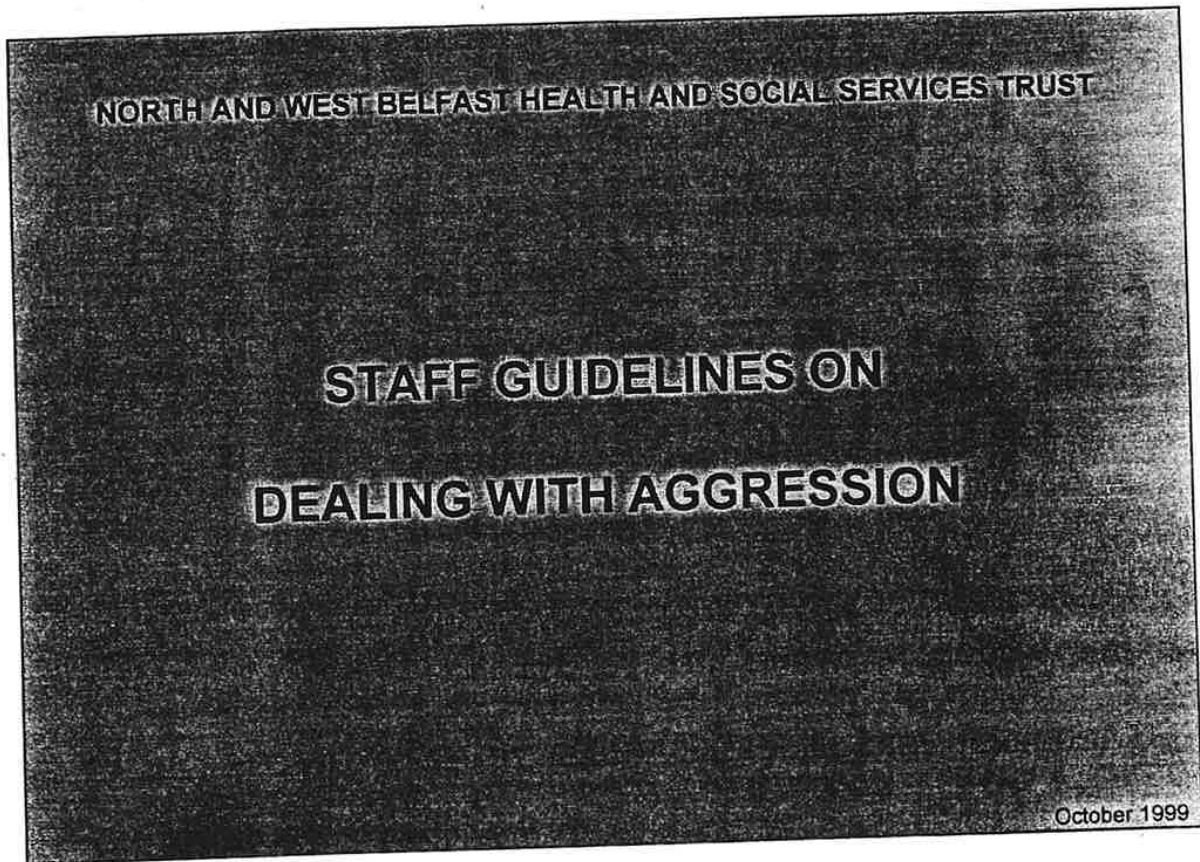
- (i) Co-operate with Trust procedures, professional guidelines appropriate to their grade and the operational guidelines specific to their work situation/ client group.
- (ii) Identify their training and information needs in this area and attend training provided.
- (iii) Report to their manager all incidents or threats of violence to which they or colleagues have been subjected and contribute to the review of workplace and procedural safety.
- (iii) Support and encourage colleagues involved in a violent or threatening incident to express their feelings and seek any further support they need.

5 REPORTING AND FOLLOW UP ARRANGEMENTS

- 5.1 Immediately following an incident in Trust facilities the senior manager available must take steps to ensure that staff are no longer at risk of further violence, that necessary medical treatment is sought and that practical assistance is available in the aftermath of an incident. (guidelines attached).
- 5.2 A member of staff subjected to violent, intimidatory or abusive behaviour related to their job regardless of where or when it occurs should report such incidents to their line manager. Managers must report and record the incident as set out in the **Untoward Incident Reporting Procedures** or where injury occurs the **Accident/ Incident Reporting Procedures** [required by the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1996 (RIDDOR)**]
- 5.3 Immediate reporting and recording helps protect staff, improve client management and risk assessment and ensures recollections have been documented while fresh (in case of legal action at a later date). A major injury or fatality must be reported immediately to the Chief Executive's Office or outside normal hours to the On Call Officer Tel: 01849 463333 .
- 5.4 Trust procedures are available from managers in each facility or the Administration Department, Glendinning House. They require prompt oral reporting of to the Administration department followed up by a written assessment/ investigation by line managers.
- 5.5 Line managers must provide effective follow up. This includes reviewing the incident with those involved in order to learn from the experience, offering support and assistance to staff e.g. accessing other sources of support including the Staff Care Service, that offered by trade unions/ professional bodies.

6 LEGAL IMPLICATIONS FOR STAFF

- 6.1 It is lawful for a person to use "reasonable force" in self defence but this is always open to challenge and an individual must be prepared to justify his/ her actions. The Trust will provide access to legal advice and support for staff against whom a claim is made provided they have acted within the Trusts procedures and any professional code which applies to them. Staff prefer to seek legal advice from their staff side organisation or another source and in some circumstances staff may be advised to retain their own independent legal advice.
- 6.2 Staff injured as a result of a violent incident may be entitled to make a claim for compensation under one of the injury benefit schemes in operation and they should seek advice in the first instance from the Human Resources department.



1. ROLE OF MANAGERS

As a manager you are responsible for;

- 1 Creating and maintaining a culture within your work area which affirms that:
 - **Aggressive behaviour towards staff is unacceptable.**
 - **Being involved in an aggressive incident is not evidence of professional failure.**
 - **It is acceptable to ask for and receive help.**
 - **Withdrawing from a situation may be a sensible decision and is not a sign of weakness.**
 - **Fear is a natural response often arising from an accurate assessment of the situation.**
 - **All staff share a responsibility to deal with aggression irrespective of their age or gender.**
- 2 Safeguarding the welfare of your staff by devising appropriate safety procedures for your service and bringing them to the attention of all staff.
- 3 Taking account of the different needs, experience and capabilities of individual members of staff.
- 4 Helping to build the confidence and experience of your staff, particularly following an aggressive incident.
- 5 Ensuring that following an incident, staff involved have the opportunity to talk through the incident, share their perceptions and feelings and identify what lessons can be learned for the future and what further action needs to be taken.
- 6 Ensuring that information relating to aggressive incidents is reported and that other professionals who have contact with the aggressor are appropriately briefed/ debriefed.
- 7 Checking all staff know how the alarm systems work and the response expected of them in the event of an incident.
- 8 Following an incident, taking steps to minimise future risk including reviewing local arrangements, rotas, work allocation and devising an action plan for the future working relationship with the aggressor.
- 9 Identifying staff training needs and ensuring staff attend training courses on dealing with violence and aggression.

2 RISK FACTORS AND WARNING SIGNS

By increasing our awareness of our clients or patients, the type of contact have with clients, patients and members of the public and the physical environment in which that contact takes place, we may be better prepared and able to take precautions which will help protect our colleagues and ourselves. If you are a manager you have a particular responsibility to assess the work situations of your staff for potential risks.

The following are some of the issues you should consider:

2.1. ASSESSING THE RISK FACTORS:

- **Clients, patients, relatives with whom you / your staff come into contact**

- known history of aggressive behaviour
- medical condition,
- substance misuse
- feelings of frustration, powerlessness, inability to communicate feelings
- transfer of anger from 1 situation to another,
- loss of confidence, fear and anxiety, bereavement
- assumptions about staff member's race/ culture, age, gender, politics/ religion.

If there is a history of aggressive incidents involving the same service user, the responsible member of staff and manager must regularly review the way in which services are delivered to that person.

- **Individual members of staff**

- level of experience, skills and training, to deal with such events,
- personal stress levels
- negative, uncertain or unrealistic expectations,
- assumptions based on client/ patient's gender, politics/ religion, disability, age or race
- **verbal and non verbal behaviour**
e.g. body language, manner or tone which may be interpreted as sarcasm, not listening, arrogance or patronising, appearing unsympathetic or appearing to challenge the client i.e. asking "why" questions when

- **the situation itself**

- significant events which may change someone's life such as child protection measures, mental health assessments, court appearances, receiving a medical diagnosis, admission to residential care,
- lack of information or misleading information,
- visits by relatives or others,
- unannounced visits,
- invasion of personal space,
- boredom or frustration from lack of appropriate activities or excessive waiting,
- cancelled appointments or bad time keeping,
- presence of onlookers

- **Physical environment**

- **For Staff** - lack of easy access to colleagues or escape route, no alarm system (s)
- **For Clients** - waiting areas, decor, furnishings, light, heat, cold, sounds, lack of privacy and amenities
- **visiting a client at home** - lack of control of physical setting, lack of back up from colleagues
- **travelling with a patient/ client** unaccompanied by a colleague

2.2 **WARNING SIGNS:**

These will differ according to the individual concerned therefore it is not possible to give a comprehensive list. The following is a sample of responses which may suggest an increase in tension.

Body Language - e.g. tense muscles, restlessness/ agitation, sweating, sudden jerky movements, clenching hands

Eyes- staring or break in eye contact, enlarged pupils, tears

Facial - loss of colour or facial flushing, grinning or grimacing or other gestures

Speech - abrupt responses, voice which is unusually loud/quiet for the person or situation or a sudden change in tone or volume.

3 REDUCING THE RISKS

It is not always possible to anticipate or prevent violence occurring, however having made an assessment of the potential risks involved there a number of common sense precautions you should consider.

- 3.1 **When using Trust or private vehicles for patients/clients who may pose a risk of violent or disruptive behaviour you should consider:**
- ⇒ The need for an escort as well as a driver.
 - ⇒ Preparation of the vehicle with regard to tools, steering locks and books which may be used as weapons.
 - ⇒ Sufficient petrol for the journey, coins for parking, etc.
 - ⇒ Decisions on the safest place for the passenger to sit - front or rear, position relative to doors, driver and escort.
 - ⇒ Stopping the vehicle if continuing the journey poses a risk to you, the client or other road users.
- 3.2 In office situations - check the **location and use of alarm systems** and how you are expected to react should an incident occur.
- 3.3 **Know where the exits are, how you will escape if difficulties arise.** It is usually wise to stay close to an exit with an unobstructed route to it, if possible.
- 3.4 **Do not interview a client who is drunk and acting irresponsibly** particularly when you are unaccompanied. Try to conduct the interview at a later stage and persuade the client to leave as quietly as possible.
- 3.5 **Respect the client's personal space** is important, avoid any action which could be seen as an unnecessary invasion territory.
- 3.6 **Behaving sensitively and empathy in potentially difficult situations** may reduce the likelihood of later aggressive incident.
- 3.7 **Develop your awareness of how you may appear to clients/ public.** You should ensure as far as possible that your attitude and manner is not perceived as arrogant, patronising or lacking in understanding; particularly in stressful situations.
- 3.8 **If you collect or carry money or valuables as part of your work:**
- ⇒ Do not take any action which is likely to increase the danger to yourself.
 - ⇒ Vary your route and timing, do not wear a uniform or identity pass while carrying out this task.
 - ⇒ If possible take an escort if you feel uneasy.

3.9 RECEPTION STAFF:

- ⇒ If you are concerned about a clients behaviours you should advise a senior member of staff member.
- ⇒ Do not leave such clients waiting for long periods.
- ⇒ Where a person is behaving violently or his/her behaviour may result in injury to him/herself or others you or senior staff member have the discretion to request police assistance.

3.10 STAFF WORKING ALONE IN THE COMMUNITY

- ⇒ obtain as much available information as possible about new patients, clients before visiting them in their homes.
- ⇒ leave a detailed schedule of your whereabouts with your manager or contact person.
- ⇒ if you are out for prolonged periods you should report back to your base/contact person at agreed intervals.
- ⇒ do not interview 'high risk' clients unaccompanied and without first agreeing your course of action with your senior officer.
- ⇒ where there is some doubt about the safety risk involved in a particular visit re: due to client history or location, it may be more sensible to arrange the interview at a Trust facility.
- ⇒ report all violent or aggressive incidents to your manager.

4 COPING WITH AGGRESSIVE AND POTENTIALLY VIOLENT SITUATIONS

Sometimes despite our best efforts aggression and violence still occurs, the following guidelines may help you deal with such situations.

- ⇒ Try not to panic or switch too quickly into alarm mode
- ⇒ Concentrate on slow, deliberate breathing to help you remain calm and release any rigidity in your body.
- ⇒ If possible your approach should be firm, calm and assertive but fair
- ⇒ Let the person know you recognise how they may be feeling.
- ⇒ Encourage the person to express verbally their feelings.
- ⇒ If a person is getting angry try to keep the option open to allow him/her to back down without losing face.
- ⇒ Do not be provoked by abuse. Remain polite, never use words that could be perceived as threatening or challenging.
- ⇒ Do not get caught up in trying to win an argument. Use simple, clear language and avoid appearing condescending or superior.
- ⇒ Maintain eye contact without 'eyeballing'. Eye to cheek contact is often helpful.
- ⇒ Keep them talking and if that fails keep talking yourself.
- ⇒ Use the person's first name (if appropriate) as frequently as possible. If the client is angry with others, do all you can to let them see you as an individual rather than a role.
- ⇒ Remove any potential weapons (e.g. ashtrays).
- ⇒ If the person has a weapon (or an object which could be used one) ask them assertively to put it down. If they do not respond continue to ask them to do so.
- ⇒ If possible position yourself such that you and the other person has a clear way out of the immediate situation.
- ⇒ If a situation becomes violent having a barrier between you and the person e.g. table/desk can be helpful since often violent impulses are momentary and fleeting.
- ⇒ Self preservation is your first priority when a situation gets out of control. If possible back out, run away or shout for help.
- ⇒ Do not try to resolve the situation physically unless absolutely necessary. Your own safety and that of others is of greater importance than damage to property. Avoid physical contact (if possible), at least until the incident is over.
- ⇒ Do not get caught up in trying to win an argument. Use simple, clear language and

- ⇒ avoid appearing condescending or superior.
- ⇒ Aggressive language is not always a personal attack, it is sometimes part of a person's vocabulary. Generalised abusive language may call for a different response than directed personal abuse.
- ⇒ Onlookers can increase the tension in such situations so try to disperse the audience or if possible move away from them.
- ⇒ Other staff, not directly involved, should stay in the background but be ready to assist if necessary.
- ⇒ If you are going to stand up, walk away or leave the room, let the person know what you are doing so your actions are not seen as hostile or disrespectful. However if a situation is threatening to become violent you should try to get out of it.

Note: Sometimes clients use threats of violence to gain concessions. Getting caught up in such negotiations can prolong the situation and increase the danger. Other staff may have to deal with the repercussions and therefore be placed at risk. Be firm but friendly and do not confuse concern and empathy with concessions.

5. PHYSICAL RESTRAINT

- 5.1 Physical restraint should only be considered when all other options have failed and there is genuine physical danger to yourself, the client or others. It is not a shortcut to talking with the person. However very occasionally a situation may arise when it is important to protect yourself or another person.
- 5.2 Using physical restraint requires professional judgement, and you should seek guidance from your manager on the appropriateness and use of physical force and request training on the proper techniques.
- 5.3 If physical restraint is used unnecessarily, or excessively, the person being restrained may have a right to press charges against those concerned. The law only sanctions the use of reasonable force for self protection. Action even if purely defensive, which was deemed excessive may constitute an assault.
- 5.4 The following are some general guidelines should physical restraint prove the only option:
 - ⇒ you must use minimum force and avoid injury
 - ⇒ your hold on a person must avoid interfering with breathing or primary blood flows or contact with sexual areas.
 - ⇒ if possible a person should be held down on soft surfaces and continued calm reassurance given.
 - ⇒ if it is necessary to restrain arms or legs, they should be held above and below the major joint.

- ⇒ where possible clothes should be held rather than limbs to avoid possible injury or bruising.

6 ROLE OF THE POLICE

- 6.1 If you feel a situation is getting out of control and there is danger of violence you should consider involving the police. Normally the Police should only be called after consulting your line manager, however, in exceptional circumstances where help is needed urgently you should ring the police immediately and avoid unnecessary delay.
- 6.2 If you are working away from the Trust's facilities and are unable to contact your manager you have the right to decide whether or not to call the police or ask someone else to do so.
- 6.3 If you have been subjected to violence or serious threat of violence, you and your manager should consider whether to inform the police. Any decision not to do so should only be made with the agreement of all staff concerned. The Trust reserves the right to call the police even if the person involved does not agree.
- 6.4 If you are asked to attend a Police Station to give a statement, you may ask your manager and/or trade union representative to accompany you.
- 6.5 When an offence is reported to the police the matter will be investigated and if sufficient evidence is available to prove a criminal offence against an offender, then they will either:
- (a) Receive a caution, in which case there will be no criminal proceedings
 - OR
 - (b) The case will be referred to the Crown Prosecution Service with a recommendation that a prosecution should take place. This will result in a either a prosecution or a discontinuance (no prosecution).

If the police decide not to prosecute, it may be possible for a member of staff to take a private prosecution. The Trust cannot do this on your behalf.

In some circumstances following an incident it may be appropriate to apply for an injunction preventing an aggressor from visiting Trust premises, approach a member of staff, or take other specified actions.

- 6.6 You should be aware that if physical restraint is used, you must be prepared to justify your actions on the basis of the situation at the time and the perceived risks in it. Legally restraint is trespass to the person and, if exercised without cause may be construed as assault.

7 ACTION FOLLOWING AN INCIDENT

Staff

- 7.1. Report the incident to your line manager.
- 7.2. If you the situation was aggressive or violent you may need to remove yourself from the scene of the incident, to recover, collect your thoughts and/ or talk it through with a friend or colleague.

Managers

- 7.3. If a staff member has suffered injury our emotional trauma, notify the relevant senior manager, contact the individual's family and advise staff to visit their GP or hospital.
- 7.4. Immediately following the incident, ensure :
 - Staff and clients are no longer in danger and they are alerted to any continuing danger.
 - Where necessary seek medical attention for the aggressor.
 - Ensure 6.2 above is effected
 - Take any necessary action to cope with the immediate affects on other clients.
 - Decide whether or not to inform the police.
- 7.5. As soon as possible:
 - Get those involved and any witnesses to give verbal reports.
 - Advise staff of their right to discuss the incident with his/her trade union or professional association representative.
 - Brief all staff who need to know about the incident.
 - Support and encourage staff to talk through the incident and receive any practical assistance needed, including counselling.
 - Consider what information and support can be offered to relatives of any client involved in the incident regardless of whether the client was the aggressor, victim or witness.
 - Consider the need to re-allocate work or change working practices. This should be fully discussed with all those who will be affected.
 - Discuss what has happened with the individual identifying any important learning points.

- Consider organising a meeting of those involved to discuss the incident and its consequences and to identify further training needs and how they can be met.

8.0 REPORTING PROCEDURES:

- 8.1 Report all incidents of violent, intimidatory and abusive behaviour to your line management using Untoward Incident Reporting procedures. The purpose of reporting and recording is to:
- (i) Protect staff by maintaining information which is relevant to client management and assessing risks.
 - (ii) Enable us to learn from such incidents.
 - (iii) Write down recollections while they remain fresh. It is particularly important to record incidents where physical force is used by either the patient/client or a member of staff.
- 8.2 Follow up oral reports through line managers with a written Untoward Incident Report to the Chief Executive's office within one working day where a serious incident has occurred or within three working days where the incident needs to be reported but is of a less serious nature. Further information coming to light can be added using Untoward Reports - Progress forms.

NORTH AND WEST BELFAST HSS TRUST

**GUIDELINES FOR
SUPERVISORS AND LINE MANAGERS
ON
RECORDING
OF
SICKNESS ABSENCE**

Alison Butler

SICKNESS ABSENCE NOTIFICATION PROCEDURE

The following information outlines the procedure to be followed in relation to absenteeism. It is important that you make yourself conversant with this document so that you are clear about your responsibilities as a member of staff.

DEFINITIONS OF ABSENTEEISM

Casual Absence

Is defined as frequent absences of short duration over extended periods of time. The pattern is usually absences of 1,2 or 3 working days at regular intervals or extensive use of self-certification.

Short-term Absence

Is defined as any frequent absences of short duration due to an 'incapacity' which are certified.

Long-term Absence

Is defined as any absence related to sickness of four weeks or more duration.

REPORTING OF SICKNESS

If you are unfit for work due to illness you must notify your appropriate nominated officer, or, in his/her absence, the next nominated officer on the first day of absence - this **must** be done as soon as possible prior to commencement of duty, and definitely no later than 10.00am.

It is important that you personally make contact with the appropriate officer, unless your condition makes it impossible to do so, e.g. if you have been hospitalised. It is not acceptable to report sick to any other staff member who may answer the phone.

You must provide as much detail as possible, i.e. nature of illness (stating that you are sick is not acceptable), your current medical condition and some indication of the expected duration of your illness. Your manager needs to obtain

this information so that arrangements can, if necessary, be made to cover your work.

If you do not contact your nominated officer on the first day of absence this will be treated as an unauthorised absence and no payment will be made. Payment will only resume from the date of notification. Persistent breaches of the notification regulations may result in disciplinary action being taken.

CERTIFICATION OF SICK LEAVE

Sickness 4-7 day duration :-

- You are responsible for contacting your nominated officer again on the 4th day of absence before 10.00am to inform them of the nature and the likely duration of absence.
- A self-certification form must be presented to cover this period of sickness from day one. This must be presented to your line manager no later than 7 days from the first day of absence.

Sickness 7 days or more :-

- Contact your nominated officer prior to 10.00am on the 7th day of absence.
- Submit a medical certificate to your nominated officer within seven days.
- Keep nominated officer fully updated throughout the period of sickness and/or at the expiry of each medical certificate.
- Provide further medical certificates to cover for absence as required.

NOTE : THE RESPONSIBILITY FOR SUBMITTING MEDICAL CERTIFICATES ON TIME RESTS SOLELY WITH THE EMPLOYEE.

DURING YOUR ABSENCE

While you are absent from duty it is essential that you keep your nominated officer informed of your progress on a regular basis. Your nominated officer may also contact you either by telephone or personally on a home visit to ascertain the position and to ensure that any help required to assist your recovery and eventual return to work is identified and acted upon.

You may also be required to attend the Occupational Health Department for a medical assessment at any stage in the procedure - please note that staff have a contractual requirement to attend Occupational Health at any time. If an

appointment at the Occupational Health Department has been arranged for you and you intend to resume work before that date, you should keep the appointment unless otherwise directed.

NOTIFICATION OF RETURN TO WORK

- You must notify your nominated officer giving as much notice as possible of your intention to return to work.
- A final medical certificate must be submitted when you have been declared fit to resume duty. You will not be permitted to commence work in the absence of this signing-off medical certificate.

RETURN TO WORK

On your first day back to work you will be required to immediately report to your nominated officer, or, in his/her absence, the next nominated officer.

A return-to-work interview will be carried out on the day you resume work. Notes will be taken of this interview and kept in a confidential file.

**NORTH AND WEST BELFAST HEALTH
AND
SOCIAL SERVICES TRUST**

**SICKNESS ABSENCE
NOTIFICATION PROCEDURE**

RECORDING AND NOTIFICATION OF SICKNESS ABSENCE

Both managers and staff have a responsibility in the notification of absence.

STAFF

- Staff must notify their nominated officer, or, in his/her absence, the other designated manager on the first day of absence - this must be done as soon as possible prior to the commencement of duty, and definitely no later than 10.00am. It is important that this notification is carried out by the member of staff in person - phonecalls from relatives or other people are not acceptable except where there are exceptional circumstances, e.g. hospitalisation.
- Staff should indicate the nature of illness (a statement that they are sick is not acceptable), the expected duration of the absence and whether or not a GP will be seen.

MANAGEMENT

- Managers must ensure that all new staff and existing staff are familiar with the **Sickness Absence Notification Procedure** - see **Appendix 1**.
- In addition, managers must record the absence on the '**Sick Leave Report and SSP Notification Form**' and forward this directly to the Salaries and Wages Department along with any certification attached to form. The Manager also needs to record the relevant details on the **Departmental Absence Record Form** which should be retained for monitoring purposes.

It is imperative that all notifications are both timely and accurate as any omissions and/or late receipt of notifications will lead to errors in the calculation and payment of sick pay, and, also incorrect information being provided to managers for monitoring purposes.

DEALING WITH CERTIFIED ABSENCES

Certification is required if the member of staff is off due to illness which exceeds three calendar days absence. Certification arrangements are detailed below :-

Calendar Days	Form of Certification
1 - 3 days	No certificate required
4 - 7 days	Self-certificate claim form required to cover illness from 1st - 7th calendar day
8th day and onwards	Medical certificate/ hospital certificate required from GP/hospital
Return to work	Final signing-off certificate from GP

It is the responsibility of staff members to submit and continue to submit medical certificates on time for the duration of their incapacity.

In the event that a member of staff fails to submit a medical certificate the nominated officer should adopt the following procedure:-

- Try to contact the employee - by telephone or letter - to ascertain the reason for the missing certificate.
- The nominated officer should advise their line manager of the reason given and they should decide if the reason given by the employee is valid. If it is considered that it is not an acceptable reason the Senior Manager must consult with the Human Resources Department with a view to deciding whether or not the employee's pay should be stopped. If a decision is taken to stop pay the Senior Manager must advise the employee accordingly. The Human Resources Department and the Salaries and Wages Department must also be formally notified by the Senior Manager.
- In the event of repeated failure on the part of the employee to submit medical certificates the Senior Manager may consider disciplinary action. He/she should consult with the Human Resources Department before taking any such action.

NORTH & WEST BELFAST HSS TRUST

GUIDANCE NOTES

FOR

SUPERVISORS AND LINE MANAGERS

ON

CONTROL OF ABSENTEEISM

*Alison Butler
November 2002*

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NORTH AND WEST BELFAST HSS TRUST

***THESE GUIDELINES ARE IN ACCORDANCE WITH THE
EASTERN HEALTH & SOCIAL SERVICES BOARD'S
PROCEDURE AND ARE DESIGNED TO DEVELOP A
CONTEXT FOR OPTIMUM LEVELS OF SERVICE TO BE
MAINTAINED WHILST ENSURING THAT STAFF WHO
ARE ABSENT OR ILL ARE DEALT WITH IN A FAIR AND
CONSISTENT MANNER***

SECTION 1

Definitions Of Absenteeism

"Any absence from work due to a number of factors only one of which is sickness, may include attitudinal, social or work related problems."

Casual Absenteeism

"Casual absenteeism is generally defined as frequent absences of short term duration over extended periods of time. The period is normally 1, 2 or 3 days at regular intervals or extensive use of self-certification"

Incapacity Absenteeism which follows a casual pattern

"Frequent absences of short duration due to an 'incapacity'"

Long Term Absenteeism

"Incapacity lasting four weeks, or more, usually due to bonafide sickness"

SECTION 2

WHAT TO LOOK FOR WHEN MONITORING ABSENCE

The frequency of individual sick leave should be determined and categorised into:-

1. Frequent Short Term Sick Leave *ie 1-3 days, 4-7 days*

This needs to be analysed to determine its frequency, duration and any conspicuous patterns eg Fridays, Mondays, days following public holidays, or before or after annual leave, etc.

This can be more of a problem than an isolated incident of long-term sickness since in some cases where there isn't an underlying medical reason it can develop into a chronic pattern of regular absence which is unacceptable.

2. Long Term Sick Leave *ie 4 weeks or more*

This may be due to an accident or period of ill-health which may or may not be non-recurring. This type of absence will usually involve a referral to Occupational Health for an opinion on fitness for work, likely prospects and timescales for return to work.

Where this is a one off incident or due to a period of ill-health where the prospect of recovery and return is good (ie within a reasonable time-scale) then the process for managing such an absence is straight forward ie home visit, liaison with individual and Occupational Health.

SECTION 3

GENERAL PRINCIPLES AND OBJECTIVES IN MANAGING ABSENCE

A procedure for managing absence does not aim to victimise or pressurise staff who are genuinely ill. It is also not our aim to have everyone within the department being disciplined as a result of unsatisfactory levels of sickness.

It is good management practise to take a proactive approach to encourage good attendance and identify any problems either individually or related to the work environment which may be causing or contributing to poor attendance levels and to try to resolve these problems where possible.

The aims of such an approach are:-

- ◆ *early action to prevent staff slipping into a pattern of poor attendance which may ultimately lead to the termination of their contract.*
- ◆ *an effective control system which discourages abuse through monitoring, communication and where appropriate with disciplinary action.*
- ◆ *make clear the responsibility of the supervisor/line manager to take effective action and to try to uncover any underlying problems which make some employees not want to come to work.*
- ◆ *fairness:*
 - * *to those absent for unavoidable and authorised absences*
 - * *to the organisation whose ability to deliver services will be impaired*
 - * *to staff morale which is affected if individuals are perceived to be abusing the system and who have to cope with increased workloads*
- ◆ *show that management have acted reasonably should action be taken at an industrial tribunal for unfair dismissal.*

SECTION 4

MANAGEMENT ACTION

1. *The responsibility for monitoring absenteeism within each department should be clearly identified.*
2. *As part of departmental induction, the importance of punctual and regular attendance at work should be stressed. Employees should be informed of the Control of Absenteeism procedure and should also be told of their responsibility to report personally any absence.*

Remember - Monitor New Employees - People Who Are Going To Have High Absence Records Soon Show Their Tendencies

3. *Supervisors should always carry out an interview with anyone who has been absent from work on the day of their return to work.
(See **Appendix 1** for Return to Work Interview)*
4. *Absenteeism levels should be monitored ideally on a month to month basis.*
5. *The Trust guidelines should be adhered to at all times.*

SECTION 5

RETURN TO WORK INTERVIEW

Immediately on return to work by the employee

PRINCIPLES:

- ◆ POSITIVE
- ◆ SENSITIVE
- ◆ INFORMAL
- ◆ CONFIDENTIAL

Need to:-

Elaborate on the reasons for the absence and whether it is likely to reoccur or establish if there are any ongoing problems that need to be addressed.

Let the individual know they were missed from work.

Raise the profile of the absenteeism policy and reinforce the need for good attendance.

Discuss whether management can offer any assistance (if appropriate).

*Record the interview on the **Return to Work Interview Form**
(see **Appendix 1**)*

GUIDANCE FOR SUPERVISORS IN CARRYING OUT RETURN TO WORK INTERVIEWS:-

1ST OCCASION OF SICKNESS

- *welcome employee back*
- *explain reason for the interview*
- *check reason for sickness*
- *ascertain likelihood of reoccurrence*
- *set out expectations of the Trust on attendance*

2ND OCCASION OF SICKNESS

- as overleaf
- give printout of previous sick leave and discuss the reasons given
- consider the possibility of a pattern forming/reoccurring problem
- highlight concern of frequency of sick leave (if appropriate)

3RD OCCASION OF SICK LEAVE

- as above.
- new printout of previous sick leave and causes.
- challenge the individual if there appears to be a pattern forming
- highlight expectations, impact of their sick leave on the provision of services, effect of sick leave on their colleagues, etc.
- highlight need for immediate improvement and standards that you expect to be met.
- reiterate that if there are work related problems these need to be addressed.
- if there are personal problems they may want to discuss these with a Senior Manager or Occupational Health as a self-requested referral.
- outline the process if sick leave continues at this level, ie,
 - management involvement
 - occupational health involvement

*** MANAGEMENT RESERVE THE RIGHT TO REFER AN INDIVIDUAL TO THE OCCUPATIONAL HEALTH DEPARTMENT AT ANY STAGE WITHIN THIS PROCESS ***

PLEASE NOTE

- * If at any point you feel out of your depth discuss with your immediate senior manager
- * The individual needs to build up trust in you before sharing problems
- * Don't make promises that can't be delivered

SECTION 6

ABSENTEEISM THAT FOLLOWS A CASUAL PATTERN

(Definition:- Frequent absences of short term duration over extended periods of time. Normally 1,2, or 3 day intervals or extensive self-certification)

PREPARE FOR INTERVIEW

1. Define problem - absence in excess of norms
2. Check accuracy of information held
3. Review the record - look at patterns, nature/ reasons of sick leave
4. Do you need information/advice from Human Resources

1ST COUNSELLING INTERVIEW

1. Confirm the employees sickness record
2. Listen to the employee's view and explanation
3. Investigate the facts
4. Outline disruption caused by their non-attendance and your expectations
5. Consider the need for referral to Occupational Health if there is the possibility of an underlying health problem
6. Inform the employee that absence is being monitored and set targets for improvement with timescales
7. Record interview - signed and dated by line manager and employee on **Counselling Record Form** (see Appendix 2)
8. Monitor attendance

2ND COUNSELLING INTERVIEW

(when an unsatisfactory attendance level continues or where there has not been sufficient or sustained improvement)

1. Advise employee of referral to Occupational Health Department
2. Meet with individual and discuss outcome of referral
3. Refer to last interview discussion and review attendance record, reiterate the difficulties created by a poor attendance record
4. Listen to explanations by employee and consider mitigating circumstances
5. Discuss ways of helping employee improve attendance levels
6. Set targets for improvements, timescale and review date
7. Advise that if there is not sufficient sustained improvement then a formal caution will be issued.
8. Record interview - signed and dated by senior manager and employee
9. Monitor attendance.

**FINAL COUNSELLING
INTERVIEW** (when absence
persists or there is no
satisfactory or sustained
improvement)

1. Consult Human Resources Department on action
2. Prepare for interview - employee is entitled to trade union representation
3. Review absence pattern and failure to meet improvement target
4. Listen to employee's views and any mitigating circumstances.
5. Issue a formal caution in writing and advise the employee that if absence does not improve to a specified level then more formal disciplinary action will be taken
6. Monitor

IF ABSENCE PERSISTS

1. Refer to Senior Manager
2. Discuss with Human Resources
3. Set up Disciplinary Hearing

SECTION 7

INCAPACITY ABSENTEEISM WHICH FOLLOWS A CASUAL PATTERN

(Definition:- Frequent absences of short duration due to an 'incapacity')

◆ **PREPARE FOR INTERVIEW**

- * *Define the problem - absence in excess of norms*
- * *Check accuracy of information held*
- * *Review record - look at patterns, nature/ reasons for absence*
- * *Do you need information/advice from Human Resources*

◆ **1ST COUNSELLING INTERVIEW**

- * *Confirm the employees sickness record*
- * *Explore reasons given by individual*
- * *If there appears to be underlying problem refer to Occupational Health*
- * *Emphasise need for improvement in attendance*
- * *Set standard and time limit*
- * *Monitor*

◆ **FOLLOW UP OF 1ST INTERVIEW - OUTCOME OF REFERRAL TO OCCUPATIONAL HEALTH**

STEP 1. If passed fit for work, with no underlying medical condition to warrant extent of sick leave:-

- * *Discuss fully the medical opinion obtained from Occupational Health*
- * *Listen to employee*
- * *Discuss ways of assisting employee improve attendance ie change of hours*
- * *Set targets for improvement, timescale and review date*
- * *Advise that if there is not sufficient sustained improvement then a formal caution will be issued.*
- * *Record interview - signed and dated by employee and senior manager*
- * *Monitor attendance*

If absence persists or there is no satisfactory or sustained improvement proceed with Final Counselling Interview as detailed in previous chart

STEP 2. Medical opinion states that there is an underlying medical condition that may cause the individual to have continued sick leave:-

- * Discuss result with Human Resources Department - options open - redeployment, flexibility, change in hours, etc.
- * Can we sustain this level of sickness in the future?
- * Each case **must** be assessed individually
- * Discuss outcome of medical decision with the individual
- * Listen to their view
- * Detail your expectations and the consequences of continued absence
- * Monitor attendance level

If sickness continues to persist:

- * Discuss with Senior Manager and Human Resources
- * Employee interviewed by Senior Manager and Senior Human Resources Officer and advised that we cannot sustain this level of sick leave and if this continues we need to make a decision on their fitness for the post
- * Set time limit and monitor

Sickness persists

- * Senior Manager discusses with Human Resources Department
 - (i) Termination on grounds of capability
 - (ii) Incapacity application

SECTION 8

LONG TERM SICKNESS ABSENCE

(Definition:- ABSENCES OF 4 WEEKS OR MORE)

PRINCIPLES:

- ◆ **REGULAR CONTACT**
- ◆ **ONGOING CONSULTATION WITH INDIVIDUAL**
- ◆ **MEDICAL ADVICE**
- ◆ **REASONABLE RESPONSE**

PROCEDURE FOR MANAGING LONG TERM SICKNESS ABSENCE

- | | |
|---|---|
| <i>Absence over 4 weeks</i> | 1. Complete referral to Occupational Health Department if no indication of a return date in the near future |
| <i>If employee continues to be unfit and remains under review by Occ Health</i> | 2. Welfare visit to be carried out by Line Manager at approx 3 month stage - keep up to date with progress, offer assistance and assess the employee's expectation for a return to work |
| <i>If sickness continues</i> | 3. Keep in regular contact with the Occupational Health Dept - try to establish whether there is a reasonable prospect of the employee being fit to return to their work in the foreseeable future. |

FINAL DECISION BY OCCUPATIONAL HEALTH

- | | |
|---|---|
| 1 FIT | 1A. Return to work |
| 2. PERMANENTLY UNFIT FOR THE <u>JOB</u> | 2A. Consider alternative job
2B. If post available - redeploy
2C. If no suitable post available - terminate on ill-health grounds |

3. PERMANENTLY UNFIT FOR WORK

- 3A. Consult employee regarding medical result
- 3B. Apply for ill-health retirement, or, ill-health termination (not super-annuable)

4. UNFIT FOR FORSEEABLE FUTURE

- 4A. Consult employee regarding the medical opinion
- 4B. If in agreement, terminate on ill-health grounds
- 4C. If there is disagreement seek second opinion from Consultant in Occ Health
- 4D. If 2nd decision is the same - terminate on ill-health grounds

*PLEASE NOTE: In controlling long term absenteeism, **medical opinion** will form the basis of the management decision, either, to wait on the employee's health improving; an offer of alternative employment on the basis of reduced capability on a short or long term basis; or termination of employment.*

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

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RETURN TO WORK INTERVIEW FORM

Tick one only First Interview Second Interview Third Interview

Name of Employee Name of Interviewer Grade Section Date of Interview

Copy of absence record to be attached to form and another given to the individual for information purposes.

Guidance Notes for Interviewer

- All interviews are treated with strict confidentiality. Welcome employee back to work and enquire if they are fully recovered. Explain reason for interview i.e. all staff within the department are interviewed regardless of length of absence. Explain the Trust's expectations. Explain that the nature of absence determines action taken. Do not fill in notes during the interview, wait until interviewee has left. This is to assist individuals feel at ease. Do not get out of your depth with the problem brought to your attention during the interview.

- You are not a counsellor, and should direct the individual in the right direction if required.
- Use of Occupational Health Department may be an option depending on interviewees reason/ response.
- Notes of interview to be retained on separate file for future reference.

NOTE : Managers reserve the right to make a referral to the Occupational Health Department at any time in the process.

Interview Notes

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

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COUNSELLING RECORD FORM

Name of Employee _____ Name of Interviewer _____

Grade _____ Section _____

Date of Counselling Interview _____

* Copy of absence record to be attached to form and a copy given to individual for information purposes.

GUIDANCE NOTES

- Explain to individual reason for counselling.
- Listen to individual.
- Do not get out of your depth. Refer in the appropriate direction if in doubt.
- Explain to the individual options available to you if there is no improvement, i.e. referral to Occupational Health Department, disciplinary procedure.
- Explain Trusts expectations.
- Explain to individual you are documenting the interview to eliminate any confusion or misinterpretation.
- Inform individual that they will have an opportunity to see your notes and confirm with their signature that they are a true reflection of the interview.
- All notes are confidential and will be retained on a confidential file for future reference.
- If more than one page is used all pages should be signed by both parties.

NOTES OF COUNSELLING INTERVIEW

Signature of Manager _____

Signature of Interviewee _____

Date _____



Staff Charter and Monitoring Process

Prepared by:
Trust Charter Subgroup

February 2003

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NORTH & WEST BELFAST HEALTH & SOCIAL SERVICES TRUST

Staff Charter

As an employee of North & West Belfast Health & Social Services Trust you should expect:

- ◆ Good communication on issues that affect you.
- ◆ To be involved in plans to improve services
- ◆ Fairness, privacy, dignity, respect and helpfulness from all colleagues
- ◆ A clear, well published, easy to use confidential grievance procedure
- ◆ Support for continuing staff development
- ◆ Trust policies and procedures are accessible to all staff
- ◆ The Trust to ensure, so far as is reasonably practical, the health, safety and welfare at work of all its employees



Awarded for Excellence
Muckamore Abbey Hospital



Awarded for Excellence
Assisted Living Scheme



Awarded for Excellence
Residential & Supported
Living Services



Awarded for Excellence
Dental Services

Monitoring Process

Staff Charter - Audit

Key Area 1 Communications

Standard Good Communication on issues that affect you

Assessor

Date of assessment

Criteria	Assessment Method	Possible Score	Completion Date	Comments/Action required
All Points magazine Salaries & Wages insertions Communication Strategy Visits by Non Executive Directors Senior Manager Visits Staff meetings Staff notice boards Leaflets on issues pertaining to staff Information meetings Minutes from meetings Distribution of documents Intranet site Library MAH	<ul style="list-style-type: none"> Staff survey yearly to determine how many of the criteria are being used by programme/service area. 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 2 Improvement of Services

Standard To be involved in plans to improve services

Assessor

Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
Staff suggestion scheme	<ul style="list-style-type: none"> Number of staff Suggestions implemented Discussion on services and improvements made at staff meetings Evidence of staff input to business planning Number of new initiatives / awards Evidence by service area 			
Staff meetings				
Business planning process				
Quality Initiatives / awards				
Planning away days for staff				

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 3 Treat all fairly

Standard Fairness, Privacy, Dignity, Respect and Helpfulness from all Colleagues

Assessor Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
Grievance Procedure for staff Policies within Trust <ul style="list-style-type: none"> • Equal opportunities • Violence to staff • Bullying • Confidentiality • Alcohol Policy • Staff care 	<ul style="list-style-type: none"> • Numbers and types of grievance & resolution • Distribution of leaflets • Welcome packs for new staff • Staff survey 			
Equality / Human Rights	<ul style="list-style-type: none"> • Training - number of staff trained 			
Customer Care Strategy	<ul style="list-style-type: none"> • Distributed to all staff • Induction Training • Awareness course 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 4 Grievance

Standard A clear well published, easy to use confidential grievance procedure

Assessor Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
<ul style="list-style-type: none"> Grievance Procedure in place Awareness of Procedure 	<ul style="list-style-type: none"> Copy in all facilities of procedure Welcome pack for new staff Customer Care Strategy / Training Nominated officer in HR Trust intranet site 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 5 Training

Standard Support for continuing staff development

Assessor

Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
<ul style="list-style-type: none"> Trust Policy / Procedure on training & development Range of opportunities for staff e.g. NVQ Support for further education e.g. career breaks Opportunities for all 	<ul style="list-style-type: none"> Circulated to all staff Type of opportunities within the Trust Numbers of staff taking further education Survey staff re: Training & development 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 6 Policies & Procedures

Standard Trust Policies and Procedures are available and accessible to staff

Assessor Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
<ul style="list-style-type: none"> Policy & procedure files in each facility / area Administrative Policy & Procedure manual Programme / Service area Policy file Professional Policies Human Resources Policies / Procedures 	<ul style="list-style-type: none"> Copies of pertinent policy & procedures readily available for all staff <ul style="list-style-type: none"> Files / Booklets Intranet site 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

Staff Charter - Audit

Key Area 7 Health & Safety at Work

Standard The Trust to ensure, so far as is reasonably practical, the health, safety and welfare at work of all its employees

Assessor Date of assessment

Criteria	Assessment method	Possible Score	Completion Date	Comments/Action required
<ul style="list-style-type: none"> • Violence against staff policy • Fire Evacuation Procedures • Health & Safety Training Regulations • Back Care Training • Aid Awareness Training • Safety at work policies • Occupational Health Dept. • Staff Care Services 	<ul style="list-style-type: none"> • Staff awareness of procedures – survey • Number of absenteeism relating to stress • Number of staff assaults or injuries at work • Number of staff claims against Trust • Staff awareness of occupational health dept & staff care services - survey 			

Level of achievement code:

Fully achieved = 100% Substantial progress = 75% Partly achieved = 50% Work has commenced = 25% No progress = 0%

No NEST.

**PREVENTION OF HARASSMENT
AND BULLYING AT WORK**

FINAL DRAFT
03/01

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

POLICY AND PROCEDURE ON THE PREVENTION OF HARASSMENT AND BULLYING AT WORK

PART A: POLICY

1. Introduction

- 1.1 As part of our commitment to equality of opportunity the Trust strives to promote a positive and harmonious working environment where every employee is treated with respect and dignity and in which no one feels intimidated because of his or her religious beliefs, political opinion, sex, marital status, sexual orientation, disability, or race or because he or she is in the process of gender reassignment. The aim of this policy and the accompanying procedure is to prevent harassment, provide guidance to resolve any problems should it occur and prevent reoccurrence.
- 1.2 Harassment and bullying detracts from a productive work environment and can affect the health, confidence, morale and performance of those affected by it, including anyone who witnesses or knows about the unwanted behaviour.
- 1.3 Harassment and bullying are unacceptable behaviours and will not be permitted or condoned. Sectarian, racial, disability or gender-based harassment constitutes unlawful discrimination under the sex discrimination, fair employment, race relations and disability legislation. Harassment may also be a civil offence, a criminal offence or may contravene health and safety legislation and will be treated by the Trust as misconduct which may include gross misconduct warranting dismissal. All employees must comply with this policy which has been agreed with the recognised trade unions/staff organisations. This policy, which applies to all staff, should be read in conjunction with the appropriate professional codes of practice.

2. Definition of Harassment

- 2.1 *Harassment is unwanted conduct of a sexual/sectarian/racial/disability nature or conduct which is based on gender, religious belief, political opinion, race, disability, sexual orientation or gender reassignment which*

adversely affects the dignity of women and men at work. This may include unwelcome physical, verbal or non-verbal conduct.

Such behaviour is unacceptable where:

- (i) It is unwanted, unreasonable and offensive to the recipient.
- (ii) It is used as the basis for an employment decision.
- (iii) It creates a hostile working environment.

2.2 Some examples, which are not exhaustive, are given below but many forms of behaviour constitute harassment:

- Physical contact ranging from touching to serious assault.
- Verbal and written harassment through jokes, racist remarks, derogatory nicknames, sectarian name calling, sectarian songs, threats, letters, offensive language, gossip, slander.
- Visual displays of posters, graffiti, obscene gestures, flags, bunting or emblems or any other offensive material.
- Isolation or non co-operation at work, exclusion from social activities.
- Coercion, including pressure for sexual favours, pressure to participate in political/religious groups.
- Intrusion by pestering, spying, following etc.

It should be noted that it is the impact that such behaviour has on the person at the receiving end which must be considered regardless of whether the perpetrator intended the behaviour to have a detrimental effect.

3. Bullying

3.1 Bullying is defined as ***persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self confidence and which may cause them to suffer stress.***

- 3.2 Bullying can be experienced from manager to subordinate, between colleagues or from a group of staff to an individual or another group. It undermines the ability and confidence of the person who suffers from it and can lead to fear, demotivation, isolation, poor concentration, reduced work output, symptoms of stress and a high level of sickness absence.
- 3.3 Line managers are responsible for ensuring an acceptable level of performance and behaviour. Bullying does not therefore include legitimate, justifiable, appropriately conducted criticism of an employee's behaviour or work performance.
- 3.4 Many forms of behaviour can constitute bullying. The following, though not exhaustive may be considered as bullying:
- Shouting at a colleague persistently negative attacks on a colleague's personal or professional performance; constant criticism or ridiculing a colleague in front of others.
 - Spreading malicious rumours/making malicious allegations.
 - Persistently setting objectives with impossible deadlines or unachievable tasks.
 - Removing and replacing areas of responsibility with menial or trivial tasks well below skills and capabilities.
 - Undervaluing a colleague's contribution, placing unreasonable demands on and/or excessive supervision and monitoring of a colleague's performance.
 - Ostracising and marginalising the person, excluding the person from discussions, decisions etc.

Bullying may also take more subtle, insidious forms which gradually wear the person down over a period of time. It should be noted that it is the impact of the behaviour which is relevant and not the motive or intent behind it.

4. Employees' Rights

- 4.1 All employees have the right to work in an environment free from harassment or bullying. The Trust recognises the right to complain about harassment should it occur. All complaints will be dealt with seriously, promptly and confidentially. A copy of the complaints procedure for dealing with harassment and bullying, which has been agreed with recognised trade unions, is attached.

- 4.2 The procedure does not replace or detract from the rights of employees to pursue a complaint under the sex discrimination/race relations/disability discrimination or fair employment legislation. A complaint must be lodged with the Industrial Tribunal within 3 months from the date of the alleged act of sex, disability or racial discrimination. In a case of religious/political discrimination a complaint must be lodged with the Fair Employment Tribunal within 3 months from the date when the person first knew or might reasonably be expected to have first known of the discrimination or within 6 months from the date the discrimination occurred, whichever is earlier.
- 4.3 Every effort will be made to ensure that employees making complaints and others, who give evidence or information in connection with the complaint will not be victimised. Victimisation is discrimination contrary to the Fair Employment (NI) Acts 1976 and 1989, the Race Relations (NI) Order 1997 and the Sex Discrimination (NI) Order 1976. Any complaint of victimisation will be dealt with seriously, promptly and confidentially. Victimisation will result in disciplinary action, which may include dismissal.

5. Employees' Responsibilities

- 5.1 All employees have a responsibility to help ensure a working environment in which the dignity of employees is respected. Everyone must comply with this policy and employees should ensure their behaviour to colleagues, and service users do not cause offence and could not in any way be considered harassment.
- 5.2 Employees should discourage harassment and/or bullying by making it clear that they find such behaviour unacceptable and by supporting colleagues who suffer such treatment. They should alert a manager or supervisor to any incident of harassment and/or bullying to enable the Trust to deal with the matter.

6. Managers' and Supervisors' Responsibilities

- 6.1 Managers and supervisors have a duty to implement this policy and make every effort to ensure that harassment or bullying does not occur, particularly in work areas for which they are responsible. They have a responsibility for any incidents of harassment of which they may be aware or ought to be aware. If harassment does occur, they must deal effectively with the situation.

6.2 Managers and Supervisors should:

- (i) Explain the Trust policy to staff and promote awareness of the procedure for dealing with complaints. Ensure each member of staff has a copy of the policy.
- (ii) Be responsive and supportive to staff who make an allegation of harassment or bullying, provide clear advice on the procedure, maintain confidentiality and seek to ensure there is no further problem of harassment/bullying or victimisation.
- (iii) Set a good example by treating all staff and customers with dignity and respect.
- (iv) Be alert to unacceptable behaviour and take appropriate action including consultation with Human Resources department.

7. The Trust's Responsibilities

- 7.1 The Trust will promote respect and dignity in the workplace and deal with complaints of harassment and bullying. This policy will be communicated to all employees and the Trust will ensure that managers and supervisors are aware of their responsibilities. Appropriate training will be provided including induction and management courses.
- 7.2 The Trust will ensure where possible that employees can raise their complaints, should they wish, with someone of their own gender, religion or race or who is aware of disability issues. All complaints of harassment will be dealt with promptly, seriously and confidentially. Managers and supervisors will receive appropriate training so they can perform their roles sensitively and effectively.

8. Review

- 8.1 **The Trust will monitor all incidents of harassment and will review the effectiveness of this policy and procedure on an annual basis.**

Signed on behalf of Staff Side



Signed on behalf of Management



Date: 10.7.2001

FINAL DRAFT
03/01

**PART B: PROCEDURE FOR DEALING WITH COMPLAINTS OF
HARASSMENT AND BULLYING AT WORK**

1. Introduction

- 1.1 An employee who believes that he/she has suffered harassment or bullying is entitled to raise the matter through the following procedure. This procedure does not replace his/her statutory rights under the discrimination legislation.

2. Informal Stage

- 2.1 Where the harassment/bullying is not serious or where it has not been repeated and an employee simply wants the behaviour to stop, it is usually preferable to try to deal with the complaint informally. This may enable the issue to be resolved speedily, with minimum embarrassment and risk to confidentiality.

- 2.2 Employees can seek to resolve matters informally by:

- (i) Approaching the alleged offender directly making it clear to this person(s) that their behaviour is offensive, not welcome and should stop.
- (ii) Approaching the alleged offender with the support of a colleague, trade union representative, supervisor/manager, human resources officer or designated adviser.
- (iii) If it is too embarrassing or difficult to do this personally, employees may request a supervisor/manager, human resources officer or other designated adviser to approach the alleged offender on their behalf.

- 2.3 Designated Advisers will provide employees with advice and assistance. They can be contacted at any stage of the formal or informal procedures and can provide support during procedures but will not conduct investigations or take part in any formal hearing, which may follow an investigation. A list of advisers can be obtained from the Human Resources Department on request.

Alternatively staff may if they wish contact the 24 hour confidential staff counselling service Tel: 0500 127079

- 2.4 An employee will be advised that:
- (i) A formal investigation and possible disciplinary action can only take place if the complaint is investigated under the formal procedure.
 - (ii) A written record of the action taken will be made to assist with any formal proceeding, which may arise if the behaviour does not stop.
- 2.5 All reported incidents of harassment will be monitored and in the event of any patterns emerging management may wish to initiate its own formal investigation and take remedial action where necessary. Additionally there may be situations where the seriousness of a complaint warrants formal proceedings.

3. Formal Stage

- 3.1 The formal complaints procedure is appropriate where the harassment/bullying is perceived to be serious, has continued after informal procedures have been used or the person complaining prefers to use the formal procedure.
- 3.2 An individual may formally raise the complaint with a Senior Human Resources Officer, Assistant Director of Human Resources (names supplied at the end of the procedure), or if appropriate another member of management.
- 3.3 Managers carrying out investigations at the formal stage will not be connected with the allegation which has been made. The investigation team will consist of at least 2 managers including a Human Resources officer. The line manager on the investigation team will be senior in grade to the individual under investigation.

4. Investigation at the Formal Stage of the Procedure

- 4.1 **Making a Complaint:** Complaints should be raised as soon as possible following an act of alleged harassment/bullying so that the matter can be dealt with quickly. Whilst it is preferable that a complaint is made in writing to the appropriate manager (senior line manager) or Human Resources department, this will not preclude the investigation of a complaint being made verbally. The manager/Human Resources department will acknowledge receipt of the complaint within 3 working days.

- 4.2 **Initial Meeting with the Complainant:** The manager will normally meet the Complainant within 3 working days of receipt of the complaint to clarify the allegations, record the complaint and establish that it is being handled under the formal procedure. The manager will advise the Complainant of the next stage of the procedure and their right to be accompanied at the investigation meeting by a trade union representative or work colleague. The Complainant will be informed in writing of a date for a meeting to be held normally within 5 working days.
- 4.3 **Avoiding Contact Between Complainant and the Alleged Offender:** Both the Complainant and the alleged offender will be advised that there should be no communication between them, directly or indirectly, in relation to the complaint. The issue of avoiding contact between the two parties will be further considered at this stage. If appropriate the possibility of a transfer pending the outcome of the investigation will be considered. Where a case of serious harassment has been alleged consideration will be given to precautionary suspension of the alleged offender to enable investigation to proceed. Where this is decided, the individual concerned will be informed of this at a meeting with the manager concerned and will have the right to be accompanied at this meeting by a trade union representative.
- 4.4 **Informing the Alleged Offender:** The manager will meet with the alleged offender to outline the complaint, confirm it is being handled under the formal procedure, advise the individual of the next stages of the procedure and advise the individual of their right to be accompanied at the investigation meeting by their trade union representative or work colleague. Following the meeting the manager will write to the person against whom the allegation is made, outlining the nature of the complaint and setting a date for a formal meeting to be held normally within 5 working days of the initial meeting with the Complainant.

5. The Investigation

- 5.1 The investigation team will seek to complete all the necessary meetings within 15 working days of the date of the complaint and conclude the investigation within 20 working days. Where it is not possible to adhere to the timescales above, the Complainant and the person against whom the allegation was made will be informed.

- 5.2 **Conduct of the Investigation:** The purpose of the meetings is to establish the facts. A record of all meetings will be kept and all evidence provided to assist the investigation will be treated confidentially subject to any disciplinary or statutory requirements.
- 5.3 **Meetings with the Complainant and Alleged Offender:** Both the Complainant and the alleged offender have the right to be accompanied by their trade union representative or work colleague during investigation meetings. It may be necessary to have further meetings with either the Complainant or the alleged offender to clarify issues in the light of additional information.
- 5.4 **Meetings with Other Parties:** The investigation team may meet with anyone who can assist the investigation. This may include co-workers, supervisors and anyone who observed the complainant's demeanour after the alleged incident(s) or any colleague with whom the complainant discussed the alleged incident(s).

6. Decision on Further Action

- 6.1 The investigation team will consider the information and prepare a written record of their conclusions and recommendations. Action that may result from the investigation will be:
- (i) To initiate the Trust's disciplinary procedure against any party as appropriate; and/or
 - (ii) To take no further action or to take any other appropriate management action eg. Provision of training, counselling, policy or procedural action.
- 6.2 Where the investigation team does not have the authority to take the necessary action the findings and proposals will be considered by the appropriate level of management.

7. Action Following Completion of the Investigation

- 7.1 The decision on the appropriate course of action will be communicated in writing to both the person who has complained and the person against whom the complaint was made.
- 7.2 Where a complaint has been upheld the every effort will be made to protect the Complainant from victimisation or further harassment.

- 7.3 If disciplinary action is taken and the individual who was disciplined remains in Trust employment and it is agreed that future contact between the individuals concerned would be unacceptable; every effort will be made to facilitate this wish. Consideration will be given to relocation of the offender in the first instance and where the transfer of the complainant occurs they should not be disadvantaged by the relocation.
- 7.4 Where a complaint is not upheld, or, where the evidence is inconclusive consideration may still be given, where practicable, to the transfer of one of the employees concerned.

8. Training and Counselling

- 8.1 Training and/or counselling will be offered to both parties to the complaint. Where a complaint has not been upheld training and/or counselling may still be offered.

9. Further Meetings

- 9.1 The individual making the complaint will have the opportunity to meet with either the manager or the Human Resources officer on a regular basis following the conclusion of the investigation to ensure that no harassment or victimisation has occurred. The manager of the person against whom a complaint has been upheld will be responsible for ensuring that he/she is made fully aware of the Trust's policies on equal opportunities and harassment and of the law relating to these matters.

Signed on behalf of Staff Side



Signed on behalf of Management



Date: 10. 7. 2001

APPENDIX 1

**List of Human Resources Personnel Who May be Contacted
Regarding a Complaint of Harassment/Bullying**

Name	Title	Telephone Number
Mrs Maura Campbell	Assistant Director of Human Resources	90821249
Ms Margaret Goodall	Assistant Director of Human Resources	90821247
Mrs Margaret Treanor	Senior Human Resources Officer	90821248
Mrs Alison Butler	Senior Human Resources Officer	90821240
Mrs Geraldine Murray	Senior Human Resources Officer	90821244
Mr Bernard Madden	Senior Human Resources Officer	90821242

HARRASSMENT & BULLYING AT WORK

Awareness Training Session for Managers

Objectives:

By the end of the session managers should:

- *Understand the nature of bullying and harassment at work*
- *Appreciate their role and responsibilities regarding the prevention of harassment and bullying in the workplace including issues of management and communication styles*

Content:

Exercise

Defining "Harassment" and "Bullying"

Case Studies

Trust Policy and the Supervisory/ Managerial Role

What Happens When a Complaint is Made

Further Case Scenarios

Human Resources Dept.

Training Session: Harassment and Bullying At Work

Topic Heading	SESSION OUTLINE	OHP
<p>INTRODUCTION</p>	<p>WHY ARE WE HERE?</p> <p>Issues of bullying and harassment at work</p> <p>Exercise:</p> <p>Defining Harassment</p> <p><i>“ Harassment is unwanted conduct... based on someone’s gender, religious belief, political opinion, race, disability, sexual orientation or gender reassignment which adversely affects the dignity of women and men at work. This may include unwelcome physical, verbal or non verbal conduct”</i></p> <p>Examples: ETC.</p>	<p>Question</p> <p>Handout</p> <p>Situation Posers</p>
<p>DEFINITIONS & EXAMPLES</p>	<p><i>“Bullying is persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self confidence and which may cause them to suffer stress”.</i></p> <p>Examples: ETC</p>	<p>Flip chart</p> <p>OHP Policy Defin.</p>
		<p>OHP</p> <p>OHP</p>
		<p>OHP</p>

<p>CASE STUDIES TO EXPLORE HARASSMENT AND BULLYING</p>	<p>Mrs Marshall (sexual harassment and bullying) Mrs Thompson (racial harassment and 3rd party harassment)</p>	
<p>MANAGER'S ROLE LEGAL TRUST POLICY</p>	<p>Legal view of an employer's responsibility to prevent/ protect staff from harassment and bullying at work - link to Race/ Gender/ Religion/ Politics/ Disability Legislation Contract of Employment Vicarious Liability of the Employer for the actions of staff</p>	

North and West Belfast
Health and Social Services Trust

Memorandum

From: Una Macauley
Operations Manager

To: Margaret Goodall
Human Resources

Ref: UM/EL

13th September 2001

Re: Harrassment Training
18th and 19th September 2001 at 2.00 pm, Shankill Centre

Please find below list of staff members attending the above training:

Tuesday 18th September

Geralyn Ainsworth ✓
Paul McCloskey ✓
Collette McHenry ✓
Margaret Gilvarry ✓
Michael Corner
Alice Nugent
Diane McAuley
Anne Gormley ✓
Wilma Thomas ✓
Moirra Jarritt ✓
Joan Halliday ✓
Dermott Dawson ✓
Eileen McKnight ✓
John Ashfield ✓
Sheila Gillen ✓
Nuala Kelly ✓
Madeline Scullion ✓
Mary Ward ✓
Adrian McCartney

Alma Caldwell ✓
P Beasant ✓
19

Wednesday 19th September

Una Macauley X
Lawrence Brush ✓
Tony Kelly ✓ *telv@ 3.pm*
Pat Shannon ✓
Jeremy Bell ✓
Jane McKnight ✓
Maureen Devine ✓
Maggie McCrea
Pat Beasant
Lynn Ingham ✓
Martin Gore X
Mairead Madden ✓

Julie McFerran ✓
Valerie Mustafa ✓
Richard Ferguson ✓
Maura Hughes ✓
Carmel Maguire ✓
Eileen Lindsay ✓

Margaret Dunlop ✓ *arrived 2.40pm.*

Prevention of Bullying + Harassment

Tuesday 18 September
Shankill Centre

<u>Names</u>	<u>Job Title</u>	<u>Location</u>
B. McHenry	O.I.C.	Chestnut Grove
1. ab Glibany	D.O.I.C.	Chestnut Grove
M. Scullion	CM	Everton S.S.
J. Ashford	SSW	" "
W. Thomas	GAA	" Elderly
D. Dawson	SSW	B'HAM OFFICE
M. JARRETT	GAA	R.V.H LEVELS
J. Halliday	GAA	Iweagh Building
P. Beasant	O.I.C.	Shankill House / Grove
N. Kelly	SSW	I.D.S.S Shankill EPH
A. Caldwell	CM	Royal Hospital Group
M. Ward,	CM	Beech Hall.
S. Fuller	SSW	Shankill
A. Gormley	SAA	Beech Hall
Paul	C/A	SYDNEY CENTRE
Paul McLooney	C.P.N. Team coordinator	Bruce House Assessment Cent
Eileen McKnight	CPN	" " Ballymore Complex.
Gerilyn Ainsworth	A.P.S.W.	Shankill House

Prevention of Harassment / Bullying at Work

Wednesday 19 September

Name	Grade / Location
Tony Kelly	APSW Everton
Martin Lyle	DCM / Shankill D/C
Jeremy Kelly	SSW / Shankill Centre
Eileen Lindsay	GAA / Shankill Centre
Maeva Hughes	Manager / Parkmore
VALERIE MUSTAFA	CARE MANAGEMENT HATA HOSPITAL
Kathleen Fenner	Course manager Everton S/S
Lyn Inl	Mancynn Corrib D/C
Gabriel Maguire	GAA Everton
LAWRENCE BRUSH	APSW
Nat Sh	S.S.U.

North and West Belfast Health and Social Services Trust**EQUAL OPPORTUNITIES POLICY****1 Statement of Policy**

The aim of this policy is to communicate the commitment of the Board and senior management to the promotion of equality of opportunity in the Trust irrespective of:

- Gender, marital or family status
- Dependants
- Religious belief or political opinion
- Disability
- Race including colour, nationality, ethnic or national origins
- Sexual Orientation
- Age
- Trans Sexualism or Gender Reassignment

The Trust opposes all forms of unlawful and unfair discrimination. Full time and part time employees and job applicants will be treated fairly and selection for employment, promotion, training, transfer or any other benefit will be on the basis of ability, qualifications and aptitude.

The Trust recognises that the provision of equal opportunities in the workplace is good management practice and makes good business sense. It will help employees develop their full potential and the talents and resources of the workforce will be deployed to maximise the effectiveness of the Trust. The existence of the law and this policy cannot guarantee that discrimination. This requires management and staff at all levels to critically examine their attitudes and behaviour towards people to ensure they do not unlawfully discriminate and that they play their part in upholding this policy. The Trust is committed to:

- Preventing any form of direct or indirect discrimination or victimisation.
- Promoting equality for men and women.
- Securing fair participation for Catholics and Protestants.
- Promoting equal opportunities for people with disabilities.
- Promoting equal opportunities for ethnic minorities.
- Promoting a good and harmonious working environment where all men and women are treated with respect and dignity and in which no form of intimidation or harassment will be tolerated.

- Fulfilling all legal obligations and abiding by the relevant Codes of Practice.
- Taking any necessary affirmative action to ensure the continued and future provision of equality of opportunity in the Trust.

This policy should be read in conjunction with the Trust policy on the Prevention of Harassment at Work. Breaches of our equal opportunities policy and practice will be regarded as misconduct and could lead to disciplinary proceedings.

This policy is fully supported by management and has been agreed with the trade unions and staff associations of the Trust's Joint Consultative Forum.

2 Policy Implementation

The Director of Human Resources and Corporate Affairs has specific responsibility for the implementation of this policy. Each director, manager and supervisor also has responsibilities and all Trust employees are expected to abide by the policy and help create the equality working environment which is its objective.

In order to implement the policy, we will:

- Communicate the policy to employees through induction training, management training, staff briefings, notice boards and will be made known to job applicants
- Make managers and supervisors aware of their responsibilities through appropriate ongoing training sessions.
- Provide appropriate training and guidance, including training on induction and management courses particularly for staff involved in recruitment.
- Consider necessary lawful affirmative action measures e.g. where there is an under representation of a particular group (listed above) in the workforce.
- Review this policy in consultation with trade union/ staff association representatives.

3 Monitoring and Review

Workforce composition will be monitored in respect of gender, religion, race and disability and periodic reviews will be undertaken as required by Section 31 of the Fair Employment (NI) Act 1989. The results of any reviews and proposed initiatives will be discussed with the Trust's trade union/ staff association forum.

4 Complaints

Employees who believe they have suffered discrimination, harassment or victimisation are entitled to raise the matter through the agreed procedures, a copy of which may be obtained from the Human Resources Department. All complaints will be dealt with seriously, promptly and confidentially. These procedures do not replace the right of employees to pursue complaints under the Sex Discrimination (NI) Order 1976 (as amended 1988), the Race Relations (NI) Order 1997, the Fair Employment and Treatment (NI) Order 2000, The Disability Discrimination Act 1995, the Equality (NI) Order 2000 or the Northern Ireland Act 1998.

Every effort will be made to ensure employees making complaints will not be victimised. Any complaint of victimisation will be dealt with promptly and confidentially.

EVIDENCE FILE
 Controls Assurance Statement 7.

North & West Belfast Health & Social Services Trust
 Serious Adverse Incident Policy & Procedure – v.1

Title		Type	Status
SERIOUS ADVERSE INCIDENT POLICY & PROCEDURE		Policy	Approved
		Unique Identifier	Version
		Gov00003	1
Author / Originator		Accountable Director	
Name Ian Jamison	Role Assistant Director of Corporate Affairs	Name Eamonn Molloy	Role Director of Human Resources & Corporate Affairs
Document Checked for:		Author Signature	
	Compatibility with other Trust Documents	√	
	Equality and/or Human Rights Impact	√	
	Financial Impact	√	
	Training and Education Needs	√	
	Distribution List	√	
Approved by (Board Committee Group)		Date	
Trust Board		29 June 2005	

Review Date	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Month				Jun								

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1.0 INTRODUCTION

- 1.1 This policy sets out the framework and operational arrangements for the management of serious adverse incidents within the Trust.
- 1.2 This policy operates in conjunction with existing internal and external statutory reporting requirements such as the Registration and Inspection Units, Commissioning Boards, DHSSPS, Health and Safety Executive, Northern Ireland Adverse Incident Centre etc.
- 1.3 This policy should be read in conjunction with the undernoted Trust policies/procedures.
 - Risk Management Strategy/Policy
 - Management of Adverse/Events, Incidents and Near Misses
 - Procedure for Investigating Incidents, Complaints and Claims
 - Whistleblowing Policy
 - Major Incident Policy

2.0 PURPOSE/OBJECTIVES OF THE POLICY

- 2.1 The purpose and objectives of the policy are:
 - To ensure the Trust has clearly defined accountabilities, responsibilities and frameworks in place to appropriately, manage serious adverse incidents.
 - To provide a Trustwide system for the management of all serious incidents ensuring they are dealt with appropriately and in a consistent manner.
 - To improve our services through recording, reporting, analysing, evaluating and learning from serious adverse incidents involving patients, clients, staff and visitors.

3.0 SCOPE OF POLICY AND DEFINITION

- 3.1 The policy covers all aspects of the Trust's Business
- 3.2 A serious adverse incident in the context of Health and Social Services is described by the Department of Health Social Services and Public Safety as **"any event or circumstance arising during the course of the business of a HPSS Organisation/Special**

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Agency or commissioned service that led, or could have led, to serious unintended or unexpected harm, loss or damage".

This may be because:

- It involves a large number of service users
- There is a question of poor professional/clinical or management judgement
- A serious service and/or equipment failure
- A service user(s) or staff member has died under unusual circumstances; or
- There is the possibility or perception that any of these might have occurred.

3.3 Factors that might suggest a serious incident include:

- Any incident involving serious harm or potentially serious harm to a patient, service user, member of staff or the public. This could include disease outbreaks, apparent clinical errors or lapses in care
- Any incident which has serious implications for patient or staff safety - involving potential or actual risk to patients or staff
- Any incident which may suggest that Trust policy is compromised and may give rise to serious consequences for the proper delivery of Trust business
- Any incident with the potential for serious adverse media attention/damage to reputation of the Trust

3.4 The above list is by no means an exhaustive list and if doubt remains regarding the classification of an adverse incident as serious, it must always be checked with the relevant Director.

4.0 MANAGEMENT PRINCIPLES

4.1 Roles and Responsibilities

4.1.1 The Chief Executive, as Accountable Officer, is responsible for ensuring all serious incidents are managed appropriately in accordance with Trust Policies.

4.1.2 Lead Director - The Chief Executive has nominated the Director of Planning Contracts and Information/Deputy Chief Executive to manage and review serious incidents. In the

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absence of the aforementioned, the Chief Executive will nominate another Director supported by a Senior Manager who is competent to undertake the review using causal analysis methodologies.

4.2 Serious Incident Reporting

4.2.1 During Normal Working Hours (See Flowchart Appendix A)

All serious incidents should be reported to the relevant Director.

Should the relevant Director agree the incident is serious, a telephone report should be made immediately to the Administration Department on Tel: 90821202 followed by the adverse event/incident report form by post.

The relevant Director will also advise the Chief Executive directly.

Following consultation with the Lead Director (Deputy Chief Executive) and the relevant Director, the Chief Executive will decide whether or not to declare the event a "serious incident" and, if required, activate the relevant review and action team (see Appendix E).

4.2.2 Outside Normal Working Hours (See Flowchart Appendix B)

The Senior Duty Officer will contact the Administration On-call Officer through the Muckamore switchboard 028 94463333, who will inform the Director on call. The Director will decide, following appropriate consultation if the incident is to be classified as serious and notify the Chief Executive.

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4.2.3 External Reporting

The relevant Director will ensure all relevant external bodies are informed of the serious incident.

In addition if the relevant Director considers that the incident is likely to:

- Be serious enough to warrant regional action to improve safety or care within the broader HPSS
- Be of public concern or
- Require an independent review.

The relevant Director should provide the Department with a brief report, using the proforma attached at Appendix C by Email adverse.incidents@dhsspsni.gov.uk or by Fax to 028 90528126.

4.3 Communicating with Patients/Clients and Relatives

The professional staff responsible for the treatment and/or care of the patient/client will retain the responsibility for communicating with them and their relatives about the incident. The following points should be noted:

- Following an assessment, patients/clients and relatives (bearing in mind issues of patient/client confidentiality) are provided with explanations of what has happened, why it happened, how it will be investigated and how lessons will be learned from the incident.
- If, in conjunction with the relevant Director, the professional head/consultant considers there are compelling professional reasons not to discuss the incident with the patient/clients relative (s) a clear record should be made of this in the patient/client records.
- If deemed appropriate, an apology should be given, acknowledging that an apology is not an admission of liability.
- If appropriate, a meeting should be offered to patient/client relative (s) with the relevant Trust personnel. A summary of the points discussed and any agreements made should form part of

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the overall investigative paper work and a copy provided to the patient/client relative (s).

- The patient/client relative (s) will be informed of any external body the incident is being reported to and why.

4.4 Review and Action Team

The Lead Director (Deputy Chief Executive) will lead a Review and Action Team consisting of:-

- Relevant Director
- Lead Clinician/Professional and/or Directorate Service Manager
- A Senior Manager
- A nominated Senior Officer to deal with press and communications
- Other co-opted members as appropriate e.g. other Professionals, Risk Management, Health and Safety, Legal Advice, Estates etc.
- Dedicated administration support.

The Review Team through the Lead Director (Deputy Chief Executive) will report directly to the Chief Executive.

The Review Team will meet as soon as possible and no later than 48 hours after the incident to review the case. The Team will work to agree Terms of Reference (Appendix D).

The Team will decide how the incident is to be managed, the timescale of the review investigation and subsequent reporting (See Appendix E).

Where an incident involves more than one Directorate or Service Area, the Team will ensure co-ordinated communication with appropriate Clinicians/Professionals and Managers from all relevant areas. The incident will be investigated by a person(s), competent in causal analysis methodologies, appointed by the Team. Other members may be co-opted as required e.g. Trust Legal Advisers.

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Following resolution of the incident, the Team will review action taken, document lessons learned and provide a report outlining conclusions and recommendations to the Chief Executive, Executive Management Board, Governance Committee and Trust Board.

4.5 Monitoring

The Lead Director (Deputy Chief Executive) will monitor implementation of remedial action agreed by the Governance Committee.

5.0 Document Control

5.1 Terms and Abbreviations

Term/Abbreviation	Meaning

5.2 Other Relevant or Associated Documents

Reference	Policy Identifier	Title
[1]	TBC	Risk Management Strategy/Policy
[2]	TBC	Management of Adverse/Events, Incidents & Near Misses
[3]	Gov00002	Procedure for Investigating Incidents, Complaints & Claims
[4]	TBC	Whistleblowing Policy
[5]	TBC	Major Incident Policy

5.3 Distribution List

Name	Organisation/Location
Directors & Senior Managers	Various Trust facilities

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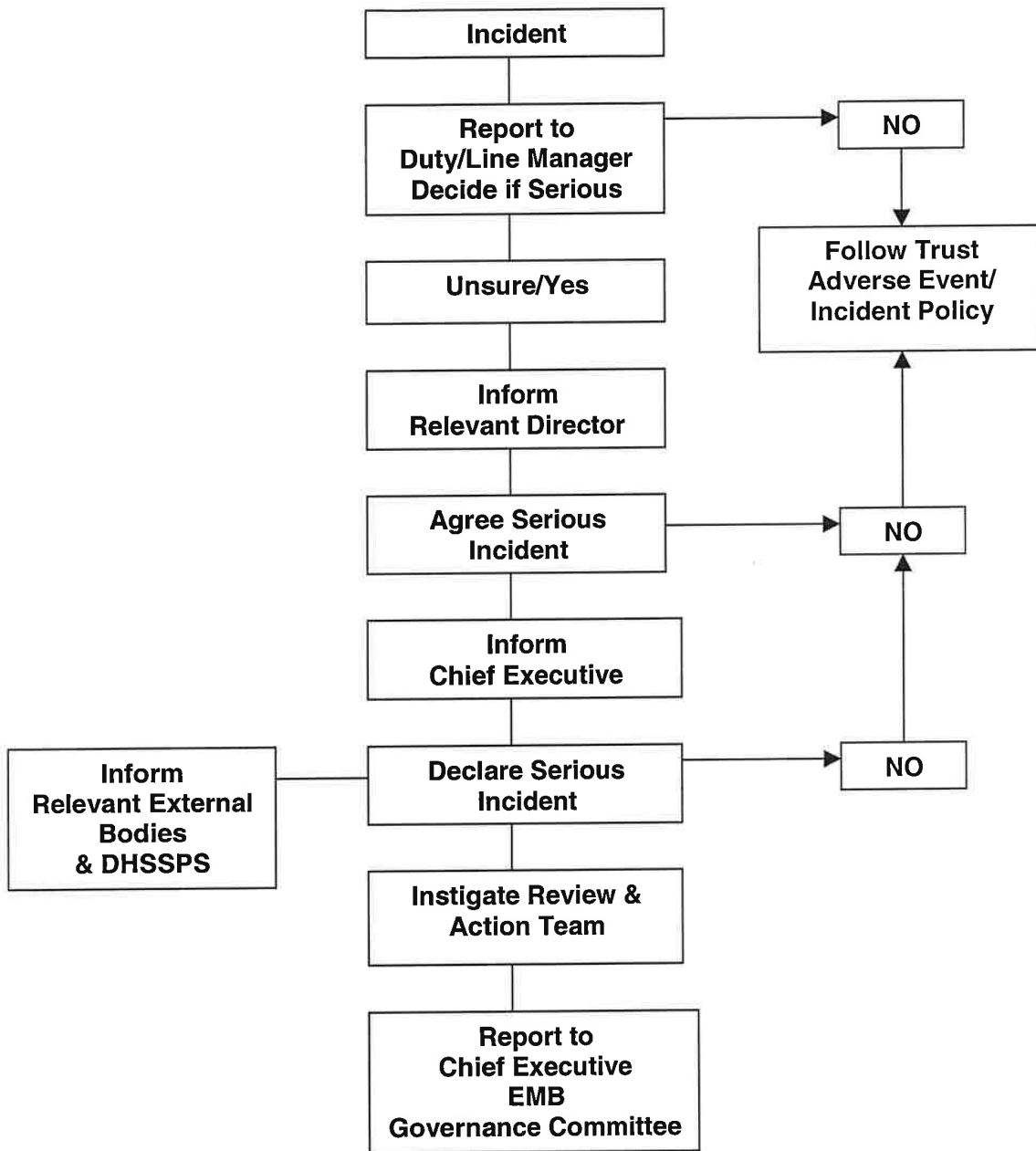
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5.4 Quality Control

Job Title	Risk Management and Controls Assurance Coordinator
Signature	
Date	16 th September 2005

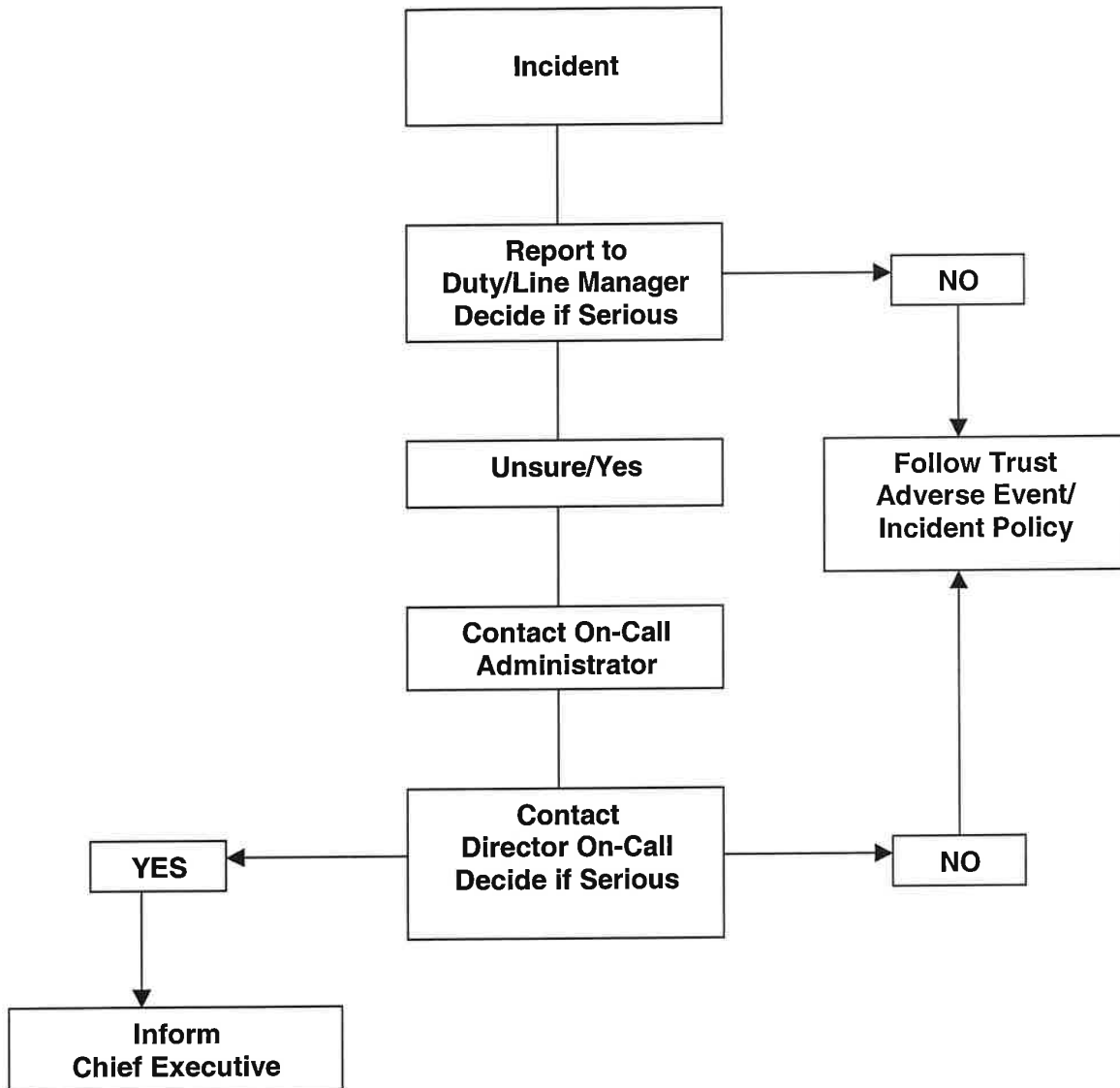
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Serious Adverse Incident Reporting Flowchart (During Office Hours)



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Serious Adverse Incident Reporting Flowchart (Out of Hours)



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APPENDIX C

SERIOUS ADVERSE INCIDENT REPORT
1. Organisation:
2. Brief summary (and date) of incident:
3. Why incident considered serious:
4. Action taken:
5. Is any regional action recommended? (if so, full details should be submitted) Y/N -
6. Is an Independent Review being considered? (if so, full details should be submitted) Y/N -
7. Other Organisations informed HSS Board Y/N - PSNI Y/N - Coroner Y/N - NIHSE Y/N - Other (please specify) Y/N -
8. Report submitted by (name and contact details of nominated Senior Manager or Chief Executive)

Completed proforma should be sent, by email, to:
adverse.incidents@dhsspsni.gov.uk

If email cannot be used, fax to 028 528126

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Terms of Reference for the Review and Action Team

The Review and Action Team is to meet as soon as possible after the incident and no later than 48 hours. The Team will be led by the Lead Director (Deputy Chief Executive) or, in his/her absence, by a nominated Director. A team approach will assist in ensuring that all aspects of the incident are appropriately reviewed and that there is support available from within the team in assessing complex or sensitive areas. It may also be beneficial to appoint a member to the Team from outside the speciality/function area or from outside the Trust.

The terms of reference are as follows:-

- To undertake an initial review of the incident
- To consider any other relevant factors raised by the incident
- Scope the remit of the review/investigation
- To determine action required to manage the incident including
 - Identify the lead person to investigate
 - Identify the lead person to manage the press and communications
 - Identify other member to the Review Team e.g. administration support
- To ensure staff and patient/client confidentiality
- To review the outcome of the investigation, agreeing recommendations and actions and lessons learned
- To provide an outline report of the incident and its outcome to the Chief Executive within four weeks of the incident occurring
- To determine the action required to ensure effective implementation of the recommendations
- Implementation of the Action Plans.

The report produced by the Review Team should be in a standard format as detailed below:

- Statement of membership and terms of reference
- Brief description of the methods of enquiry
- Detailed description of the history and chronology of events
- Outline investigative techniques used
- Care management/service delivery problems identified
- Causal analysis of the problems identified
- The Review Team's conclusions on the sequence of events and the key lessons to be learned for the organisation
- Clear recommendations for remedial action
- Any areas of good practice.

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The Review Process

Stage 1 - Triggering the Review and Establishing the Team

All serious clinical incidents should be reported to the relevant Director immediately. The Chief Executive should be advised. Following consultation with the Lead Director (Deputy Chief Executive) the relevant Clinicians/Professionals and the relevant Manager, the Chief Executive will decide whether or not to declare the event a "serious adverse incident", and activate the relevant action plans.

A telephone report should be made immediately to the Administration Department on Tel: 90821202 followed by the adverse event/incident report form by post.

Stage 2 - Framing the Review

Sensible judgements will need to be made by the Review Team in relation to the particular circumstances of the serious incident. In some cases, the full extent of the harm from an incident may not be possible to gauge immediately. A pragmatic approach needs to be adopted to determine the key areas of focus and the timescale of activity the Review Team will centre their attention upon.

Stage 3 - Gathering the Data

This is the most time consuming component of the incident review and can extend far beyond what may seem to be the initial parameters of the review.

Data gathering - some sources

- Health and Social Care Records
- Statements from witnesses
- Policies/Procedures/Protocols
- Duty rotas
- Equipment
- Interviews
- Site visits
- Risk assessments
- Training records
- Maintenance records

An examination of the case notes and other written material will provide critical information to the Review Team in relation to the incident. Patient/Client notes

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will detail the key aspects of care provided and the specific circumstances and environment under which the incident may have arisen. A sequence of events can also be gleaned through properly documented records thus allowing the Review Team to understand in basic terms the sequence of events leading up to a particular event. As a contemporaneous document, the patient/client record should outline events as they occurred and this can provide the Review Team with information that may subsequently be lost owing to a failure to recollect specific occurrences. It is worth considering photocopying the relevant parts to help people with their statements.

The content of patient/client records can also be reviewed against existing policies and protocols to determine where they were followed. The Review Team can make appropriate judgement regarding the currency of key policy documents, the effectiveness of their sharing with staff and the review process in place for ensuring that they remain up-to-date.

Undertaking Interviews

Critical to the review process will be ascertaining facts pertinent to the incident. To be effective, participants must be assured of the process and objectives being adhered to by the Review Team. High levels of anxiety may be present and these concerns must be allayed if the interview process is to be of value in determining the facts. Interview sessions are usually conducted in pairs plus someone to take notes or record the interview and planning and preparation as to the role of each interviewer is important prior to the process. The importance of neutral and unambiguous language is essential as is appropriate body language. What is important is to elicit the facts and not necessarily opinions which can be verified and corroborated.

In conducting the interview stage of the review process there are 4 distinct phases. These are:

Phase 1 - Introduction

- Introduce those present and their roles
- Invite interviewee to tell you about themselves
- Explain scope and purpose of the interview
- Detail what will happen to the information from the interview
- Ask interviewee to give you an account of events
 - Don't interrupt at this point this will disturb them retrieving information from memory
 - Use positive body language.

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Phase 2 - Questioning

- Where possible ask questions in the order of the interviewees account of events
- Reassure the interviewee it is acceptable for them to say 'I don't know'
- Use open questions e.g. tell me about, how did this make you feel, describe to me
- To clarify information use closed questions e.g. were you present when X happened?
Don't use multiple questions.

Phase 3 - Summary

- The interviewer should summarise the interview using the interviewees language as far as possible
- Allow the interviewee to correct any inaccuracies or misunderstanding of facts.

Phase 4 - Closure

- Thank the interviewee for attending and sharing information
- Reiterate the review process and what will happen with the information shared at interview
- Ask the interviewee if they have any further information they would like to share
- Give details of support mechanisms available for them.

Site Visits

An inspection of the site/location will be of value in many cases to fully comprehend the environmental and physical lay out related factors that may have contributed towards the incident.

Policies and Protocols and other paper evidence will need to be examined. It is critical to ensure that policies and other documentation referred to bears relevance and is reflective of what actually transpired. For example, off duty roster documents may not be an accurate record of the shift patterns at the time of the incident.

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Establishing the Chronology

This part of the investigation is to establish what happened. It is of value to convene a multi-professional team review meeting to ensure that there is relevant input from all concerned professional groups.

- Establishing the chronology
- Identifying the key care management problems
- Identifying the key contributory factors
- Distinguishing specific and general contributory factors.

Causal Analysis of the Incident

In undertaking the review, the focus is the why and how components of an incident. This part of the process will identify what went wrong and what contributed or caused this to happen.

A detailed chronology of events and other information from the data gathered will assist the reviewers in determining the various aspects of care and intervention leading up to the incident and any potential areas where there may have been a departure from what would be deemed to be normal practice or procedure. It will also highlight unusual aspects and circumstances that may have had a significant role in the development of the incident.

The next stage is identifying the key care management problems. A variety of techniques can be used to practically identify these including:

- Fish bone diagrams
- Five whys technique
- Brainstorming
- Brainwriting
- Nominal group technique
- Barrier analysis.

Care management problems may be categorised under the following headings:

- Institutional context
- Organisational and management factors
- Work environment components
- Team components
- Individual staff components
- Task components
- Patient/client components.

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For each of these contributory factors are determined and may be framed as follows:

Institutional context

- Economic and regulatory aspects
- DHSSPS requirements
- External organisational links.

Organisational and Management Factors

- Organisational Structure
- Policies, Procedures, Guidelines, Standards and Goals
- Imported and exported risk factors
- Organisational safety culture
- Financial resources and constraints.

Work Environment Components

- Administrative issues
- Building and design
- The environment
- Equipment and supplies
- Staffing factors
- Training and education
- Time factors.

Team Components

- Verbal communication
- Written communication
- Supervision and availability of assistance
- Congruence and consistency of tasks
- Leadership and responsibility
- Team culture and support.

Individual Staff Components

- Competence and training
- Skills and knowledge
- Physical and mental stressors.

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Task Components


Availability and use of protocols
Availability and accuracy of information (e.g. test results)
Decision making aids
Task design.

Patient/Client Components

Condition
Personal
Treatment
History
Staff-Patient/Client Relationship.

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Title		Type	Status
SERIOUS ADVERSE INCIDENT POLICY & PROCEDURE		Policy	Approved
		Unique Identifier	Version
		Gov00003	2
Author / Originator		Accountable Director	
Name Ian Jamison	Role Assistant Director of Corporate Affairs	Name Eamonn Molloy	Role Director of Human Resources & Corporate Affairs
Document Checked for:		Author Signature	
	Compatibility with other Trust Documents	√	
	Equality and/or Human Rights Impact	√	
	Financial Impact	√	
	Training and Education Needs	√	
	Distribution List	√	
Approved by (Board Committee Group)		Date	
Trust Board		28 June 2006	

Review Date	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Month					May							

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 Serious Adverse Incident Policy & Procedure – v.2

1.0 INTRODUCTION

- 1.1 This policy sets out the framework and operational arrangements for the management of serious adverse incidents within the Trust.
- 1.2 This policy operates in conjunction with existing internal and external statutory reporting requirements such as the Registration and Inspection Units, Commissioning Boards, DHSSPS, Health and Safety Executive, Northern Ireland Adverse Incident Centre etc.
- 1.3 This policy should be read in conjunction with the undernoted Trust policies/procedures.
- Risk Management Strategy/Policy
 - Management of Adverse/Events, Incidents and Near Misses
 - Procedure for Investigating Incidents, Complaints and Claims
 - Whistleblowing Policy
 - Major Incident Policy

2.0 PURPOSE/OBJECTIVES OF THE POLICY

- 2.1 The purpose and objectives of the policy are:
- To ensure the Trust has clearly defined accountabilities, responsibilities and frameworks in place to appropriately, manage serious adverse incidents.
 - To provide a Trustwide system for the management of all serious incidents ensuring they are dealt with appropriately and in a consistent manner.
 - To improve our services through recording, reporting, analysing, evaluating and learning from serious adverse incidents involving patients, clients, staff and visitors.

3.0 SCOPE OF POLICY AND DEFINITION

- 3.1 The policy covers all aspects of the Trust's Business
- 3.2 A serious adverse incident in the context of Health and Social Services is described by the Department of Health Social Services and Public Safety as **"any event or circumstance arising during the course of the business of a HPSS Organisation/Special Agency or commissioned service that led, or could have led, to serious unintended or unexpected harm, loss or damage"**.

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This may be because:

- It involves a large number of service users
- There is a question of poor professional/clinical or management judgement
- A serious service and/or equipment failure
- A service user(s) or staff member has died under unusual circumstances; or
- There is the possibility or perception that any of these might have occurred.

3.3 Factors that might suggest a serious incident include:

- Any incident involving serious harm or potentially serious harm to a patient, service user, member of staff or the public. This could include disease outbreaks, apparent clinical errors or lapses in care
- Any incident which has serious implications for patient or staff safety - involving potential or actual risk to patients or staff
- Any incident which may suggest that Trust policy is compromised and may give rise to serious consequences for the proper delivery of Trust business
- Any incident with the potential for serious adverse media attention/damage to reputation of the Trust

3.4 The above list is by no means an exhaustive list and if doubt remains regarding the classification of an adverse incident as serious, it must always be checked with the relevant Director.

4.0 MANAGEMENT PRINCIPLES

4.1 Roles and Responsibilities

4.1.1 The Chief Executive, as Accountable Officer, is responsible for ensuring all serious incidents are managed appropriately in accordance with Trust Policies.

4.1.2 Lead Director - The Chief Executive has nominated the Director of Planning Contracts and Information/Deputy Chief Executive to manage and review serious incidents. In the absence of the aforementioned, the Chief Executive will nominate another Director supported by a Senior Manager who is competent to undertake the review using causal analysis methodologies.

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4.2 Serious Incident Reporting

4.2.1 During Normal Working Hours (See Flowchart Appendix A)

All serious incidents should be reported to the relevant Director.

Should the relevant Director agree the incident is serious, a telephone report should be made immediately to the Trust's Administration Department on Tel: 90821202 followed by the adverse event/incident report form. Where possible, this should be hand delivered to the Administration Department.

The relevant Director will also advise the Chief Executive directly.

Following consultation with the Lead Director (Deputy Chief Executive) and the relevant Director, the Chief Executive will decide whether or not to declare the event a "serious incident" and, if required, activate the relevant review and action team (see Appendix E).

4.2.2 Outside Normal Working Hours (See Flowchart Appendix B)

The Senior Duty Officer will contact the Administration On-call Officer through the Muckamore switchboard 028 94463333, who will inform the Director on call. The Director will decide, following appropriate consultation if the incident is to be classified as serious and notify the Chief Executive.

4.2.3 External Reporting

The Trust will report externally all serious incidents via Trust Headquarters Administration. Serious incident reports should not be sent externally through Directorates or Programmes. The relevant Director is responsible for notifying the Trust's Administration Department of Serious incidents to ensure all relevant external bodies are informed.

In addition if the relevant Director considers that the incident is likely to:

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- Be serious enough to warrant regional action to improve safety or care within the broader HPSS
- Be of public concern (such as serious media interest) or
- Require an independent review,

the relevant Director via the Administration Department should provide the Department of Health Social Services and Public Safety with a brief anonymised report, using the proforma attached at Appendix C. Serious incidents must be reported to the DHSSPS within 72 hours of the incident occurring and 24 hrs if related to the death of a patient/client.

In all cases the Trust's Administration Department will ensure that the proforma is forwarded to the relevant Commissioning Board by email.

4.3 Communicating with Patients/Clients and Relatives

The professional staff responsible for the treatment and/or care of the patient/client will retain the responsibility for communicating with them and their relatives about the incident. The following points should be noted:

- Following an assessment, patients/clients and relatives (bearing in mind issues of patient/client confidentiality) are provided with explanations of what has happened, why it happened, how it will be investigated and how lessons will be learned from the incident.
- If, in conjunction with the relevant Director, the professional head/consultant considers there are compelling professional reasons not to discuss the incident with the patient/clients relative (s) a clear record should be made of this in the patient/client records.
- If deemed appropriate, an apology should be given, acknowledging that an apology is not an admission of liability.
- If appropriate, a meeting should be offered to patient/client relative (s) with the relevant Trust personnel. A summary of the points discussed and any agreements made should form part of the overall investigative paper work and a copy provided to the patient/client relative (s).

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- The patient/client relative (s) will be informed of any external body the incident is being reported to and why.

4.4 Review and Action Team

The Lead Director (Deputy Chief Executive) will lead a Review and Action Team consisting of:-

- Relevant Director
- Lead Clinician/Professional and/or Directorate Service Manager
- A Senior Manager
- A nominated Senior Officer to deal with press and communications
- Other co-opted members as appropriate e.g. other Professionals, Risk Management, Health and Safety, Legal Advice, Estates etc.
- Dedicated administration support.

The Review Team through the Lead Director (Deputy Chief Executive) will report directly to the Chief Executive.

The Review Team will meet as soon as possible and no later than 48 hours after the incident to review the case. The Team will work to agree Terms of Reference (Appendix D).

The Team will decide how the incident is to be managed, the timescale of the review investigation and subsequent reporting (See Appendix E).

Where an incident involves more than one Directorate or Service Area, the Team will ensure co-ordinated communication with appropriate Clinicians/Professionals and Managers from all relevant areas. The incident will be investigated by a person(s), competent in causal analysis methodologies, appointed by the Team. Other members may be co-opted as required e.g. Trust Legal Advisers.

Following resolution of the incident, the Team will review action taken, document lessons learned and provide a report outlining conclusions and recommendations to the Chief Executive, Executive Management Board, Governance Committee and Trust Board.

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4.5 Monitoring

The Lead Director (Deputy Chief Executive) will monitor implementation of remedial action agreed by the Governance Committee.

5.0 Document Control

5.1 Terms and Abbreviations

Term/Abbreviation	Meaning

5.2 Other Relevant or Associated Documents

Reference	Policy Identifier	Title
[1]	TBC	Risk Management Strategy/Policy
[2]	TBC	Management of Adverse/Events, Incidents & Near Misses
[3]	Gov00002	Procedure for Investigating Incidents, Complaints & Claims
[4]	TBC	Whistleblowing Policy
[5]	TBC	Major Incident Policy

5.3 Distribution List

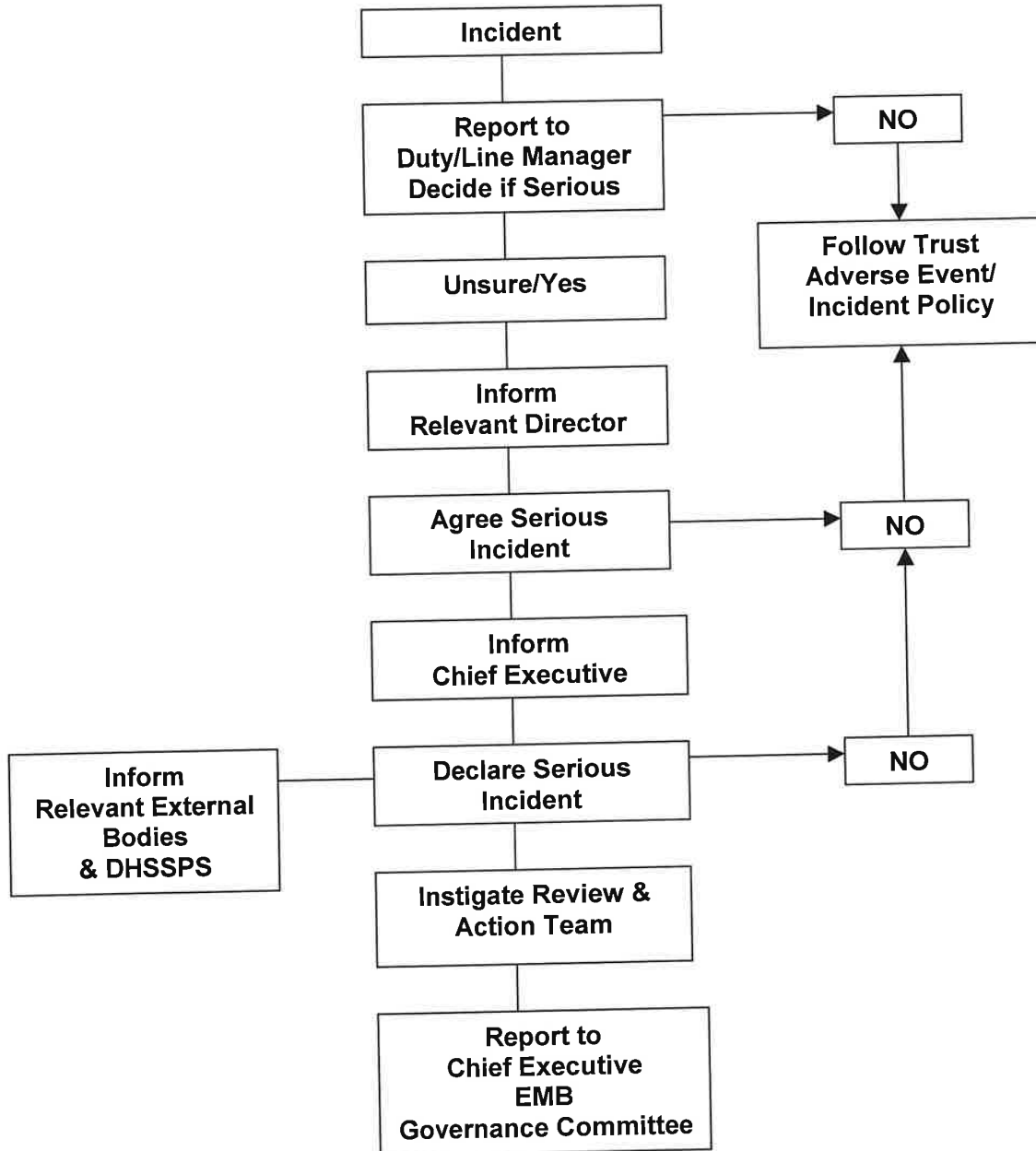
Name	Organisation/Location
Directors & Senior Managers	Various Trust facilities

5.4 Quality Control

Job Title	Risk Management and Controls Assurance Coordinator
Signature	
Date	3 rd May 2006

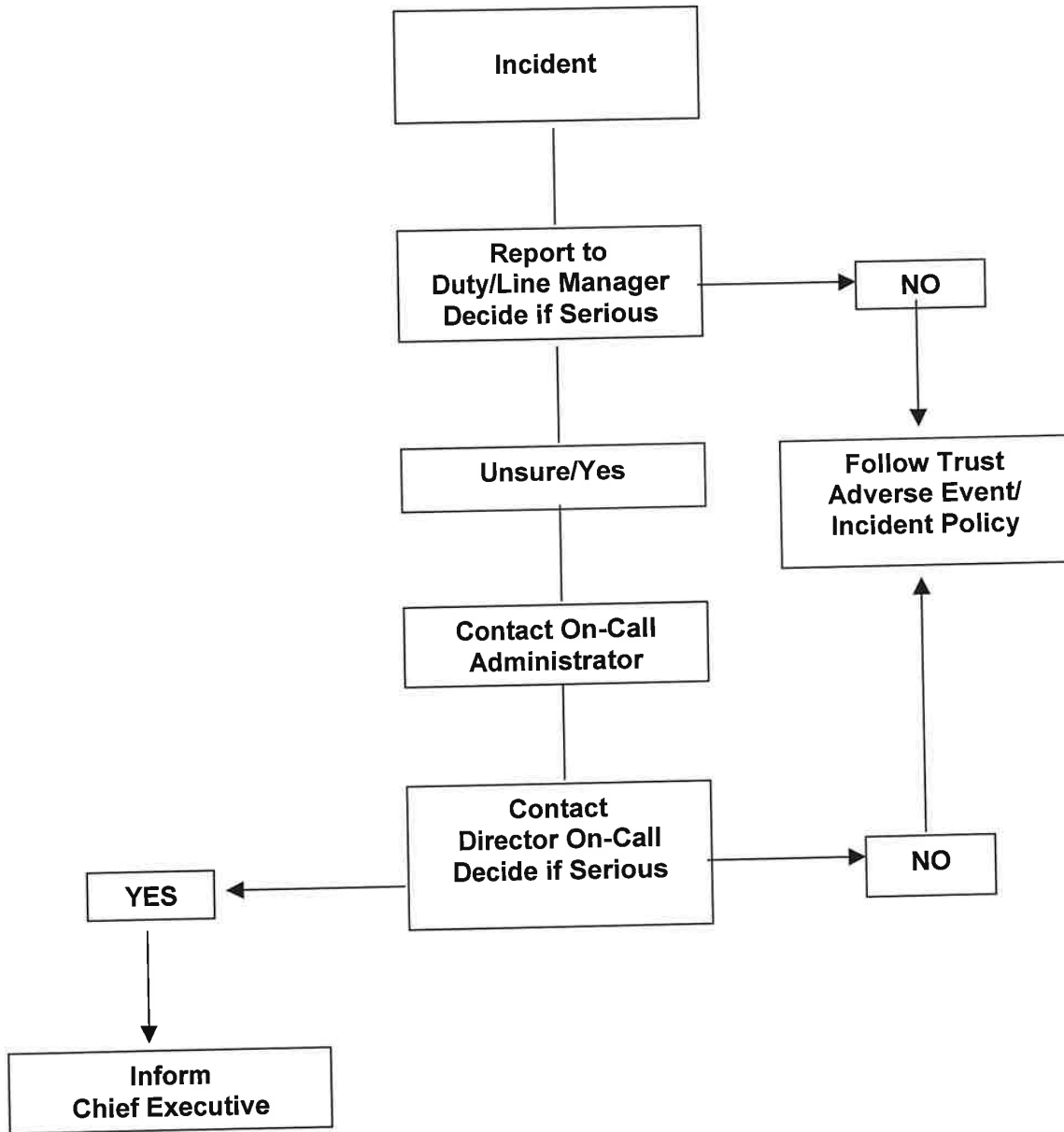
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Serious Adverse Incident Reporting Flowchart (During Office Hours)



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Serious Adverse Incident Reporting Flowchart (Out of Hours)



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<u>SERIOUS ADVERSE INCIDENT REPORT</u>		
1. Organisation:		
Incident Identifier No.		
2. Date and brief summary of incident:		
3. Why incident considered serious:		Briefly, explain why this SAI meets the criteria:
(i) warrants regional action to improve safety or care within the broader HPSS:		
(ii) is of public concern; or		
(iii) requires an independent review.		
4. Immediate action taken:		
Classification of incident as initially assessed by organisation: Catastrophic / Major / Moderate / Minor / Insignificant		
5. Is any regional action recommended? Y/N (if 'Yes', full details should be submitted):		
Are there any aspects of this incident which could contribute to learning on a regional basis?		
6. Is an Independent Review being considered? Y/N (if 'Yes', full details should be submitted):		
7. Other Organisations informed:		Other (please specify) Y/N
HSS Board	Y/N	
HM Coroner	Y/N	
Mental Health Commission	Y/N	
NIHSE	Y/N	
PSNI	Y/N	
RQIA	Y/N	
Date informed:		
8. I confirm that the designated senior manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Department. (delete as appropriate)		
Report submitted by: (name and contact details of reporting officer)		
Date:		

Completed proforma should be sent, by email, to:
adverse.incidents@dhsspsni.gov.uk If email cannot be used, fax to (028) 9052 8126

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Terms of Reference for the Review and Action Team

The Review and Action Team is to meet as soon as possible after the incident and no later than 48 hours. The Team will be led by the Lead Director (Deputy Chief Executive) or, in his/her absence, by a nominated Director. A team approach will assist in ensuring that all aspects of the incident are appropriately reviewed and that there is support available from within the team in assessing complex or sensitive areas. It may also be beneficial to appoint a member to the Team from outside the speciality/function area or from outside the Trust.

The terms of reference are as follows;-

- To undertake an initial review of the incident
- To consider any other relevant factors raised by the incident
- Scope the remit of the review/investigation
- To determine action required to manage the incident including
 - Identify the lead person to investigate
 - Identify the lead person to manage the press and communications
 - Identify other member to the Review Team e.g. administration support
- To ensure staff and patient/client confidentiality
- To review the outcome of the investigation, agreeing recommendations and actions and lessons learned
- To provide an outline report of the incident and its outcome to the Chief Executive within four weeks of the incident occurring
- To determine the action required to ensure effective implementation of the recommendations
- Implementation of the Action Plans.

The report produced by the Review Team should be in a standard format as detailed below:

- Statement of membership and terms of reference
- Brief description of the methods of enquiry
- Detailed description of the history and chronology of events
- Outline investigative techniques used
- Care management/service delivery problems identified
- Causal analysis of the problems identified
- The Review Team's conclusions on the sequence of events and the key lessons to be learned for the organisation
- Clear recommendations for remedial action
- Any areas of good practice.

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The Review Process

Stage 1 - Triggering the Review and Establishing the Team

All serious clinical incidents should be reported to the relevant Director immediately. The Chief Executive should be advised. Following consultation with the Lead Director (Deputy Chief Executive) the relevant Clinicians/Professionals and the relevant Manager, the Chief Executive will decide whether or not to declare the event a "serious adverse incident", and activate the relevant action plans.

A telephone report should be made immediately to the Administration Department on Tel: 90821202 followed by the adverse event/incident report form by post.

Stage 2 - Framing the Review

Sensible judgements will need to be made by the Review Team in relation to the particular circumstances of the serious incident. In some cases, the full extent of the harm from an incident may not be possible to gauge immediately. A pragmatic approach needs to be adopted to determine the key areas of focus and the timescale of activity the Review Team will centre their attention upon.

Stage 3 - Gathering the Data

This is the most time consuming component of the incident review and can extend far beyond what may seem to be the initial parameters of the review.

Data gathering - some sources

- Health and Social Care Records
- Statements from witnesses
- Policies/Procedures/Protocols
- Duty rotas
- Equipment
- Interviews
- Site visits
- Risk assessments
- Training records
- Maintenance records

An examination of the case notes and other written material will provide critical information to the Review Team in relation to the incident. Patient/Client notes will detail the key aspects of care provided and the specific circumstances and environment under which the incident may have arisen. A sequence of events

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can also be gleaned through properly documented records thus allowing the Review Team to understand in basic terms the sequence of events leading up to a particular event. As a contemporaneous document, the patient/client record should outline events as they occurred and this can provide the Review Team with information that may subsequently be lost owing to a failure to recollect specific occurrences. It is worth considering photocopying the relevant parts to help people with their statements.

The content of patient/client records can also be reviewed against existing policies and protocols to determine where they were followed. The Review Team can make appropriate judgement regarding the currency of key policy documents, the effectiveness of their sharing with staff and the review process in place for ensuring that they remain up-to-date.

Undertaking Interviews

Critical to the review process will be ascertaining facts pertinent to the incident. To be effective, participants must be assured of the process and objectives being adhered to by the Review Team. High levels of anxiety may be present and these concerns must be allayed if the interview process is to be of value in determining the facts. Interview sessions are usually conducted in pairs plus someone to take notes or record the interview and planning and preparation as to the role of each interviewer is important prior to the process. The importance of neutral and unambiguous language is essential as is appropriate body language. What is important is to elicit the facts and not necessarily opinions which can be verified and corroborated.

In conducting the interview stage of the review process there are 4 distinct phases. These are:

Phase 1 - Introduction

- Introduce those present and their roles
- Invite interviewee to tell you about themselves
- Explain scope and purpose of the interview
- Detail what will happen to the information from the interview
- Ask interviewee to give you an account of events
 - Don't interrupt at this point this will disturb them retrieving information from memory
 - Use positive body language.

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Phase 2 - Questioning

- Where possible ask questions in the order of the interviewees account of events
- Reassure the interviewee it is acceptable for them to say 'I don't know'
- Use open questions e.g. tell me about, how did this make you feel, describe to me
- To clarify information use closed questions e.g. were you present when X happened?
Don't use multiple questions.

Phase 3 - Summary

- The interviewer should summarise the interview using the interviewees language as far as possible
- Allow the interviewee to correct any inaccuracies or misunderstanding of facts.

Phase 4 - Closure

- Thank the interviewee for attending and sharing information
- Reiterate the review process and what will happen with the information shared at interview
- Ask the interviewee if they have any further information they would like to share
- Give details of support mechanisms available for them.

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An inspection of the site/location will be of value in many cases to fully comprehend the environmental and physical lay out related factors that may have contributed towards the incident.

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This part of the investigation is to establish what happened. It is of value to convene a multi-professional team review meeting to ensure that there is relevant input from all concerned professional groups.

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- Establishing the chronology
- Identifying the key care management problems
- Identifying the key contributory factors
- Distinguishing specific and general contributory factors.

Causal Analysis of the Incident

In undertaking the review, the focus is the why and how components of an incident. This part of the process will identify what went wrong and what contributed or caused this to happen.

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- Team components
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- Economic and regulatory aspects
- DHSSPS requirements
- External organisational links.

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Organisational and Management Factors

- Organisational Structure
- Policies, Procedures, Guidelines, Standards and Goals
- Imported and exported risk factors
- Organisational safety culture
- Financial resources and constraints.

Work Environment Components

- Administrative issues
- Building and design
- The environment
- Equipment and supplies
- Staffing factors
- Training and education
- Time factors.

Team Components

- Verbal communication
- Written communication
- Supervision and availability of assistance
- Congruence and consistency of tasks
- Leadership and responsibility
- Team culture and support.

Individual Staff Components

- Competence and training
- Skills and knowledge
- Physical and mental stressors.

Task Components

Availability and use of protocols
Availability and accuracy of information (e.g. test results)
Decision making aids
Task design.

Patient/Client Components

Condition
Personal

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Treatment
History
Staff-Patient/Client Relationship.

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Adverse Events/Incidents

- **New Report Forms**
- **Guidance Notes**
- **Management Policy**

**Human Resources
&
Corporate Affairs**

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2.0	Policy Statement
3.0	Definitions
4.0	Staff Responsibilities
5.0	Adverse event/incident reporting
6.0	Adverse event/incident grading
7.0	Level and nature of investigation
8.0	Root cause analysis
9.0	Communication with patients/clients and relatives
10.0	Education and Training
11.0	Relationship between incident reporting and disciplinary action
12.0	External Reporting

1.0 Introduction

This policy is an integral element of the North and West Belfast Health and Social Services Trust, Risk Management Strategy and supports the Trusts commitment to providing high quality patient and client services and ensuring high standards of Health and Safety.

The Trust will therefore implement a single adverse event/incident and near miss recording system to cover all areas of Trust business including professional (clinical and social care) operational and environmental issues.

Robust and clearly understood systems must be in place to identify, record, manage and report events that have caused, or have the potential to cause, harm to a patient, client, member of staff, visitor or contractor.

The Trust recognises that the recording of incidents is a vital part of managing and controlling risks. Incident reporting provides valuable information to the Trust on the underlying factors that contribute to incidents and can serve as a key indicator of the effectiveness of risk management and health and safety performance. This requires the commitment, involvement and acceptance of staff at all levels. This will be achieved by ensuring that the policy is readily available to all staff and providing the necessary education training and support to ensure that staff are aware of their individual responsibilities,

The Trust recognises that on occasions things will go wrong and as a result a patient, client and/or member of staff or visitor may suffer harm. The Trust is committed to the concept that in such circumstances the response will be one of learning from the event with a drive to reduce future similar risk events, and concern for staff who may be affected as a consequence.

The response will not be one of blame.

2.0 Policy Statement for Adverse event/Incident and near miss recording

The incident reporting policy statement outlined below represents the Trusts corporate philosophy in relation to incident recording.

The purpose of this policy statement is to ensure that all staff are aware of their ongoing responsibilities for recording incidents.

**North and West Belfast Health and Social Services Trust
INCIDENT REPORTING POLICY STATEMENT**

The Trust believe that the systematic identification, analysis and control of risk will be facilitated by effective incident recording, which will be afforded a high priority within the Trust.

An educational process and the establishment of a supportive, open and learning culture that encourages staff to report mistakes, incidents and near misses through the appropriate channels will underpin this.

The Trust supports a 'fair blame' culture that means:

'Staff who make a prompt and honest report in relation to an incident, near miss or mistake will not be disciplined except under the following circumstances':-

- Where the member of staff acted in a criminal deliberate or malicious manner;
- Where the member of staff is guilty of wilful or gross carelessness or neglect contravening the Trust policies and procedures and/or professional codes of conduct and could reasonably be expected to appreciate the direct consequences of his/her behaviour.
- Where an incident follows other similar incidents of a similar nature and the Trust, has provided all necessary training counselling and supervision to prevent a reoccurrence.

3.0 Definitions

3.1 Individuals

For the purpose of this policy the definition of individuals directly or indirectly involved in patient/client treatment and/or care includes employees, bank, locum or agency staff, contractors and volunteers. All grades of Trust staff are covered by this definition.

3.2 Adverse event/incident

Any event that has given or may give rise to actual or possible personal injury, to patient/client dissatisfaction or to property loss or damage. This definition includes accidents, ill health and dangerous occurrences.

3.3 Serious Professional Event/Incident

An incident will be classified as a serious professional event/incident when one or more patients/clients suffers severe unexpected impairment of health/injury/death or disability during the course of their treatment and/or care within the Trust.

The responsibility for determining when an incident becomes so classified shall rest within the appropriate Director in conjunction with the relevant professional staff and any other staff deemed appropriate.

(Please refer to the Serious Professional event/incident policy/guidelines on managing these incidents).

3.4 Near Miss

Any event that did not lead to personal harm but could have, are referred to as 'near misses' an occurrence which, but for luck or good management, would in all probability have become a fully blown incident.

3.5 Hazard

A hazard is defined as something identified, with the potential to cause harm. (Hazards should be reported through the maintenance Faults office MAH 94 463333 ext 2470

3.6 Harm

Harm is defined as "injury, either physical or psychological, disease, suffering, disability or death".

4.0 Staff responsibilities

4.1 Directors/senior managers have a responsibility to ensure that:

- Designated Line Managers for adverse event/incidents are identified to cover all areas of their programme/service area responsibilities.
- Designated individuals are trained in adverse event/incident investigation and/or root cause analysis.
- Local guidance is produced for processing of adverse event/incident forms.
- Where appropriate, an investigation, and if required a root cause analysis is conducted into the circumstances of the adverse event/incident with recommendations and actions co-ordinated and fully documented.
- Staff have the appropriate support, training and supervision in relation to adverse event/incident reporting and management.
- Report forms are readily available in all work areas.
- Witness statements are taken as appropriate, with copies attached to the respective report form.
- All new employees are made aware of the Trust policy on adverse event/incident reporting and are made aware of the location of incident report forms.
- Processes are in place to regularly monitor and review adverse event/incident reports and the information is used as a foundation for improvement strategies.
- Encourage the reporting of adverse events/incidents including near misses.
- Serious professional events/incidents are managed in line with the 'serious professional event/incident policy.

4.2 All Trust Staff

All Trust Staff have a responsibility to:

- Report to the appropriate line manager any adverse event/incident and near miss they witness or are involved in.
- Record all factual information (and not opinion) on the Trusts adverse event/incident report form in conjunction with the appropriate line manager.

- Record any appropriate details in the patient/clients records.
- Co-operate with any subsequent investigation whether initiated internally or externally.
- Retain any equipment or material evidence securely for any subsequent inspection.
- Attend education and training sessions in relation to incident reporting and management.

5.0 Adverse Event/Incident reporting

- The routine reporting of adverse events/incidents is an essential requirement of the Trust Risk Management strategy. The Trust is mindful that 'near misses' represent free lessons to the organisation and provide the ideal opportunity to implement risk control measures in a pro-active manner.
- As soon as an adverse event/incident occurs or is discovered, the appropriate line supervisor/manager should be informed in order that any actions to contain the situation or prevent a re-occurrence of the incident can be initiated.
- As soon as possible afterwards, but within twenty four hours of the incident, an adverse event/incident report form should be completed. The form should be completed by the appropriate line supervisor/manager in conjunction with the person who was involved in, witnessed or discovered the incident.
- If the incident is classified by the relevant Director, as serious or results in death of a patient/client the Chief Executives Office must be notified immediately.
- If the serious incident occurs out of working hours the Trust on-call officers should be informed immediately. The Trust on-call officer will liaise with the Director Human Resources and Corporate Affairs to provide advice on how the incident should be managed.
- All parts of the Trusts Adverse event incident report form should be completed (Refer Guidance notes on incident report books).
- The completed form should not become part of the patient/client records.
- The member of staff involved in the incident should document in the patient/client records the actual facts relating to the incident. This entry should be clearly dated, timed and signed.

- The Trust recognise that different Directorates, programmes and service areas will require specific distribution of incident forms. The relevant Director is responsible for ensuring appropriate distribution mechanisms are in place.
- The Trust requires that the following documentation flows are incorporated into local arrangements.

		Community	Muckamore Abbey Hospital
White Copy Form A	to	Chief Executive's Office ↓ Datix	Medical Records ↓ Datix
White Copy Form B Blue Copy A & B	to	Designated Manager Incident/Accidents	Designated Manager Incident/Accidents
White Copy Form B	to	Chief Executive's Office ↓ Datix	Medical Records ↓ Datix
Pink Form	to	Fast Copy Book	Fast Copy Book

- ❖ Patient/Client Related → copy to → Consultant/Professional Head
- ❖ Staff Injury or Sickness → copy to → Occupational Health Manager
Health and Safety Manager
- ❖ Security Related → copy to → Hotel Services Manager → Community
Muckamore
- ❖ Fire Related → copy to → Health & Safety Manager
- ❖ Harassment/ Abuse/ Threats → copy to → Director of Human Resources & Corporate Affairs

6.0 Adverse Event/Incident Grading

Grading incidents according to the actual severity (consequence) and the potential future risk (likelihood) to patients, clients, staff and the organisation will establish:

- The immediate actions that should be considered as a result of an incident.
- The level of local investigation and root cause analysis that should be carried out.
- The reporting requirements in relation to external bodies.

6.1 Actual Severity/Consequence rating of event

An immediate assessment of the actual severity/consequence of the incident should be undertaken. It is acknowledged that the designated line manager (incidents) may not be in possession of all the facts at the time of grading the incident. However the incident grading should be re-visited on completion of the investigation and/or as the facts emerge.

The incident should be graded using the following table.

Severity (Consequence rating of risk)

Score	Descriptor	Impact on Individual(s)	Impact on Trust	Number of Persons Affected at one time	Financial Loss/ Complaint/ Litigation
1	<u>Insignificant</u>	<ul style="list-style-type: none"> No injury or adverse outcome 	<ul style="list-style-type: none"> No risk to Trust 	None – one	<ul style="list-style-type: none"> Remote litigation risk Complaint unlikely Damage/ theft/ loss of equipment/ property < £100
2	<u>Minor</u>	<ul style="list-style-type: none"> First aid Minor injury Minor illness 	<ul style="list-style-type: none"> Minimal risk to Trust Staff absence < 3 days 	Two	<ul style="list-style-type: none"> Litigation unlikely Complaint possible Damage/ theft/ loss of equipment/ property > £100 < £1,000
3	<u>Moderate</u>	<ul style="list-style-type: none"> Injury/ illness requiring 3 days or more absence Temporary incapacity Prolonged/ additional treatment and/or care 	<ul style="list-style-type: none"> Riddor reportable MDA reportable Needs careful PR Staff absence < 4 weeks 	3 – 10	<ul style="list-style-type: none"> Litigation possible Complaint expected Damage/ theft/ loss of equipment/ property > £1,000 < £10,000
4	<u>Major</u>	<ul style="list-style-type: none"> Major/ serious injury Major clinical/ professional intervention required Permanent incapacity 	<ul style="list-style-type: none"> Service reductions Service closures Staff absence > 4 weeks Local adverse publicity 	10 – 20	<ul style="list-style-type: none"> Litigation expected Damage/ theft/ loss of equipment/ property > £10,000 < £50,000
5	<u>Catastrophic</u>	<ul style="list-style-type: none"> Death 	<ul style="list-style-type: none"> Regional/ national adverse publicity Subject to external investigations 	> 30	<ul style="list-style-type: none"> Serious litigation expected Damage/ theft/ loss of equipment/ property £50,000 +

The incident should be assessed across all four impact categories (individual, Trust, No of persons, Loss) and the grading designated as the highest recorded.

6.2 Future Risk (Frequency/Likelihood)

The designated line manager (incidents) should make an assessment on the likelihood of a similar type of incident re-occurring within their working area/environment. It is accepted that this may be a subjective assessment, but it enables a future risk rating to be determined.

The following table should be used:

Frequency – (An assessment of likelihood of risk occurring)

Score	Descriptor	Description
5	Almost Certain	Likely to re-occur on many occasions, a persistent issue
4	Likely	Will probably re-occur but is not a persistent issue
3	Possible	May re-occur occasionally
2	Unlikely	Do not expect it to happen again but it is possible
1	Rare	Do not believe that this will ever happen again

6.3 Risk Matrix

Using the Risk matrix below the incident should be plotted to determine the Risk Score/Colour Category Rating.

Risk Matrix

Frequency	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	Light Grey	Medium Grey	Dark Grey	Very Dark Grey	Black
4 Likely	White	Light Grey	Medium Grey	Dark Grey	Very Dark Grey
3 Possible	Dark Grey	White	Medium Grey	Dark Grey	Very Dark Grey
2 Unlikely	Dark Grey	White	Light Grey	Medium Grey	Dark Grey
1 Rare	Dark Grey	Dark Grey	Dark Grey	Light Grey	Medium Grey

6.4 Risk Control

The designated line manager (incidents) should provide recommendations or suggestions to prevent a recurrence and record details on the incident report form (Part B).

7.0 Level and Nature of Investigation

The designated Line Manger (incidents) will determine the level of investigation required for each incident. The grading of the incident and the risk rating determined by the matrix will assist in the process and the following guidance is given:

High Risk	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Red</div>	<ul style="list-style-type: none"> ➤ These incidents will always be the subject of a full investigation, the results of which will be subject to a root cause analysis to determine the underlying issues that require addressing.
Significant Risk	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Orange</div>	<ul style="list-style-type: none"> ➤ Although a lesser degree of investigation may be required for this category of incident a root cause analysis should be undertaken at the conclusion of the investigation.
Moderate Risk	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Yellow</div>	<ul style="list-style-type: none"> ➤ These represent lower risk situations and the designated Line Manager (incidents) should decide on the appropriate level of investigation.
Low Risk	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Green</div>	<ul style="list-style-type: none"> ➤ These incidents should be subject to aggregate review at Directorate/programme/service area level.

7.1 Purpose of Investigation

The purpose of any investigation is to:

- Learn from incidents and make recommendations for improvement.
- Identify reasons for substandard performance.
- Identify underlying failures in management systems.
- Implement improvement strategies to help prevent/reduce future risk of harm.
- Satisfy mandatory external reporting requirements.

7.2 Principles of Investigation

The following principles will apply to the process of investigation:

- The investigation will be lead by a designated person within the Directorate/programme/service area with support as necessary from the corporate risk team.
- The investigation should commence as soon as possible after the incident, and should be completed as promptly as possible.
- The investigation should be carried out according to the principles of the 'fair blame' statement.
- In some instances it may be necessary for the relevant Director to nominate the lead in investigating/managing a particular incident.
- Any equipment involved may need to be segregated for the period of investigation. It may also require to be professionally inspected/tested.
- On completion of the investigation the initial risk rating of the incident should be reviewed and revised as necessary.

8.0 Root Cause Analysis

- Root Cause Analysis is a structured examination that aims to identify the true cause (s) of a problem and the necessary actions to eliminate it.
- The process of root cause analysis involves identifying causal factors that if corrected, would prevent a re-occurrence of the same incident.
- Without addressing the root causes of incidents it will be difficult if not impossible to take pro-active risk management action to prevent a future occurrence.

- In Health and Social Care, the true cause (s) of many adverse patient/client incidents lie in the systems that support professionals in the delivery of treatment and/or care. Consequently, root cause analysis seeks to identify the system issues that contributed to the incident.
- The Trust recognise that the process of root cause analysis requires particular skills and are committed to training a wide range of relevant staff in the process.

9.0 Communicating with Patients/clients and relatives

The professional staff responsible for the treatment and/or care of the patient/client will retain the responsibility for communicating with them and their relatives about the incident. The following points should be noted:

- Following an assessment, patients/clients and relatives (bearing in mind issues of patient/client confidentiality) are provided with explanations of what has happened, why it happened, how it will be investigated and how lessons will be learned from the incident.
- If the professional head/consultant considers there are compelling professional reasons not to discuss the incident with the patient/clients relative (s) a clear record should be made of this in the patient/client records. In such circumstances further advice may be sought from the relevant Director.
- If deemed appropriate, an apology should be given acknowledging that an apology is not an admission of liability.
- If appropriate, following the investigation, a meeting should be offered to patient/client relative (s) with the relevant Trust personnel. A summary of the points discussed and any agreements made should form part of the overall investigative paper work and a copy provided to the patient/client relative (s).
- The patient/client relative (s) will be informed of any external body the incident is being reported to and why.

10.0 Education and Training

- The Trust recognises that measures need to be implemented to further encourage all staff to report adverse events/incidents including near misses.

This will be achieved through an educational process, including awareness sessions, policy distribution, leaflets and communication updates.

- The Trust are committed to the skills training key staff in the following areas:

11.0 Relationship between Incident Reporting and Disciplinary Action

Fear of disciplinary action may deter staff from reporting an incident. The view of the Trust Board is that disciplinary action should not normally result from incident reporting where individuals reporting the incident are subsequently found to be at fault.

There are however circumstances in which disciplinary action should be considered and these include:

- Where the member of staff acted in a criminal deliberate or malicious manner;
- Where the member of staff is guilty of wilful or gross carelessness or neglect contravening the Trust policies and procedures and/or professional codes of conduct and could reasonably be expected to appreciate the direct consequences of his/her behaviour.
- Where an incident follows other similar incidents of a similar nature and the Trust, has provided all necessary training counselling and supervision to prevent a reoccurrence.

12.0 External Reporting

Depending on the nature of the incident the Trust are required to report details of the incident to a number of external bodies.

These are:

- Health and Safety Executive (RIDDOR) Criteria Appendix 1
- Commissions Boards Criteria Appendix 2
- Registration and Inspection Criteria Appendix 3
- Market Health Commission Criteria Appendix 4
- Northern Ireland Adverse Incident Centre (Medical Devices) Criteria Appendix 5
- Health and Social Services Executive (Fire) Criteria Appendix 6
- Medicines related incidents should be reported to the pharmaceutical branch DHSS&PS
- Food related incidents should be reported to the local environmental Health Officer/Department who are responsible for notifying the Food Standards Agency as necessary

- Estates Services Department will report incidents involving Medical Devices and Fire.
- All other reporting to External Bodies will be actioned by the Chief Executives office.

RIDDOR

Criteria for Reporting:

- ◆ Death or major injury
- ◆ Over three day injury (If accident at work results in an employee being off work for over 3 days. Also applies to self employed persons working on Trust premises).
- ◆ Disease
- ◆ Dangerous occurrence

Incidents meeting the above criteria are normally notified to the Health and Safety Executive as soon as possible by telephone and then followed up by completing form NI2508.

Address: Health and Safety Executive for NI
83 Ladas Drive
Belfast
BT6 9FR

Tel: 028 9024 3249

COMMISSIONING BOARDS

Criteria for Reporting:

EHSSB

There is no written criteria therefore the Trust applies that criteria required by the other 3 Boards and the Mental Health Commission.

Contact: Mr. Michael Cruickshanks
Eastern Health and Social Services Board
Administration Department
12/22 Linenhall Street
Belfast

Tel: 028 9032 1313

WHSSB

- ◆ Death of a patient
- ◆ Suicide of a patient
- ◆ Sexual assault of a patient
- ◆ Allegations of professional misconduct against a patient
- ◆ Patient absent without leave

Contact: Mr. J Simpson
Service Planner
Western Health and Social Services Board
15 Gransha Park
Clooney Road
Londonderry BT47 1TG

Tel: 028 7186 0086

SHSSB

- ◆ Death, suicide or para-suicide of a patient
- ◆ Patient/client missing more than 24 hours
- ◆ Allegations of professional misconduct
- ◆ Allegations of harm or injury, neglect or abuse to patient or client
- ◆ Assault by a patient

Contact: Mr. T Smith
Assistant Director of Social Services
Southern Health and Social Services Board
Tower Hill
Armagh
BT61 9DR

Tel: 028 3741 4550

NHSSB

- ◆ Suspicious death, suicide or suspected suicide involving a patient or client
- ◆ Alleged or confirmed harm, injury, neglect or abuse to patient or client
- ◆ Patient/client missing for more than 24 hours
- ◆ Allegations of professional misconduct
- ◆ Serious deficiencies in standards of patient/client care

Contact: Mr. J C Crutchley
Head of Corporate Services
Northern Health and Social Services Board
County Hall
182 Galgorm Road
Ballymena
Co. Antrim
BT42 1QB

Tel: 028 2565 3333

When there is an incident involving a patient/client from the Republic of Ireland the Trust would use the criteria required by our own Commissioning Boards and report to the relevant Board.

Contact: Ms Christine Tanner
Child Care Manager
Southern Health Board
Abbeycourt House
Georges Quay
Cork

Ms T Cunningham
Acting Area Manager
Disability Service
19 Mill Street
Monaghan

Mr. F McDonald
Principal Social Worker
Midland Health Board
Social Work Department
Community Care Offices
O'Carroll Street
Tullamore
Co Offaly

REGISTRATION AND INSPECTION UNIT

Criteria for Reporting:

- ◆ The death of any resident not resulting from natural causes
- ◆ Suspected suicides
- ◆ Sexual assaults
- ◆ Actual or alleged physical assaults by members of staff
- ◆ Serious outbreak of infectious disease
- ◆ Serious injury to or serious illness of any person residing in the home
- ◆ Absence of a resident from a home where the person may be a danger to himself/herself or others
- ◆ An outbreak of fire
- ◆ Any theft, burglary or accident in the home

Untoward incidents should be reported to the Registration and Inspection Unit by telephone as soon as possible after the event or by completing the appropriate form within 24 hours of the event.

Contact: Ms K Greer
Registration and Inspection Unit
Eastern Health and Social Services Board
12/22 Linenhall Street
Belfast
BT2

Tel: 028 9032 1313

MENTAL HEALTH COMMISSION

Criteria for Reporting:

The Commission requires to be advised of incidents involving those suffering from a mental disorder as and when they occur as soon as possible after the event.

- ◆ The death of any resident not resulting from natural causes
- ◆ Suspected suicides
- ◆ Sexual assaults
- ◆ Actual or alleged physical assaults by members of staff

Contact: Mrs A McLoughlin
Mental Health Commission for NI
Elizabeth House
118 Hollywood Road
Belfast
BT4 1NY

Tel: 028 9065 1157

NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)

Criteria for Reporting:

Where there is an adverse incident relating to medical devices, non-medical equipment, buildings and plant, resulting in the following:

- ◆ Death, life-threatening illness or injury
- ◆ Deterioration in health
- ◆ The necessity for medical or surgical intervention
- ◆ Unreliable test results leading to inappropriate diagnosis or therapy

Contact: Mr. B Godfrey
NIAIC Manager
N. Ireland Adverse Incident Centre (NIAIC)
Room A7
Health Estates
Estate Policy Directorate
Stoney Road
Dundonald

Tel: 028 9052 3714

Incidents are reported to NIAIC by Estates Department staff.

FIRE REPORTING PROCEDURES TO HPSS/ME

Criteria for Reporting:

- ◆ Details of all outbreaks of fire to which the fire brigade is called occurring in any premises under the control of, or contracted to, a HSS Board, HSS Trust or Agency must be reported promptly (within 48 hours) by the Nominated Officer (Fire) to HPSS/ME. In addition, fires involving death, major injury or damage on a very large scale must be notified immediately by telephone/fax to:

Estates Services Directorate HPSS/ME
Tel: 028 9052 3701
Fax: 028 9048 3299

Outside normal office hours the Department's Duty Officer should be contacted at Stormont:
Tel: 028 9052 7095

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

Guidance Notes for completing Adverse event/Incident Report Form

Definitions

A reportable adverse event/incident may be described as:

- Any event that has given or may give rise to actual or possible personal injury, to patient/client dissatisfaction or to property loss or damage. This definition includes accidents, ill health and dangerous occurrences.

A near miss may be described as:

- Any event that did not lead to personal harm but could have, are referred to as 'near misses' an occurrence which, but for luck or good management, would in all probability have become a fully blown incident.

General

- Use the adverse event/incident report form to record **ALL** incidents/accidents and any near misses.
- Record only known facts – not opinions.
- Please complete a separate form for each person directly affected by the incident i.e. any person who suffers or potentially suffered injury, ill health or loss.
- Completing the adverse event/incident report form does not constitute an admission of liability of any kind on any person.
- Any equipment involved in the incident should be retained untouched and in safe keeping for examination.
- The adverse/incident report form should be completed, where the incident occurred, by the member of staff in charge, or line manager for incident relating to the member of staff in charge. Copy distribution as follows:

		Community	Muckamore Abbey Hospital
White Copy Form A	to	Chief Executive's Office	Medical Records
		↓ Datix	↓ Datix
White Copy Form B Blue Copy A & B	to	Designated Manager Incident/Accidents	Designated Manager Incident/Accidents
White Copy Form B	to	Chief Executive's Office	Medical Records
		↓ Datix	↓ Datix
Pink Form	to	Fast Copy Book	Fast Copy Book

Copies of Form should be further distributed according to local requirements/arrangements, however the following guide should be adhered to:

- ❖ Patient/Client Related → copy to → Consultant/Professional Head
- ❖ Staff Injury or Sickness → copy to → Occupational Health Manager
Health and Safety Manager

- ❖ Community Security Related → copy to → Hotel Services Manager
Muckamore

- ❖ Fire Related → copy to → Health & Safety Manager
- ❖ Harassment/ Abuse/ Threats → copy to → Director of Human Resources & Corporate Affairs

- Please use a **black ball point pen** to write clearly, using **block capitals** where possible
- Please take care always to ensure that the correct boxes are ticked and all sections relevantly completed. Where a text entry is required please refer to the section guidance notes.
- **WHERE DEATH OR SERIOUS INJURY HAS OCCURRED THIS MUST BE REPORTED IMMEDIATELY TO TRUST HEADQUARTERS – CHIEF EXECUTIVE'S OFFICE**
- **Estates Services Department will report incidents involving Medical Devices and Fire.**
- **All reporting to External Bodies will be actioned by the Chief Executives office.**

Section A

Incident Details

- **Programme/Directorate e.g.**

- | | |
|-----------------------|-----------------------------------|
| Learning Disability | Primary Care |
| Elderly | Human Resources/Corporate Affairs |
| Mental Health | Finance |
| Physical Disability | Planning, Contracts & Information |
| Family and Child Care | Other – please specify |

- **Facility** – please refer to Trust Facilities directory

** If adverse event/incident occurred in domiciliary setting please register the Trust facility used as base.*

- **Department/Ward**

Examples for the completion of this section are as follows:

Community

Physiotherapy
Occupational Therapy etc

Muckamore

Movilla A
Erne
Administration
Pharmacy etc.

** If adverse event/incident occurred in domiciliary setting please register the name of Team.*

- **Date of Incident**

Please record the date the actual incident occurred.

- **Time**

Please record the time of incident using the 24 hour clock e.g.
08:30 or 21:40

- **Location (Exact)**

Please record the detail of the actual room/area of facility that the incident occurred.

Eg:

Community

Reception
Residents Bedroom
Kitchen
Bathroom
Treatment Room etc.

Muckamore

Day Room
Residents Bedroom
Bathroom
Kitchen

- If adverse event/incident occurred in domiciliary setting please register the client`s address
- Near Miss – Please refer to definition in guidance note

Description of Incident including apparent contributory factors

Apparent circumstances of incident including possible contributory factors. Give brief, clear, factual details of the circumstances of the incident. If the form is being completed by someone other than the person directly involved state clearly if you:

- actually **SAW** the incident
- saw the **RESULT** of the incident
- or that it was reported/stated by the employees, patient/client etc that the following happened.

Details of the incident should include:

- Indicate the events leading up to the incident and the part played by any person (s) in the sequence of events.
- If any equipment is involved in the incident, give details including serial numbers as applicable.
- For incidents involving patients/clients give relevant details regarding their condition.
- Indicate if the incident was a near miss.
- If the incident involves theft, give full details including estimate of financial value.
- In the case of personal injury or ill health, indicate what the person was doing at the time and whether environmental factors (e.g. temperature, lighting etc) might be involved. Specify the name of any substance (s) involved. It should be noted that speculation about contributory factors should be avoided unless they are **actually known**.

Section B

The individual affected by the incident is the person who suffers or potentially suffers injury, ill health, or loss, including theft and any other property damage or loss. If this is the case please tick yes and complete the details as requested. If no proceed to **Section G**.

Section C

Details of Injury

Please provide text entry in the spaces provided ensuring the correct choice is made by carefully choosing from the pick lists detailed below. No deviation from the pick lists should be made.

Pick List 1 Part of body affected		
Part	Part	Side
Abdomen	Hand	Left
Ankle	Head	Right
Arm/elbow	Hip	Both
Back	Jaw	Not applicable
Breast	Knee	
Buttock	Leg	
Cheek	Mouth	
Chest	Neck	
Chin	Nose	
Ear	Penis	
Eyebrow	Shin	
Eye	Shoulder	
Face	Scrotum	
Finger (s) / Thumb	Tooth	
Foot / ankle	Thigh	
Forehead	Thumb	
Groin	Wrist	
Hair loss	Other (please specify)	

Be clear about part of body affected. State left or right side or both e.g. left hand, right foot, both eyes etc and if fingers or toes are injured, specify which one (s).

Pick List 2 <u>Apparent Nature of Injury/ Ill Health or Adverse Effect</u>	
Abrasion	Nausea
Amputation	Nipped
Bite Skin Not Broken	Other injury
Breathing Difficulties	Old wound re-opened
Bruise/swelling	Pain General
Burn/scald	Pressure ulcers/sores
Concussion	Redness
Dislocation	Scratch/scrape/nail marks
Distressed	Sharps injury
Fracture	Skin Irritation
Laceration	Sprain/strain
Loss of body part	Injury unknown at this time
Muscular injury	Visual Disturbance
No Apparent Injury	

Section D

Apparent Cause of Injury

Please provide text entry in the space provided ensuring the current choice is made by careful choosing from the pick list detailed below. No deviation from the pick list should be made.

Pick List 3	
<u>Apparent Cause of Injury</u>	
Absconding	Actual fire
Alcohol, drug or solvent abuse	General clinical incident
Allegations	Alleged harassment of staff by staff
Animal attack	Hijacking
Arson	Infection
Assault on patient/client by others	Infestation
Assault on patient/client by staff	Intimidation
Assault by patient on another patient	Lifting and handling
Assault on staff by non-patient/client	Medication dosage mistakes
Assault on staff by patient/client	Medication errors
Assault on Visitor by patient/client	Loss of medication
Attitude	Medication not given
Back injury	Refusal of medication
Bomb, bomb scare	Wrong medication given
Break-in or attempted break-in	Near miss
Breathing difficulties	Other incident (please specify)
Burn or scald	Patient lifting and handling
Car crime	Failure/misuse of personal protective equipment
Challenging behaviour	Punishment beating
Choking or swallowing difficulties	Road traffic accident
Civil disturbance or rioting	Seizure or epileptic fit
Communications failure	Self harm minor (cut/bruise)
Theft of controlled drugs	Self harm hanging
Control/restraint	Self harm other
Other crime	Sexually inappropriate behaviour
Cut by sharp object	Sharps injury
Death of patient (cause unknown)	Dermatological problems
Death of patient (natural causes)	Shooting
Diagnosis	Struck by a moving object
Discharge of fire equipment	Struck by a stationary object
Displacement	Theft or attempted theft
Equipment failure	Threats or threatening behaviour
Failure of medical equipment	Injury sustained during training
Exposure of hazardous substance	Body part trapped
Exposure to non-hazardous substance	Treatment error
Fall from a height	Unexplained injury
Fall on the same level/slip/trip	Vandalism
	Verbal abuse

Where equipment has been involved in an adverse event/incident it should be removed from use and stored in a safe place for inspection by the Trust Health and Safety Manager and/or relevant supplier/contractor as appropriate.

Section J

Potential Frequency of re-occurrence

An assessment on the likelihood of a similar type of event (not necessarily involving the same individual (s)) re-occurring within the working area/environment should be made using the following table:

Score	Descriptor	Description
5	Almost Certain	Likely to re-occur on many occasions, a persistent issue
4	Likely	Will probably re-occur but is not a persistent issue
3	Possible	May re-occur occasionally
2	Unlikely	Do not expect it to happen again but it is possible
1	Rare	Do not believe that this will ever happen again

Severity (ACTUAL consequences rating of incident)

An assessment of the actual severity/consequence of the incident (to the individual (s) actually involved or the Trust) should be made using the following table:

Severity (Consequence rating of risk)

Score	Descriptor	Potential Impact on Individual(s)	Potential Impact on Trust	Number of Persons Affected at one time	Potential Financial Loss/ Complaint/ Litigation
1	<i>Insignificant</i>	<ul style="list-style-type: none"> No injury or adverse outcome 	<ul style="list-style-type: none"> No risk to Trust 	None – one	<ul style="list-style-type: none"> Remote litigation risk Complaint unlikely Damage/ theft/ loss of equipment/ property < £100
2	<i>Minor</i>	<ul style="list-style-type: none"> First aid Minor injury Minor illness 	<ul style="list-style-type: none"> Minimal risk to Trust Staff absence < 3 days 	Two	<ul style="list-style-type: none"> Litigation unlikely Complaint possible Damage/ theft/ loss of equipment/ property > £100 < £1,000
3	<i>Moderate</i>	<ul style="list-style-type: none"> Injury/ illness requiring 3 days or more absence Temporary incapacity Prolonged/ additional treatment and/or care 	<ul style="list-style-type: none"> Riddor reportable MDA reportable Needs careful PR Staff absence < 4 weeks 	3 – 10	<ul style="list-style-type: none"> Litigation possible Complaint expected Damage/ theft/ loss of equipment/ property > £1,000 < £10,000
4	<i>Major</i>	<ul style="list-style-type: none"> Major/ serious injury Major clinical/ professional intervention required Permanent incapacity 	<ul style="list-style-type: none"> Service reductions Service closures Staff absence > 4 weeks Local adverse publicity 	10 – 20	<ul style="list-style-type: none"> Litigation expected Damage/ theft/ loss of equipment/ property > £10,000 < £50,000
5	<i>Catastrophic</i>	<ul style="list-style-type: none"> Death 	<ul style="list-style-type: none"> Regional/ national adverse publicity Subject to external investigations 	> 30	<ul style="list-style-type: none"> Serious litigation expected Damage/ theft/ loss of equipment/ property £50,000 +

The incident should be assessed across all four impact categories (individual, Trust, No of persons, Loss) and the grading designated as the highest recorded.

4. Risk Score/Category

Using the assessments of frequency and severity the Risk score is obtained by:

Risk Score = Frequency x Severity

The Risk Category is obtained by plotting the frequency and severity gradings on the following risk matrix.

Risk Matrix

Frequency	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain					
4 Likely					
3 Possible					
2 Unlikely					
1 Rare					

Section K

Absence From Work

The designated line manager (Adverse events/incidents) should enter the actual absence at the time of completing the form.

Section L

Proposed Further Action

This section should be completed by the designated line manager (adverse events /incidents) and detail any proposed action to be taken.

Further Investigation

This section should also be completed by the designated line manager (adverse events/incidents) and should further investigation be deemed necessary a nominated investigation officer and root cause analysis lead officer should be detailed as appropriate.

Section M

Troubles Related

Incidents relating to the troubles are those incidents in which staff or service users are threatened, harmed or attacked, physically or verbally, during politically motivated incidents or civil unrest. Incidents where staff are delayed or prevented delivering services and service users are unable to avail of Trust services should also be included.

Section N

Signatory

This section should also be completed by the designated line manager (adverse events/incidents)

Please Remember

Part A should be completed within 24 hrs of the incident.

Part B to be completed within 10 working days.

NORTH & WEST BELFAST HEALTH & SOCIAL SERVICES TRUST

DATIX CHANGE REQUEST FORM

Change Request <i>To be used to request an addition, deletion or amendment to the Datix system fields and reports, or where an error or failure is detected. One form to be completed for each request and sent to: Gillian Moore, Glendinning House</i>		
From (Name):		Ward/Department:
Facility:	Tel. Extn:	Date:
Module (please tick as appropriate): INCIDENT <input type="checkbox"/> CLAIMS <input type="checkbox"/> COMPLAINTS <input type="checkbox"/> RFI <input type="checkbox"/> OTHER <input type="checkbox"/> <i>specify -</i>		
DETAILS OF ADDITION OR AMENDMENT REQUESTED		
Field / report / document / record name and Datix ID No: <i>(as shown on screen)</i>		
Addition:		
Amendment:		
Deletion: <i>(please give record or document number and date created)</i>		
Error: <i>(please give full error message details where appropriate)</i>		
Reason for change and additional comments:		

For Risk Management use only

Impact Analysis: <i>(please tick)</i>	Field Update – No Impact	Field Update – impact on existing data	Duplicate/s to be removed	Application error to be reported to Datix	P.C./ Network error	Conflict identified
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation:	Accept & Implement	Report to Datix	Report to I.T	Defer	Reject	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Required:						
Authorisation: (Name & signature)	Date:	Date Actioned:				
		Initials:				

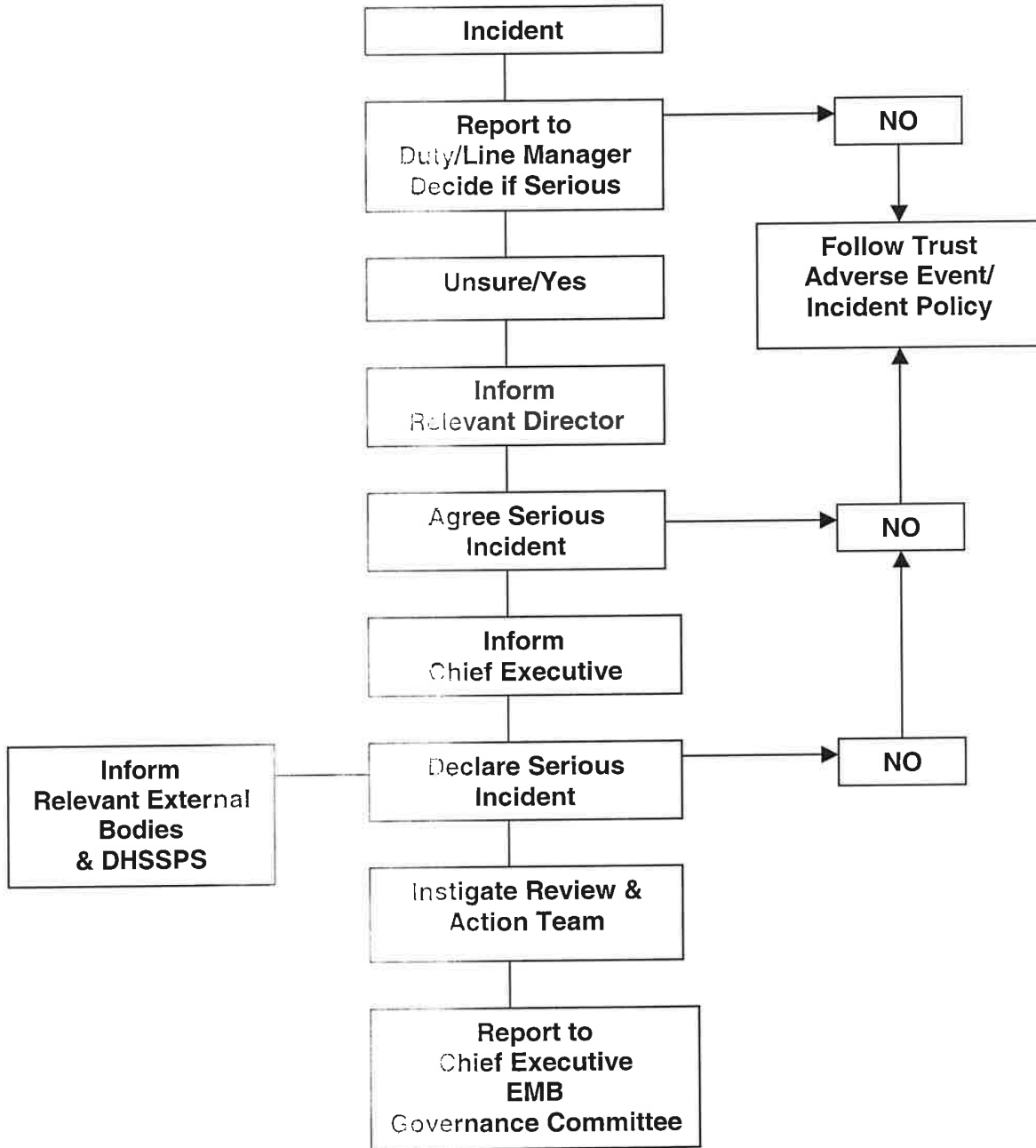
**NORTH & WEST BELFAST
HEALTH AND SOCIAL SERVICES TRUST
SERIOUS ADVERSE INCIDENT REPORT**

1 Organisation
2 Brief Summary (And Date) Of Incident
3 Why Incident Considered Serious
4 Action Taken
5 Is Any Regional Action Recommended? <i>If yes, full details should be submitted</i>
Yes / No
6 Is An Independent Review Being Considered? <i>If yes, full details should be submitted</i>
Yes / No
7 Other Organisations Informed
HSS Board: Yes / No
PSNI: Yes / No
Coroner: Yes / No
NIHSE: Yes / No
Other:
8 Report Submitted By <i>Name and contact details of nominated senior manager or chief executive</i>

Completed proforma should be sent, by email, to:
adverse.incidents@dhsspsni.gov.uk

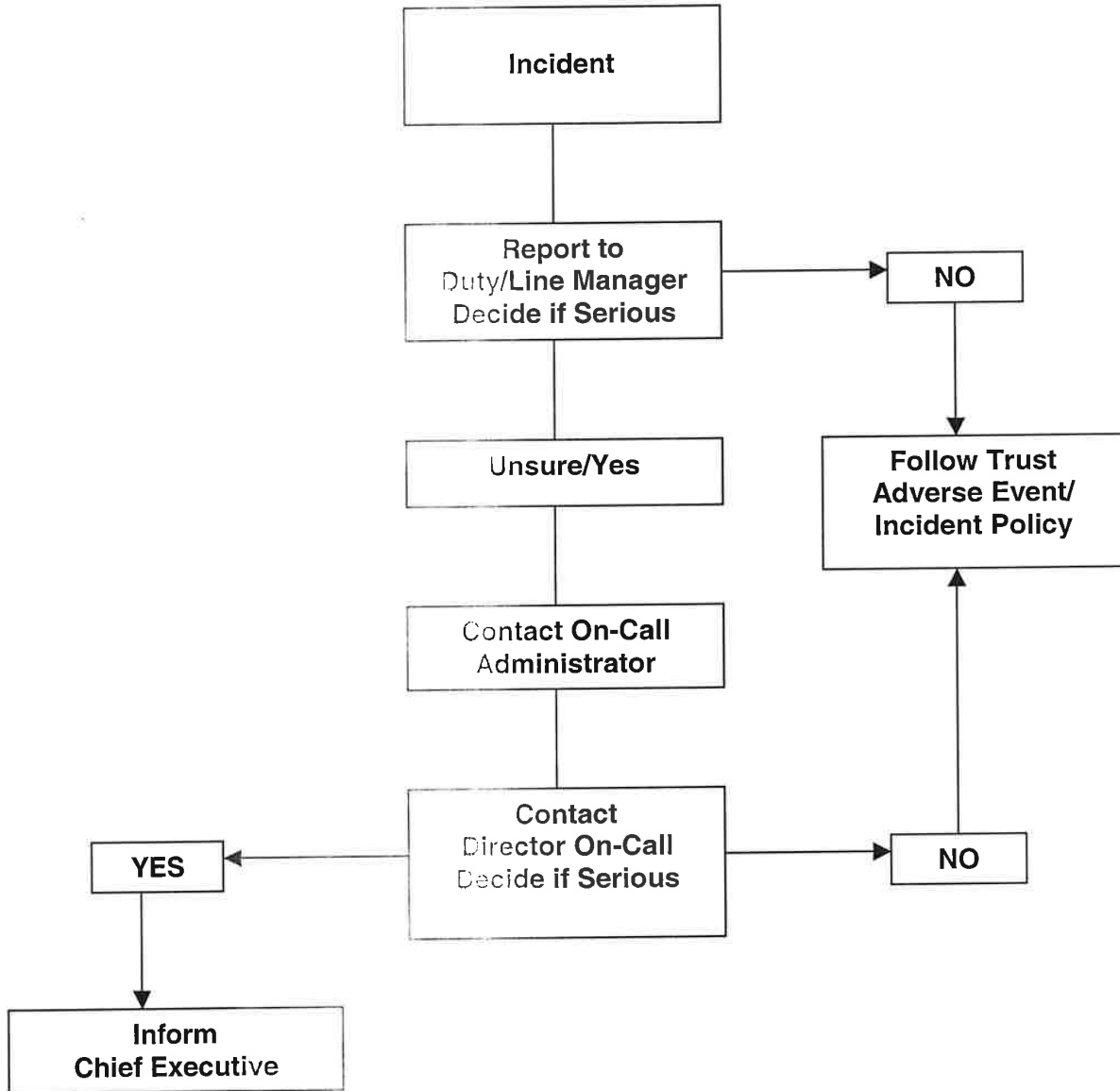
If email cannot be used, fax to 028 528126

SERIOUS ADVERSE INCIDENT REPORTING FLOWCHART DURING OFFICE HOURS



SERIOUS ADVERSE INCIDENT REPORTING FLOWCHART

OUT OF HOURS




**NORTH & WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST
ADVERSE INCIDENT INVESTIGATION**

TIMELINE

Date	Time	Date	Time	Date	Time	Date	Time
Event	→	Event	→	Event	→	Event	→
Supplementary Info		Supplementary Info		Supplementary Info		Supplementary Info	
Person(s) Present		Person(s) Present		Person(s) Present		Person(s) Present	
Source of Information		Source of Information		Source of Information		Source of Information	
Positive Points		Positive Points		Positive Points		Positive Points	
Problems		Problems		Problems		Problems	
Further Info Required		Further Info Required		Further Info Required		Further Info Required	

EVIDENCE FILE
 CONTROLS ASSURANCE STANDARD 7

North & West Belfast Health & Social Services Trust
 Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims – v.1

Title		Type	Status
INVESTIGATION OF ADVERSE EVENTS/INCIDENTS, NEAR MISSES, COMPLAINTS AND CLAIMS		Procedure	Approved
		Unique Identifier	Version
		Gov 00002	1
Author / Originator		Accountable Director	
Name Ian Jamison	Role Assistant Director of Corporate Affairs	Name Eamonn Molloy	Role Director of Human Resources & Corporate Affairs
Document Checked for:		Author Signature	
	Compatibility with other Trust Documents	√	
	Equality and/or Human Rights Impact	√	
	Financial Impact	√	
	Training and Education Needs	√	
	Distribution List	√	
Approved by (Board Committee Group)		Date	
Trust Board		23 February 2005	

Review Date	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Month				Jan								

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1.0 INTRODUCTION

This guidance provides a framework to facilitate in depth analysis of and learning from events where there has been potential or significant harm/loss or death as a result. Throughout this document the terms adverse event, incident, accident, near miss, complaint or claim will be known as the 'event'.

It provides a framework to assist nominated lead investigators to successfully investigate and report on a wide range of events.

The depth of investigation of events will be determined in the relevant policy. This procedure should be read in conjunction with:-

- Risk Management Strategy/Policy
- Adverse Event/Incident and Near Miss Policy
- Serious Adverse Incident Policy
- Major Incident Policy
- Complaints Policy
- Claims Policy.

2.0 PURPOSE OF THE PROCEDURE

This procedure has been developed to:-

- Ensure in depth analysis of the event.
- Ensure appropriate experience and expertise is applied to the investigation.
- Ensure all the events leading up to the adverse outcome are considered.
- Ensure a structured and systematic approach is applied to the investigation, aiding mapping of the events, analysis and production of a formal report.
- Ensure that organisation wide learning takes place to reduce subsequent/similar risks and assist service improvement.
- Facilitate a climate of openness and an open and fair culture.

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3.0 SCOPE

The procedure covers all areas of Trust Business and applies to all events involving patients, clients, service users, staff and members of the public.

What is investigated?

3.1 Adverse Events/Incidents and Near Misses

Investigation Categories

Red	The relevant Director will initiate a full investigation, the results of which will be subject to a root cause analysis to determine the underlying issues that require addressing.
Orange	The relevant Senior Manager will ensure appropriate investigation for this category of event and root cause analysis if required.
Yellow	These represent lower risk situations and the designated Line Manager should decide on the appropriate level of investigation.
Green	These events should be subject to aggregate review at Directorate/Programme/Service Area Level.

3.2 Complaints

All written and verbal complaints need to be investigated but the level of investigation and analysis required will be less in some complaints as they can be resolved relatively easily. The level of investigation will be determined by the relevant Director/Senior Manager.

3.3 Claims

All legal claims must be investigated and reviewed. The investigation will be commissioned by the relevant Director/Senior Manager.

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4.0 CULTURAL AND DISCIPLINARY ISSUES

The key purpose of investigation is to learn lessons and consider wider organisational issues, rather than to seek to blame individuals.

All staff must feel safe to report issues and incidents and contribute to investigations. They need to be assured that information they share will be treated with respect and acted upon appropriately to improve the safety and quality of Health and Personal Social Services provided to service users. To achieve this, the investigation process must be:

- Fair and equitable
- Focused on learning and change
- Focused on identifying both contributing and root causes.

This will mean that:

It will be a rare occurrence for an event investigation to lead to the disciplinary procedure being instigated; and

The disciplinary process should only be used where it is clear that the actions of those involved included an intention to harm, a criminal act, or acts that foreseeably put the safety of service users, staff or members of the public at risk.

If during the course of the investigation, the team has serious concerns about any individuals actions or omissions, advice should be sought from the relevant Executive Director in conjunction with the Human Resources Department.

5.0 PRINCIPLES

5.1 Undertaking the Investigation

The investigation should concentrate on factual information from all available sources. It is essential that the investigation should not prejudge events and issues under investigation. The following process should be used.

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5.2 Data Collection

All material facts surrounding the incident, its preceding circumstances and consequences must be collected as soon as possible after the event.

The start point for the event may be clear, on other occasions it may be much less so. For complex events it is only by starting at the point at which the event occurred and working backwards that the start point can be identified. On other occasions it may be appropriate to review the complete patient/client journey from admission/first contact through to the event.

There needs to be a consistent approach to gathering the evidence. Using the following "5P" process is a useful approach.

5.3 Place

Visit the environment; note the exact locations, general layout, ergonomic design and blind spots. Note physical locations of staff and witnesses. Consider making sketches or taking photographs.

5.4 Persons

All key members of staff/visitors/contractors/service users must be interviewed.

Interviews (Appendix 1)

Witness Statements (Appendix 2)

5.5 Parts

Any piece of equipment, or any implement directly involved should be preserved as evidential material. Unless the police or coroners office require the physical evidence, the investigating team must ensure that all physical object evidence is taken out of use, clearly labelled and preserved. Note that the equipment may need to be professionally examined.

5.6 Paper

Policies, procedures, protocols, guidelines, rotas, audits, incident reports, maintenance records, client records, correspondence that

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has contributed to the event should be examined. A log must be maintained of all the documentation reviewed.

Assess the suitability of the service that was being run or delivered at the time of the event in view of the expected outcome e.g. the service user's care in relation to history and professional/clinical circumstances, procedures to protect employees from dangerous equipment etc. Determine the extent to which the service corresponded to statutory obligations, relevant guidance from the Department of Health & Social Services, local operational policies and contractual agreements.

5.7 Paradigms

It is important to elicit the general custom, practice and prevailing attitudes of the working environment. This information can help to shape the context in which factors leaving an area vulnerable to events have come to pass.

5.8 Chronology

The chronology of events is of the utmost importance in your investigation. There are two ways of recording a chronology; list all events as you identify them using the format in Appendix 3 or complete a timeline using the format in Appendix 4. The timeline is most useful when completing the chronology with a team of people as it is more visual. Whatever method you choose to record the chronology will affect the ease with which you can visualise the chain of events, and identify areas where further fact finding is required.

The mapped chronology should also enable you to identify quite clearly the key problem areas, and areas of good practice in the sequence of events.

The Timeline (see Appendix 4)

A timeline is very useful for viewing the event as a whole, it is particularly valuable for viewing events involving multiple specialities or agencies. The timeline enables you to map the interface between the involved agencies within a single document rather than having to try and map this across four or five narrative chronologies.

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Each happening, plus the date and time of its occurrence are placed in a rectangular box in chronological order. Arrows that indicate the flow of time connect the boxes.

Additional or supporting information, will assist in building up the picture of what happened and should be attached to the relevant points in the timeline. It is also very important that the investigating team take note of all evidence of good practice and ensure that this is recorded in the final report.

As you map the chronology you will naturally generate your own questions to which you will want to seek answers. Some questions will relate to the actual chain of events and issues of clarification. These questions will need to be noted on the timeline, additional information may be needed and witnesses contacted to clarify the issues.

At the end of the process the investigating team should have identified key problem areas, it may be necessary to prioritise these problems using the Trust Risk Acceptability Framework (Matrix). It is much better to analyse five thoroughly, than seventeen superficially.

5.9 Analysis

A fundamental part of Root Cause Analysis investigation is the identification of the influencing and causal factors that contributed to the event. The fishbone diagram assists in this process.

5.9.1 Fishbone Diagram (Appendix 5)

The identified problem is written at the head of the fish, each spine of the fish is given a classification:-

Service User/Individual Factors

Factors that the individual involved in the event bring that are unique to them or related to patient/client condition and include home and lifestyle factors, work relationship factors, general health, and stress.

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Communication

Aspects of verbal, non-verbal or written communication, records management, recognised channels of communication.

Equipment

Factors concerning manuals, user information, working order, maintenance safety features, positioning for use and storage.

Working Conditions

Factors affecting ability to function at optimum levels in the work place, administrative system factors, design of environment, general housekeeping, staffing levels and skill mix factors, retention and staff turnover.

Education & Training

Availability, quality and appropriateness of training that directly affects ability to perform the job, competence and skills in the job, supervision.

Team & Social

Aspects of communication but predominantly around management styles, leadership and perceptions of role and understanding, support networks, team openness.

Tasks

Aspects that support and aid in the safe and effective delivery of particular functions such as policy, procedures, task design, equipment resources, failure and maintenance.

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Organisation & Strategic

Aspects inherent or embedded in the organisation, hierarchical structure, commissioning, risk safety and learning culture, externally imported risks such as contractors, service level agreements.

This grouping is useful to the investigator in two ways. Firstly, it provides an analysis framework to operate in, and a level of consistency that otherwise might be elusive. Secondly the user of a standardised framework provides the opportunity for the consistent collection and aggregation of causal data, which can then be further interrogated and analysed to identify issues that ought to be considered for further improvement work. Trends in causal factors can also be identified.

Consider each individual problem identified using the above classifications, for example, what was it in the team and social factors that influenced the identified problem, write the causal or influencing factors on the spine of the fish.

The ALARM protocol (available on Governance Intranet Site) details the type of issues you may wish to consider for each classification.

It is essential that all influencing and causal factors put forward as being significant to the problem are authenticated; 'might have' and 'could have' must always be authenticated. This element of the RCA process is important if the results of the investigation are to be credible.

5.10 Developing the Recommendations and Actions from the Issues to be Addressed

The information on the fishbone diagram should be the basis for the recommendations and actions. In order to eliminate or significantly reduce the risk of the same problems occurring again each individual causal factor should be addressed.

The relevant Senior Manager will review the issues to be addressed with the investigation team, make recommendations and

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develop a DRAFT action plan. These will be submitted to the relevant Director for approval and then monitoring through the Local Governance Group.

5.11 Writing the Report

The headings of the report should relate directly to the terms of reference and should include the following:

- Title page with incident/event date, Trust identification number
- Names and designations of the investigation team and investigation completion date
- Summary of event
- Chronology
- Analysis
 - Patient/individual
 - Communication
 - Working condition
 - Education and training
 - Team and social
 - Task
 - Organisational/strategic
 - Equipment
- Conclusions
- Actions already taken
- Issues that need to be addressed
- Positive factors/good practice identified
- A record of who the report is to be shared with within the immediate service e.g. service user, carers, staff
- Appendices should be precise and include a list of the documentation reviewed, people interviewed and witness statements obtained. Copies of extracts from professional/clinical records should not be used unless absolutely material to the body of the report and referenced within it.

The report is a disclosable document in law and will be written presenting fact not opinion or personal judgement. The report should only contain the initials of any service user(s) and members of staff should be recorded as Doctor A or Staff Nurse B.

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5.12 Risk Register

The recommendations should be written in terms of risk to facilitate transference onto the Trust risk assessment record/risk register. The Trust risk matrix should be completed identifying the current level of risk prior to the actions and also the anticipated level of risk after actions have been implemented. The risk assessment will be recorded on the electronic local risk register and forwarded to Risk Management and Controls Assurance Co-ordinator for entry on Corporate Risk Register as appropriate.

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6.0 DOCUMENT CONTROL

Terms and Abbreviations

Term/Abbreviation	Meaning
RCA	Root Cause Analysis

Other Relevant or Associated Documents

Reference	Policy Identifier	Title
1.0 [1]	TBA	Risk Management Strategy
1.0 [2]	TBA	Adverse Event/Incident & Near Miss Policy
1.0 [3]	TBA	Serious Adverse Incident Policy & Procedure
1.0 [4]	TBA	Complaints Policy
1.0 [5]	TBA	Claims Policy

Distribution List

Name	Organisation/Location
All Senior Managers	Various Trust Facilities

Quality Control

Job Title	Risk Management & Controls Assurance Co-ordinator
Signature	
Date	21 st March 2005

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GUIDELINES FOR STAFF INTERVIEWS

Critical to the investigation process will be ascertaining facts pertinent to the event. To be effective, participants must be assured of the process and objectives being adhered to by the Review Team. High levels of anxiety may be present and these concerns must be allayed if the interview process is to be of value in determining the facts. Interview sessions are usually conducted in pairs plus someone to take notes or record the interview. Planning and preparation as to the role of each interviewer is important prior to the process. The importance of neutral and unambiguous language is essential as is appropriate body language. What is important is to elicit the facts and not necessarily opinions which can be verified and corroborated.

In conducting the interview stage of the review process there are four distinct phases. These summarily are:

Phase 1 - Introduction

- Introduce those present and their roles
- Invite interviewee to tell you about themselves
- Explain scope and purpose of the interview
- Detail what will happen to the information from the interview
- Ask interviewee to give you an account of events
 - Don't interrupt at this point as this will disturb them retrieving information from memory
 - Use positive body language.

Phase 2 - Questioning

- Where possible ask questions in the order of the interviewees account of events
- Reassure the interviewee it is acceptable for them to say 'I don't know'
- Use open questions e.g. tell me about, how did this make you feel, describe to me
- To clarify information use closed questions e.g. were you present when X happened?
- Don't use multiple questions.

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Phase 3 - Summary

- The interviewer should summarise the interview using the interviewees language as far as possible
- Allow the interviewee to correct any inaccuracies or misunderstanding of facts.

Phase 4 - Closure

- Thank the interviewee for attending and sharing information
- Reiterate the review process and what will happen with the information shared at interview
- Ask the interviewee if they have any further information they would like to share
- Give details of support mechanisms available for them.

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GUIDELINES ON THE WRITING OF STATEMENTS

These guidelines are intended to assist any individual who has been asked or wishes to prepare a written statement.

A statement may be required as part of an investigation into a complaint, incident, or particular situation under investigation.

- indicates that it is minimum requirement by the Trust of any statement produced.

Purpose of a Statement

A written statement is intended to inform another party (usually the Investigatory Officers) of exactly what happened at the time of an incident or situation.

Presentation of a Statement

- A statement should be written in black ink or preferably typed onto Trust headed A4 paper. The attached pro-forma may be used as guide.
- A statement should clearly state your name, designation, business address and the full date your statement was written/typed.
- The statement should always be signed with the date given when signed.
- The statement should not express opinions, particularly opinions about matters outside your expertise (e.g. nursing staff should avoid expressing opinions about other professionals/clinical competence or vice versa).
- If the statement runs to several pages, each page should be, numbered signed and dated.
- The statement should be headed with a reference to the nature of the incident or situation, the date of the incident and any Trust reference number that may be available.

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Content of a Statement

- The statement should be in the first person singular (e.g. "I saw").
- Set out the story, **saying only what your involvement in the incident was** (other witnesses can explain their own involvement).
- Record facts - actions, dates, times - as clearly as possible. Only record something if you can remember.
- If you cannot be sure of a certain aspect of an incident or situation then state this. It might, however, be helpful to indicate what the normal practice would have been (e.g. "I cannot remember this patient being told to walk unassisted on Friday, 5 May 2000. Normal practice on the ward would be to ensure a patient was assessed as being capable of mobilising independently, and was safe to do so").
- If an action or decision was made jointly this should be set out in your statement (e.g. "and I agreed that I should do this with", it is not helpful to say, "it was decided we should". This neither explains who decided nor who was going to do the doing).
- When referring to other people, state clearly their full names and designations.
- If other documents (e.g. patient/client records) are relevant then it may be helpful to refer to these in your statement.
- If any shorthand notes or abbreviations are being referred to then these should be explained fully and a translation provided.
- Dates and times should always be referred to in full (e.g. 16.30 on Tuesday, 22 February 2000, not 4.30 on 22/2).
- Adverse Event/Incident Report: An incident report form will invariably need to be completed, however, if you are involved in an incident that may result in a complaint or a future claim it is advisable to write a statement following the above guidelines. Do not feel you need to wait until you are asked to prepare a statement.

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Remember

- Signed and dated statements are legal documents.
- Always read and double-check a statement before submitting it.
- Always keep a copy for your own records.
- Give as much information as possible.
- Prepare a statement as near to the time of the incident as possible.
- As time passes, memory fades.
- Never place copies of statements in patient records.

Further Help

If you need further help or support in preparing a statement, please contact any of the following for advice:

- Your Line Manager
- Staff in the Risk Management Department
- Your professional organisation
- A Staff Association or Trade Union body.

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PRIVATE AND CONFIDENTIAL

Statement Relating to Incident concerning [name of patient, client, relative, member of staff etc] (Hospital No/Ref No: [number] on the [date] on [location, including ward/department, hospital site]).

Statement prepared by:

Full Name:

Designation:

Facility:

Ward/Dept:

Date of Preparation:

[Statement]

Signed:

Date of signing:

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APPENDIX 3

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

EVENT INVESTIGATION

Chronology of Events

Name	
Address	
DOB	
GP (if relevant)	
Patient/Client/Staff No.	
Date of incident	
Notification by	
Compiled by	

The following is a tabulation of relevant events concerning this case presented in chronological order and interspersed with observations in *bold italic*.

Date	Event	Source of Information

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APPENDIX 4

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

TIMELINE

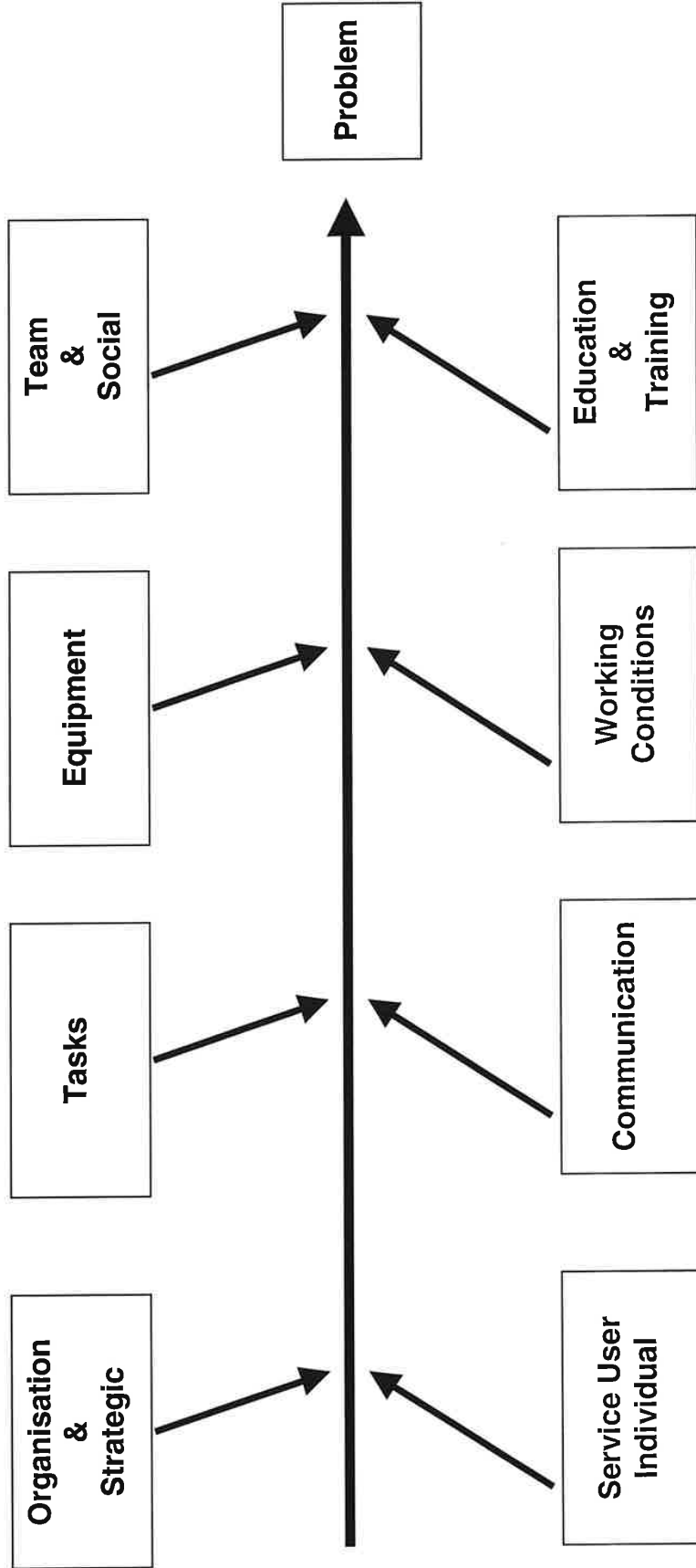
Date		Time		Date		Time		Date		Time	
Event		→		Event		→		Event		→	
Supplementary Info		Supplementary Info		Supplementary Info		Supplementary Info		Supplementary Info		Supplementary Info	
Person(s) present		Person(s) present		Person(s) present		Person(s) present		Person(s) present		Person(s) present	
Source of information		Source of information		Source of information		Source of information		Source of information		Source of information	
Positive points		Positive points		Positive points		Positive points		Positive points		Positive points	
Problems		Problems		Problems		Problems		Problems		Problems	
Further info required		Further info required		Further info required		Further info required		Further info required		Further info required	

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APPENDIX 5

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

FISHBONE DIAGRAM



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NORTH & WEST BELFAST HEALTH & SOCIAL SERVICES TRUST

FRAMEWORK FOR DEALING WITH SECTARIAN THREATS TO STAFF

1. INTRODUCTION

- 1.1 This framework which has been agreed between the Trust and Staffside sets out the principles and approach to be taken for consulting with Staffside and handling a threat against employee(s).
- 1.2 The employer acknowledges that constituent members of Staffside have different policies and procedures for handling these matters but will commit themselves to formulate a joint approach in so far as possible.

2. BACKGROUND

- 2.1 Threats to staff may come in many different forms, e.g. postal, telephone or through the media. They are often anonymous and can be accompanied by a recognised code. Staff may also experience intimidation or threats directly in conflict situations.
- 2.2 It is agreed by the Trust and Staffside that a structured approach needs to be taken as soon as a threat is received.

Whilst it is acknowledged that threats to staff may not discriminate between trade union members and non-members the Trust is firmly committed to working closely with the recognised trade union(s) within this framework.

3. THE PURPOSE OF THIS DOCUMENT

- 3.1 The purpose of this document is to explain the principles which underpin the framework and the approach for handling threats from the initial receipt through to the introduction of appropriate measures to reduce any risk to staff and allay their fears.

4. GENERAL PRINCIPLES

- 4.1 Whatever form threats take, both the Trust and Staffside condemn them and recognise the invidious situation in which staff find themselves at such times

- 4.2 In dealing with threats, the Trust working in conjunction with Staffside will:
- urgently establish the facts; and undertake an immediate assessment of the situation.
 - If it is assessed that there are no individual confidentiality issues, the Trust will advise staff of the facts and the assessment of the situation in accordance with the arrangements set out in this framework together with details of measures taken or to be taken.
- 4.3 The Trust and Staffside will formulate an agreed assessment of the situation.
- 4.4 The Trust will aim to restrict the risk of the threat and try to limit it by taking all possible steps within their power (with the advice of the relevant agencies) working in conjunction with Staffside.
- 4.5 The Trust will take appropriate steps in order to minimise any risks to health and safety of their staff. The Trust will afford Staffside the opportunity to make representations before introducing any measure in relation to service continuity.
- 4.6 The Trust acknowledges that it is their responsibility to ensure that management at all levels understand and work within this agreed framework.
- 4.7 Staffside acknowledges that it is their responsibility to ensure that all trade union representatives understand and work within the parameters of the Staffside policy.
- 4.8 At the conclusion of any period of disruption resulting from a threat to staff, there will be a joint review to examine and determine any lessons learnt. The review will also identify any other steps that could usefully have been taken in order to apply these to any future handling.

5. APPROACH TO HANDLING THREATS TO STAFF

- 5.1 Based on the principles set out above, the following paragraphs outline the general approach that should be taken in the handling of threats.

North and West Belfast Trust Health and Social Services

Joint Protocol on Handling of Threats to Staff

1.0 Introduction

The Trust has a responsibility to ensure that all reasonable measures are taken to protect staff in the workplace from verbal or physical threats or intimidation.

2.0 Threats to Individual

- 2.1 In the event of a member of staff experiencing threats or intimidation in the workplace, or prior to coming to work the Line Manger must be informed and the nature of threat/intimidation recorded. The Line Manager should assess the situation or seek advice from their Programme/Senior Manager. This information should also be recorded on an incident report form and forwarded to the Director of Human Resources and Corporate Affairs as soon as possible.
- 2.2 Individuals may notify their Staff Representative if deemed appropriate.

3.0 Threats to Facilities and or Groups of Staff working in a Locality

- 3.1 In the event of a threat to groups of staff in a particular facility it is imperative that this is reported immediately to the Director of Human Resources and Corporate Affairs; or in his absence to the Assistant Director of Corporate Affairs. An incident form should also be completed and forwarded to the Director of Human Resources and Corporate Affairs as soon as possible thereafter.
- 3.2 The Director will liase with appropriate Managers and the Police to assess the level of risk.
- 3.3 The Director of Human Resources and Corporate Affairs will advise the Secretary of Joint Staff Side Committee or in his or her absence the Chair of Staff Side, who will be responsible for advising Staff Side colleagues where applicable.
- 3.4 After an initial assessment, if necessary the Director of Human Resources and Corporate Affairs will convene a joint meeting of relevant personnel including representatives of Staff Side nominated by the Staff Side Secretary to clarify the proposed management actions.



The Trust's Corporate Communications Strategy

April 2001/2003

Contents

1. Introduction
2. Background
- Corporate**
3. Communication Strategy
4. Corporate Communications
5. Target Audience
6. Communications Action Plan
7. Senior Managers
8. Staff Briefings
9. Staff Magazine
10. External
11. The Community
- Programme of Care and Support Services**
12. Mental Health Programme
13. Family and Childcare Programme
14. Elderly Programme
15. Physical Health and Disability Programme
16. Learning Disability Programme
17. Muckamore Abbey Hospital
18. Primary Care PAMS
 Nursing
19. Community Dental Services
20. PR & Marketing Department
21. Estate Services
22. Equality
23. Quality
24. IT
25. Human Resources

Appendix – Communication Calendar

1. Introduction

- 1.1 The Trust provides a wide range of health and social care services to 160,000 people living in North and West Belfast. We also provide specialist regional hospital services at Muckamore Abbey Hospital for people with learning disabilities.

We employ approximately 3,600 dedicated staff across a board range of professionals and disciplines.

We are committed to providing services, which offer choice to those who need them at Trust facilities or in the patients/clients own home if required.

- 1.2 The **Programme for Government** from the Office of the First and Deputy First Ministers sets out the plans and priorities for the Northern Ireland Assembly including Health and Social Services. We also have **Priorities for Action 2002-2003** from the Department of Health, Social Services and Public Safety, which sets out the Minister's expectations for the Health and Social Services and the planning priorities for 2002/2003 and the objectives and targets that will ensure their achievement.
- 1.3 The programme places particular emphasis on tackling the causes of ill health, providing care in the community and the well being of our young people. Cognisant of the fact that ill-health is the result of many factors including low income, environment, poor housing, community infrastructure and inadequate working conditions, the programme emphasises the need for cross departmental working.

- 1.4 The document highlights the following priority areas to improve public health:
- Reducing preventable disease, ill-health and health inequalities;
 - Ensuring that the environment supports healthy living and that recreational facilities are improved;
 - Modernising and improving hospital care services and primary care services to ensure more timely and effective care and treatment for patients;
 - Enabling those suffering from disability or chronic, mental or terminal illness to live normal lives, and contribute to society;
 - Promoting the health and social development of children.
- 1.5 The Programme for Government also identifies a number of key themes that should be incorporated at all stages in the provision of services. These include commitment to the Equality Agenda, the Human Rights Act and the new Targeting Social Need.
- 1.6 Additionally, the Minister for Health, Bairbre de Brun, has publicly stated that she wants real and visible consultation with local communities in shaping and planning services.

2. Background

- 2.1 Working with the Department and the Board, the Trust has developed a corporate plan for 2000-2003, with an additional plan for 2002-2003 flowing from Priorities for Action. As a provider of high quality health and social care services the **Trust's broad corporate objectives are:**
- To strive for excellence in all areas of care;
 - To develop closer partnerships with General Practitioners and Primary Care teams to ensure the best integration of Health and Social Care;
 - To consult with local communities to provide services that are sensitive to their needs;

- To build healthy communities by working in partnership with other agencies and organisations;
- To develop a core treatment service at Muckamore Abbey Hospital and to develop a person centred approach to the needs of people with a learning disability in the community;
- To continue the implementation of Children (NI) Order 1995;
- To promote community development;
- To improve the Trust's estate, making services more accessible to local communities;
- To develop Healthy Living Centres;
- To raise awareness of what the Trust as an employer does to promote the rights of disabled people; and
- Continue to highlight the disability discrimination act – positively promote our corporate approach.

Corporate

3. Communication Strategy

- 3.1 Against this background, the Trust has developed a communications strategy in consultation with Programme Mangers, Directors and Trust Board.
- 3.2 The communications strategy addresses both the Trust's corporate communications issues and those for each Programme of Care and service area.

4. Corporate Communications

4.1 Objectives

- 4.1.1 To implement a corporate communication strategy for the Trust, which identifies and reaches all the target publics both internal and external with the correct message in the most appropriate format, at the appropriate time.
- 4.1.2 To actively promote the image of the Trust as the recognised provider of professional health and social care services along the following themes:
- Professional
 - Dynamic
 - Innovative
 - Pioneering
 - Progressive
 - Confident
 - Quality
 - Partnership

- 4.1.3 To raise awareness of the key strategic issues facing the Trust over the next 3 years both internally and externally namely:
- The Estates Strategy
 - Organisational Development
 - Caring Through the Troubles
 - Acute versus community interface
 - New Targeting Social Need
- 4.1.4 To develop a Communication Strategy by Programme of Care and service area to be incorporated into the corporate communications strategy.
- 4.1.5 To continue to roll out a media strategy for the Trust to raise awareness of the Trust's activity and range of services.
- 4.1.6 To co-ordinate all Trust events and publications to ensure a professional approach which reflects these themes.

5. Target Audiences

The Trust has many audiences. The key publics central to the achievements of the main objectives can be categorised as follows:

5.1 Internal

Staff of all grades – managerial, professional, clerical and manual
Trust Board
Staff Organisation
Trade Unions

5.2 External

Key influencers:

NI Assembly -
Assembly Committees
MLAs

Ministers
The Department
Civil Servants
Local Councillors
The four Boards

Service Users

Individual service users
Representative bodies
General public

Service Providers

Voluntary
Private sector
Other Trusts

General Practitioners
Academic Institutions
The media

Each of these groups has different information needs, some practical consumer information, others being more strategic.

6. Communications Action Plan – Corporate

Internal

The Trust operates in a dynamic environment, as a result, the Trust Board, and other Executive Directors need to take time out of the organisation periodically to reassess and agree key strategic communication messages.

Annual

Communications Project Board/Team

A Communication Project Board and Communication Project Team with representatives of each programme of care and service area was established in August 2001. It is recommended that the Trust review the role of the Communications Project Team and Board on an annual basis to evaluate its effectiveness.

August 2002

6.1 Internal

An extensive audit of internal communications was carried out within the Trust, which produced 13 key recommendations. It is timely to review the work of the Audit Group and outline the way forward.

March/April 2002

- 6.1.1 To ensure that corporate issues are communicated effectively, we need to have strategic communication issues as an agenda item on the Trust's OMG and Trust Board.

February – on-going

6.2 Senior Managers

6.2.1 Meetings with OMG and Senior Managers to be re-established on a regular basis to discuss Trust strategic issues. These meetings have been set up for the following dates:

31 January 2002

30 May 2002

19 September 2002

12 December 2002

6.2.2 Project Board to agree objective, process and agenda for these meetings. Additionally this will provide the necessary information for team meetings and assist in the cascade of information throughout the Trust.

6.3 Staff Briefings

6.3.1 There is a need to facilitate a two way flow of communication with staff and to brief/highlight with staff the vision, goals and values of the Trust including:

- Building the Way Forward in Primary Care
- Modernisation
- Operational Development
- Capital Plan
- Informatics
- The new Trust Board
- The outcomes of the Hayes Report
- The Trust's Core Business
- HAZ
- Caring Through the Troubles
- Best Practice Best Care

Briefing in September 2002

6.3.2 In addition to meeting staff face to face the communication process can be facilitated by the development and roll out of the Trust's corporate intranet site.

6.3.3 Co-ordinator to be appointed and site masters to be nominated for each department.

May 2001

6.3.4 To inform staff of corporate developments and highlight the role of Trust Board, we need to re-launch **Communication Updates** following Trust Board. Again the use of the intranet will facilitate the flow of Corporate Communication Issues through the Trust.

March 2002

6.4 **Staff magazine**

6.4.1 To re-establish the editorial team to encourage greater staff involvement in the production of 'All Points' and agree their remit.

Ongoing

6.4.2 Conduct an audit of effectiveness

September 2002

6.4.1 To produce four copies per annum plus two supplements for Muckamore Abbey Hospital.

March, June, September, December 2002

7. External

7.1 Key Influencers

North and West Belfast Health and Social Services Trust currently operates in a dynamic political environment, with the establishment of the Assembly and devolution of power to local representatives.

- 7.1.1 In the current dynamic political environment the Trust must ensure a two-way flow of communications with all political representatives – local, at Westminster and in Europe.

To facilitate this process the Trust will conduct an audit to review current activity and make recommendations on how the Trust can develop good practice in managing the political interface between the Trust and the new decision makers and opinion formers.

To develop a rolling briefing process for all key influencers and thus ensure that they are aware of the Trust's business.

To identify key strategic issues such as 'Caring Through the Troubles' and Estates Reconfiguration Process and enlist their support.

8. The Community

The Trust communicates with the community in several different ways:

1. Local Community Fora
2. Annual Public Meeting
3. Tabloid Newspaper

8.1 Tabloid Paper

- 8.1.1 The Trust currently produces two editions of a community focused newspaper, which is distributed to every household in North and West Belfast.

It is timely to review the effectiveness of this approach.

June 2002

8.1.2 Annual Public Meeting

Held in September to present an update to community – there is a need to review the process for inviting and updating Community Forum

September 2002

And also to review the timing and location to ensure maximum attendance

June 2002

- 8.1.3 The Annual Report is the 'hard copy' version of the Annual Public Meeting. The Trust has developed a summary version of annual report over the past 4 years with a supplement being included in the local press. It is timely to review the impact and expense of same.

September 2002

- 8.1.4 To support local communities and to take the Trust message to the heart of the community, the Trust will take slots on a number of local community radio

- West – August 2002
- Ardoyne – August 2002
- Shankill – September 2002

8.1.5 Community Festivals

The community festivals also provide an opportunity for the Trust to raise its profile and disseminate key messages. The Trust will ensure presence at community festivals including:

- West Belfast
- Ardoyne
- Shankill

Summer 2002

9. Service Users

9.1 To enhance the service users experience, all Trust front line staff will receive training in customer care.

Ongoing

9.2 It is also recommended that we develop a first contact pack for service users to include corporate information on the Trust, programme information and a named contact.

May 2002

9.3 Audit the information needs of our client population and develop in conjunction with Equality Group good practice guidelines for corporate information.

10 Service Providers

- 10.1 To review our current contract negotiations and ensure two way communication process is built into contract.
- 10.2 To ensure that they encapsulate Trust's values and goals.
- 10.3 Develop mechanism by which we keep our partners in the voluntary and independent sectors apprised of developments within the Trust.

Communications Project Team

11 PROGRAMME OF CARE / SUPPORT SERVICE

11.1 PR Marketing Department

The Trust is committed to the development of a corporate strategy which ensures that communication is planned, integrated and embraces both our internal and external audiences.

11.2 Event Management

To continue to offer an event management service to all Trust staff to ensure a co-ordinated approach and corporate feel to all Trust events.

To develop a corporate Trust events calendar.

Ongoing

To roll out the events manual to all Trust staff via the Trust intranet site.

11.3 Promotional Literature

The PR/Marketing Department will continue to offer advice and guidance on the production of all promotional material to ensure that Trust literature is produced in the Trust's corporate image and style and that it represents value for money.

To audit and develop a database of all promotional literature available within the Trust to be launched on the Trust intranet site.

To review corporate house style for all promotional material.

August 2002

11.4 Training

To facilitate the need to devolve responsibility for communication to each Programme of Care, a series of one-day training workshops will be rolled out to all interested Trust staff to introduce them to the whole area of Public Relations and Marketing communications.

June 2001 - Ongoing

11.5 Media

To continue to implement the Trust's media strategy to raise awareness about the Trust's activities and range of services.

To prepare an annual media schedule to include details of major events and service developments.

Encourage all staff throughout the organisation to communicate new service developments, ideas and achievements to the PR/Marketing Department by:

- Events sheets circulated every 3 months;
- Feedback from the All Points Editorial Team;
- Organise PR training workshops.

Establish a schedule of briefing meetings with key journalists at two levels:

- Chief Executive/Director of Operations – strategic level;
- PR Team/Programme Managers – Operational level.

Develop an interactive media database.

April 2001

Prepare weekly plans of forthcoming media opportunities and present to the OMG.

Ongoing

To ensure that all media activity is approved by the appropriate channel.

Ongoing

Circulation sheet detailing media to be contacted to be prepared and agreed in advance of press release being circulated.

Ongoing

Monitor coverage achieved monthly and evaluate effectiveness of approach.

Ongoing

TRUST BRIEFING POLICY

1 Introduction

- 1.1 This policy is part of the Trust's Communication strategy and complements existing management arrangements for staff meetings. Now more than ever before managers and staff need to look beyond the functioning of their immediate department/ service area and maintain an up to date understanding of the objectives, strategies and business of the Trust as a whole. A formal system of Trust briefing is being introduced to promote the more effective communication of both corporate and local management issues to all our staff.

2 What is Trust Briefing ?

- 2.1 Trust briefing is a formal, structured method of regular, face to face, communication with staff in all areas of the Trust. It aims:

to ensure the timely flow of information about key corporate issues from management to staff at all levels.

- 2.2 Trust briefing does not replace existing arrangements for staff and team meetings. However it is acknowledged (Communication Audit Findings) that such forums are primarily concerned with operational issues relevant to the particular service and do not meet staffs express need for more regular and timely information from senior and middle management on Trust issues in general. Therefore a monthly trust briefing will take place in each Trust facility delivered by the Facility manager or an appropriate equivalent manager at senior or middle management level.

- 2.3 Briefings should take place on the first Friday of each month or within 3 working days after the Friday (excepting January and August). Briefings will follow the OMG and Board meetings and will cover:

(1) Key Trust Issues - providing managers with information and updates on key issues for communication to staff. This should take up no more than 10 minutes of the briefing. This will be prepared by P.R./ Marketing in association with the Administration department and agreed by Communications Audit Group . This will be issued no later than 3 days in advance of the date of the briefing.

(2) Local Operational Issues - this will be prepared by the manager delivering the briefing. This deals with issues concerning the service/ facility in which the briefing is taking place. Where briefings are held on a multi disciplinary basis these issues should provide staff with an overview of events/ plans for their facility and services rather than detailed issues appropriate to individual team meetings.

- 2.4 **It may be appropriate that in some facilities briefings will be organised on a multi disciplinary basis.** Where possible, managers are encouraged to allow some staff to attend. However it is acknowledged that due to the demands of the service and the constraints on some staff it is not feasible or practical for such sessions to cater for all staff. Therefore managers are responsible for ensuring that the briefing is incorporated into existing staff meetings. Where these do not normally or regularly include particular groups of staff, managers must ensure those staff are given the briefing preferably on a face to face basis and delivered by a member of the management team. **In the above circumstances the onus is on local managers to ensure the briefing takes place**

within 3 working days of the first Friday of the month. Notice of briefings should be posted in advance on staff notice boards. In addition the briefing document should be posted on notice boards following the briefing meetings.

- 2.5 It is anticipated that such briefings will last for a maximum of 15 minutes, including time for questions and comments. In exceptional circumstances additional briefings may be organised to communicate important developments without further delay.
- 2.6 Senior managers and Trust Directors will endeavour to attend such briefings, and where briefings are conducted on an individual departmental or team basis the senior management involved try to attend a trust briefing session each month.

3 Evaluation of Trust Briefings

- 3.1 Trust briefings will be evaluated to assess whether they are taking place regularly and their usefulness in communicating key Trust issues to staff. Evaluation will take place within the first 6 months and subsequently as part of the Trust's Communications Audit Survey. However staff may put their views to the Director of Human Resources and Corporate Affairs at any stage.
- 3.2 A guidance note to assist managers prepare for and implement briefing sessions is attached as Appendix 1.

Guidelines For Managers On Trust Briefings - Appendix 1

1. Every supervisor/manager is responsible for setting up and running monthly staff meetings for all staff groups within their area; trust briefing arrangements do not replace such events.
2. Managers designated to carry out Trust Briefings must ensure they obtain the key issues briefing (from Marketing department, Glendinning House) and any supplementary information required in time for the monthly briefing session.
3. Managers should prepare a schedule of dates, times and venues for Trust Briefings which together with the agenda for the next briefing should be posted on the notice board and circulated around the facility.
4. **Prepare** for the meeting by:
 - familiarising themselves with the content of the Trust core issues briefing, anticipate possible questions and obtain answers.
 - listing local business matters for communication and/or discussion.
 - conduct the briefing informally and allow time for questions and comments
 - arrange for someone to take a note of action points e.g. questions which require further information/ advice, comments which should be passed up the line to a more senior management level.
5. **During** the meeting:
 - concentrate on the business to be addressed and avoid being side tracked.
 - ensure staff understand the purpose of the trust briefings and the constraints on detailed discussion.
 - suggest that anyone raising a problem/ complaint should also have a suggestion as to how it can be resolved.
 - indicate that not all problems/ questions have an immediate answer but endeavour to obtain one where possible.
 - at the end set the date for the next briefing.

Note: Avoid cancelling briefings. Once it is known that briefing can be cancelled as soon as something more pressing comes along, its credibility will be lost. If it is absolutely impossible to hold the briefing at the date/time stated, the meeting should be postponed by no more than 2 working days.

Evaluation of Trust Briefing: Although Trust briefings will be evaluated by the Communications Audit group to assess their regularity and usefulness, managers are encouraged to seek their staff's views on their local briefing session.

**NORTH AND WEST BELFAST
HEALTH AND SOCIAL SERVICES**

**PAPER: NWTB 21/04
FOR NOTING**

Title : Health and Wellbeing Centres –
Communication Strategy

Content :

Prepared by : Corporate Communications

Date Prepared: March 2004



HEALTH AND WELLBEING CENTRES

COMMUNICATION STRATEGY

Background

In July 2002 the Minister for Health, Social Services and Public Safety announced details of a major funding package in the region of £10.8m for community services in North and West Belfast saying:

“The community infrastructure in North and West Belfast is disparate and ill suited to modern care. North and West Belfast Health and Social Services Trust has shaped a strategic vision based on four one-stop Health and Wellbeing Centres sited across its area. This is an exciting initiative which has the potential for close co-operation with other public agencies to the benefit of the wider community”.

The community funding is the first phase of a £34.4m development across North and West Belfast. This is the start of a very exciting time for the Trust.

Developments include not only capital development but also introducing new ways of working and delivery of services and a new IT system to support staff in their work.

The speed and volume of change in the organisation is daunting. Accurate and timely communication is vital to ensure that staff and community are involved and stay involved in this process.

The Trust has a duty to:

- ◆ Explain to all stakeholders the rationale for the change;
- ◆ Inform of its nature and degree;
- ◆ Stimulate dialogue with a range of stakeholders; and
- ◆ Give stakeholders a genuine opportunity to influence the change process.

Communication needs to be managed at a corporate/macro and local/micro level.

Objective

- ◆ To promote a long term, strategic vision for Health and Social Services in North and West Belfast
- ◆ To highlight a unique partnership approach to service development
- ◆ Raise awareness with the population of north and west Belfast of the new developments
- ◆ Provide an opportunity for two-way discussion with all stakeholders on the future shape of health and social service delivery from the Health and Wellbeing Centres to be built in North and West Belfast.

Target Audience

External

Key influencers
Service users
Local Community
GPs
Service providers
EHSSB
DHSSPS

Internal

Staff
EMB
Trust Board

Communication Messages

The communication message will vary according to audience, however, the Trust must ensure consistency of the core message disseminated to all stakeholders. The starting point is therefore to identify a range of key messages, which include:

- ◆ Service development will be needs driven
- ◆ Staff are a valued asset
- ◆ Benefits of the development of a modern service

At a corporate level the Trust message should be:

- ◆ Long term, multi-million pound investment in North and West Belfast
- ◆ Unique partnership approach – pioneering, ground-breaking.

Any change process creates unease with the perception that service change will equal reduction. Additionally, if services are moved there is a perception that they will be less accessible. Clear, comprehensive information should counter this perception.

We will develop a consultation process to hear people's views on the change that the Trust proposes to make to service delivery, emphasizing that these are quality improvements.

Within the community there is a lack of understanding about the range and type of services that the Trust provides. As a starting point we need to highlight what we do i.e. wide range of services we provide, 80% delivered to client's home, followed by the range of benefits.

Level of Communication

It is anticipated that communications will take place on two levels:

General – where the objective is to inform rather than engage in a two-way communication process. The tools for this stage will be:

- ◆ Newsletter
- ◆ Leaflet
- ◆ Letters
- ◆ Website
- ◆ Media coverage

Two-way – where objective is to engage in a two-way flow with input into service development. The tools at this stage will be:

- ◆ User and staff focus groups
- ◆ Staff briefing by senior management
- ◆ Localised meetings with GPs and community reps
- ◆ Public meetings

Two way communications will be supported by the tools developed for general communication

Community Consultation

Meetings have taken place with non-executive directors Geraldine McAteer and Baroness May Blood to examine the method and implications for communication with West Belfast and Shankill.

This phase of consultation presents particular challenges given the myriad of community groups involved. There is little cohesion amongst the 110 community groups in the Shankill.

The volume of work involved in communicating about service and estate developments means that the task cannot be the responsibility of one person.

Many Trust staff work with community groups and should be able to present to them.

To facilitate this, the Trust should develop a generic power point presentation.

Issues

Outlined below are some of the issues likely to arise prior to and during the communication process. As the process rolls out further issues will arise.

Small working groups led by a Director should be set up for each area, to include staff and service representatives working in community development and health promotion in the area.

The reporting mechanism will be through the Corporate Utilisation Project Team and Board.

Lead Director North – Bernie McNally
Lead Director Shankill – Brian Barry
Lead Director West – Brenda Connolly

West Belfast

Future of Cuper Street and Lawther Buildings
Access to Services
How was Beech Hall chosen?
Perception of retraction of services

Shankill

How people access services
How site was chosen

Timing

The Business Case is being submitted for Shankill and West although we have received approval for the overall programme.

Options - After Easter
 September

Recommendation - After Easter

Target Audience	Action	Responsible
All/macro	Develop a common briefing paper which will link all areas below	
Micro West/Shankill/Grove/Lincoln Avenue - Presentation to EMB/Board Hospitals in North and West Belfast - Eastern Health Council - Eastern Board	Briefing with MLAs Briefing key community groups Briefing local GPs Advertisement and stories in local media Public meeting Publicity info tailored to each area re: changes in service Information panels on building sites	
Staff	Bi annual newsletter Briefings to Senior Managers with info cascaded down Staff focus groups for each site Web site	



**North and West Belfast
Health and Social Services Trust**

**RISK MANAGEMENT
STRATEGY**

**Human Resources
&
Corporate Affairs**

2003

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Appendices

A	Milestones
B	Risk Management Steering Committee Terms of Reference

1.0 Introduction

In May 2001 the Department of Finance and Personnel issued a Dear Accounting Officer letter "Corporate Governance: statement on Internal Control".

The Trust Board in November 2001, after consideration of the issues agreed to move to implement 'Controls Assurance' as its key control system in its Corporate Governance Framework. The Department have since issued a draft circular formally adopting the Controls Assurance model. Controls Assurance is being introduced incrementally and is designed to help HPSS organisations achieve continuous and sustained improvement in their performance through effective risk management and internal control.

Under the Controls Assurance Risk Management System (Core Standard), HPSS Trusts are required to have a Board approved strategy and policy for managing risk that identifies accountability arrangements, resources available and contains guidance on what may be regarded as acceptable risk within the Trust.

The purpose of this document is to define the Trust's strategy for risk management in the future, and on endorsement by the Trust Board, will become the Trusts policy for Risk Management. The Strategy cover:

- Strategic Intent
- Policy Objectives
- Accountability and Reporting Structures
- Risk Management Process
- Key Risk Indicators
- Monitoring, Reviewing and Auditing

2.0 Strategic Intent

The Trust Board recognises that risk management is a key component of good management practice and to be most effective should become embedded as part of the Trust's Culture. The Board is, therefore, committed to ensuring that risk management is established as an integral part of its philosophy, practices and business plans rather than viewed or practised as a separate project. It is imperative that responsibility for implementation is accepted at all levels of the organisation.

The Trust Board acknowledges that the provision of appropriate training and education is central to the achievement of this aim.

3.0 Scope of Strategy

This document applies to all employees of the Trust and in particular managers at all levels to ensure that risk management is a fundamental part of the total management approach to Quality, Corporate and Professional Governance and the Trusts Controls Assurance programme.

4.0 Objectives of Strategy

The Department of Health has provided the foundation for risk management in the nationally defined 21 Controls Assurance and Risk Management standards. However, these were intended only as a starting point and means of comparison, and were not expected to cover all the risks, which the Trust will have to manage.

It is proposed, therefore, to introduce a holistic approach to risk management across the organisation, which embraces financial, organisational and professional risks, and for all parts of the organisation to be involved.

The key objectives of this strategy are to provide the framework for achieving:

- Improved compliance with the Controls Assurance Standards
- The Department of Health's milestones for Controls Assurance performance improvement as detailed at Appendix A
- The integration of risk management with the Trusts Business Planning process and its strategic aims and objectives.
- The convergence of organisational controls assurance, financial controls assurance and professional governance systems.

The Trust aims to take all reasonable steps in the management of risk with the overall objective of protecting patients, clients, staff and assets. A primary concern is the provision of, risk free environments together with working policies and practices, which take into account, assessed risks.

In order to achieve this objective, the Trust will adopt a pro-active approach with a programme of risk management which aims to provide protection against preventable injury and/or loss to patients, clients, staff and the general public.

5.0 Accountability and Reporting Structures

5.1 Responsibility of the Trust Board

The Trust Board is responsible for reviewing the effectiveness of internal controls – financial, organisational and professional. The Board is required to produce statements of assurance that it is doing its "reasonable best" to manage the Trust's affairs efficiently and effectively through the implementation of internal controls to manage risk.

5.2 Responsibility of the Risk Management Steering Committee

Term of reference for the Risk Management Steering Committee are detailed at Appendix B.

5.3 Responsibility of the Chief Executive

The Chief Executive as accountable officer has overall responsibility for Risk Management and Controls Assurance within the Trust.

5.4 Responsibility of the Director of Human Resources & Corporate Affairs

The Director of Human Resources and Corporate Affairs has responsibility for ensuring the implementation of the Risk Management strategy and Controls Assurance programme in the Trust.

5.5 Responsibility of the Medical Director (Community)

The Medical Director as chair of the Professional Risk Management committee has overall responsibility for Professional Governance and Professional Risk. The following Directors have delegated responsibility as detailed below:

- Director of Operations has delegated responsibility for Social Care Governance and Social Care Risk.
- Director of Medical Services (Hospital) has delegated responsibility for Professional Governance and Professional risk at the hospital.
- Director of Nursing has delegated responsibility for establishing risk management as an integral and vital process in the Trusts Quality Strategy, and ensuring that all equality related risks are assessed and managed.

5.6 Responsibility of All Managers

All levels of management must understand and implement the Trust Risk Management Strategy.

5.6.1 All Managers are responsible for ensuring that specific Directorate/Departmental Risk Management Strategies are prepared in accordance with the Trust Risk Management Strategy/Policy.

5.6.2 All Managers are responsible for ensuring that appropriate and effective risk management processes are in place within their designated area (s) and scope of responsibility; and that all staff are made aware of the risks within their work environment and of their personal responsibilities.

- 5.6.3** All Managers are responsible for preparing specific Directorate/Departmental policies and guidelines to ensure all necessary multidisciplinary risk assessments are carried out within their Directorate/Department in liaison with appropriate relevant advisors where necessary eg Health and Safety, Infection Control, Hotel Services, Estates, Environmental etc.
- 5.6.4** All Managers are responsible for ensuring appropriate Directorate/Departmental structures and systems are in place to learn from reported incidents, accidents, complaints and claims.
- 5.6.5** All Managers are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated area (s) and scope of responsibility.

In situations where high significant risks have been identified and where local control measures are deemed to be potentially inadequate, Directors/Managers are responsible for submitting the risk area to the Trusts Risk Register for the attention of Risk Management Steering Committee/Operational Management Group as appropriate.

- 5.6.6** All Managers must ensure that all staff must be given the necessary information and training to enable them to work safely. These responsibilities extend to anyone affected by the Trusts operations including sub-contractors, members of the public, visitors etc.
- 5.6.7** All Managers and/or their designated representatives will implement the strategys by:-

- Ensuring that they have adequate knowledge and/or access to all legislation relevant to their area and as advised by appropriate experts ensure that compliance to such legislation is maintained.
- Ensuring that adequate resources are made available to provide safe systems of work. This will include making provision for risk assessments, appropriate control measures raising outstanding concerns, ensuring safe working procedures/practices and continued monitoring and revision of same.
- Ensuring that there is a core of appropriate mandatory training for all employees to attend eg Induction, Health and Safety, Fire, Manual handling, Dealing with violence and aggression, Food Hygiene, Resuscitation Training, etc and that appropriate mandatory updates/refreshers are maintained.
- Identifying and releasing suitable staff to be trained as risk assessors, incident/accident investigators, first aiders, manual handling/health and safety co-ordinators etc.
- Promoting greater risk management and health and safety awareness amongst all staff, and by ensuring that only properly trained and competent staff are responsible for assessing risks and determining adequate control measures within the working environment.

- Monitoring professional/clinical performance, health and safety standards including risk assessments, infection control measures, use of personal protective clothing/equipment etc and ensuring that these are reviewed and updated regularly.
- Ensuring the identification of all employees who require Health Surveillance according to risk assessments; ensuring that where Health Surveillance is required no individual carries out these specific duties until they have attended the Occupational Health department and have been passed fit.
- Ensuring that the arrangements for the first aiders and first aid equipment required within the Directorate/ Department are complied with. Ensuring the location of first aid facilities are known to employees and that proper care is taken of casualties and that employees know where to obtain appropriate assistance in the event of serious injury.
- Making adequate provision to ensure that fire, bomb alerts, civil disturbance and other emergencies are appropriately dealt with.
- Ensuring the systems for preparation, maintaining and review of specific robust Directorate/Departmental Business Continuity plans are in place.

5.7 Responsibility of all employees

All employees should be aware of their personal responsibility in the management of risk and should specifically:

- Report all incidents/accidents and near misses using the recognised channels. The Trust recognises that the development of a culture, which accepts that the reporting of adverse events or near misses is largely on a fair blame basis (see 5.8)
- Provide safe professional/clinical practice in diagnosis treatment and care.
- Be aware that they have a duty under Health and Safety legislation to take reasonable care for their own safety and safety of others who may be affected by the Trust's business.
- Comply with all Trust policies, procedures, regulations and instructions to protect the health, safety and welfare of anyone affected by the Trust's business.
- Be familiar with the Trust Risk Management Policy and Directorate/Departmental policies, professional/clinical and health and safety procedures and comply with these.
- Either intentionally, nor recklessly interfere with or misuse any equipment provided for the protection of safety and health.

- Be aware of all emergency procedures e.g. resuscitation, evacuation and fire precaution procedures appertaining to their particular Directorate/Departmental location/work environment.

5.8 A Fair Blame Culture

The Trust supports a 'fair blame' culture, exceptional cases will arise where there is clear evidence of wilful or gross carelessness or neglect contravening the Trust's policies and procedures and/or professional codes of conduct, or where there is repeated evidence of poor performance despite training intervention and support.

5.8.1 Whistle Blowing

All employees should be familiar with the Trust's guidance to staff on raising concerns and requirements of the Public Interest Disclosure Act 1998 (refer Department of Health Circular HSC 1999/198). The Trusts Whistle Blowing policy is currently with staff side for approval.

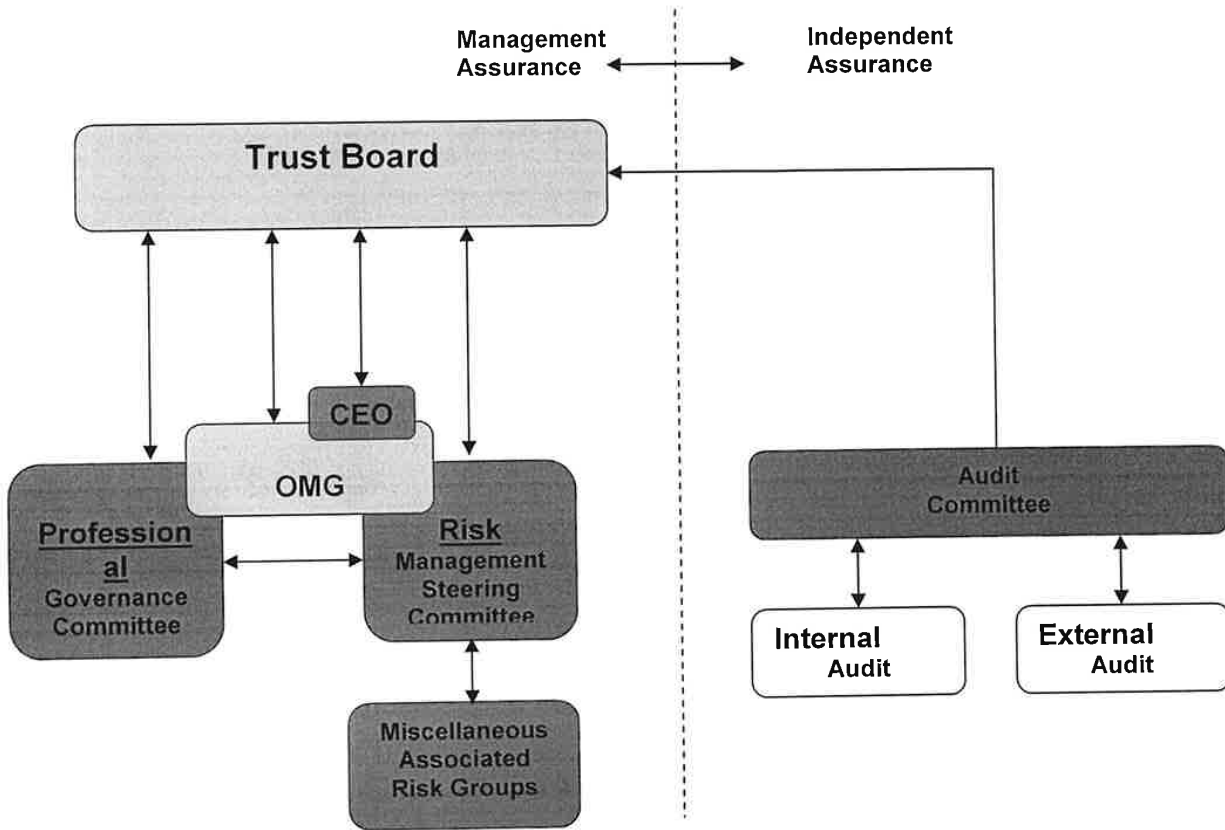
5.9 Convergence Between clinical/professional Governance and Controls Assurance

The Department of Health and Social Services and Public Safety expect there will be a convergence between clinical/professional governance and Controls Assurance.

Currently the 'system of internal control' in the HPSS comprises three distinct sub-systems: financial, organisational and clinical/professional controls. Risk Management is a management practice with generic principles, which can be applied to all three internal control sub-systems. The Trust will, through its risk management structures, work to actively identify the relationships that exist between clinical/professional governance and controls assurance.

5.10 Risk Management Structure

The overall structure for risk management is detailed in the table.



Controls Assurance is identified as a key system in the Trust’s Risk Management Approach and corporate governance arrangements.

Through the implementation of Controls Assurance, Director Leads have been identified for each of the Controls Assurance standards. These Directors responsibilities are to ensure appropriate baseline assessments are completed for each standard and to co-ordinate the implementation of actions required to improve the Trust’s compliance over the next five years. The Director Leads for the respective Standards are as follows:

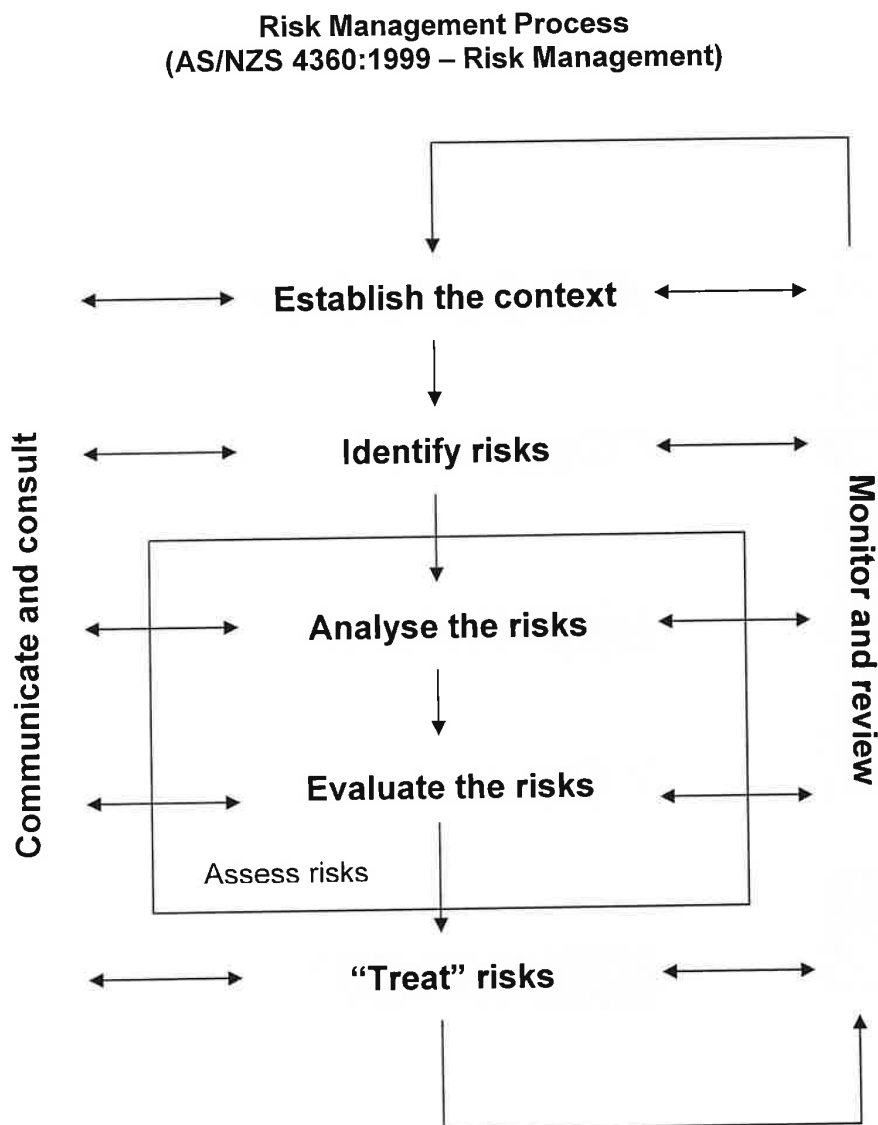
Lead Director	Standards
<p>Mr Eamonn Molloy Director of Human Resources & Corporate Affairs</p>	<ul style="list-style-type: none"> • Buildings, Land, Plant and Non-medical Equipment • Catering & Food Hygiene • Emergency Planning • Environmental Management • Governance • Health and Safety Management • Human Resources • Purchasing & Supply • Risk Management • Security • Transport Management • Waste Management
<p>Dr Robin McKee Director of Medical Services (Community)</p>	<ul style="list-style-type: none"> • Decontamination of Re-Usable Medical Devices • Infection Control • Medical Devices and Equipment Management • Medicines Management (Safe and Secure Handling of Medicines)
<p>Mr Paul Ryan Director of Planning/Contracts & Information</p>	<ul style="list-style-type: none"> • Information & Communications Technology • Records Management
<p>Mr Peter Harvey Director of Finance</p>	<ul style="list-style-type: none"> • Financial Management
<p>Ms Bernie McNally Director of Social Work/Children & Mental Health Services</p>	<ul style="list-style-type: none"> • Fire Safety

6.0 Risk Management Process

Risk Management is a multifaceted process, appropriate aspects of which are often best carried out by a multidisciplinary team. It is an iterative process that can contribute to organisational improvement. The shift in culture and systems now required, is to explicitly and quantifiably assess risk and to systematically record:

- The process and outcome of assessment.
- The process and outcome of decision-making.
- The evidence base or reasons for decision.

The systematic approach to risk management will be based on the following model:

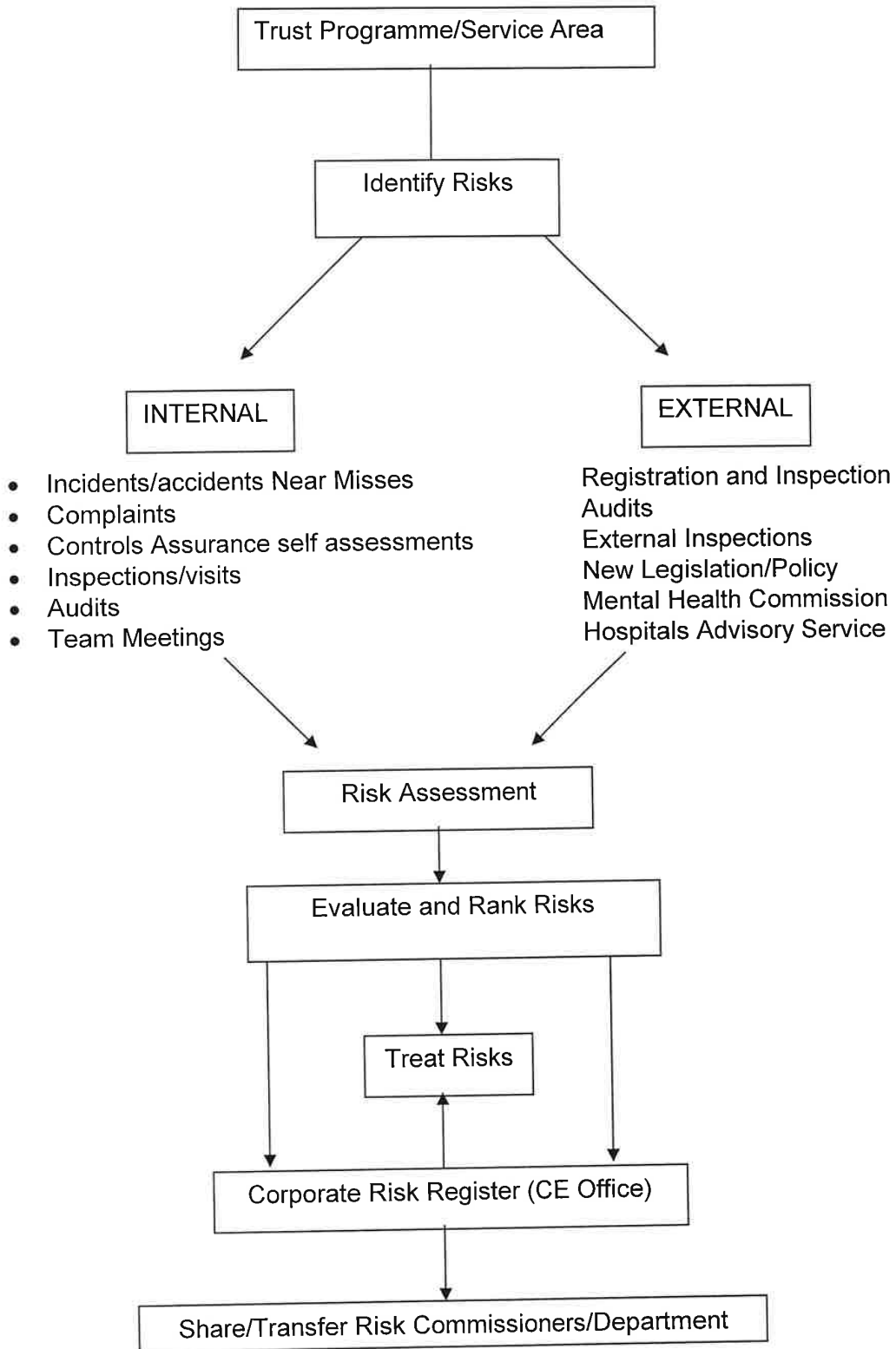


- | | |
|-------------------------|---|
| Establish the Context | <ul style="list-style-type: none"> - Define the activity. - What are the goals and objectives? |
| Risk Identification | <ul style="list-style-type: none"> - What can happen? - How can it happen? |
| Risk Assessment | <ul style="list-style-type: none"> - How could risks occur? - What would be the effect if they did? - How could they be reduced? |
| Evaluation and ranking | <ul style="list-style-type: none"> - Evaluate options for reducing risks. - Quantify costs of actions to reduce risks. - Identify actions, which reduce total, cost of risk and give best value for money. - Compare costs against benefits. |
| Risk Treatment | <ul style="list-style-type: none"> - AVOID: not proceeding with activity likely to generate the risk. - REDUCE: reducing or controlling the likelihood and consequences of the occurrence. - TRANSFER: Arranging for another party to bear or share some part of the risk through contracts, partnerships joint ventures etc. - ACCEPT: some risks may be minimal and retention acceptable. |
| Monitor and Review | <ul style="list-style-type: none"> - Monitor risk impact. - Review effectiveness of action. - Has the risk priority changed? |
| Communicate and Consult | <ul style="list-style-type: none"> - Who needs to know? |
| Internal/External | <ul style="list-style-type: none"> - Who is affected? |

**Risk Management Process
North and West Belfast HSS Trust**

Adopting the Australia/New Zealand Standard theory to practice within the Trust the process will be as follows:

Communication and Consultation



6.1 Risk Quantification and Acceptability

The Australia Standard defines risk as: *“The chance of something happening that will have an impact on objectives. It is measured in terms of consequence and likelihood”*

Therefore:

$$\text{RISK} = \text{Consequences (Severity)} \times \text{Likelihood (Frequency)}$$

It is proposed to adopt a systematic and common approach to quantifying risk through defining qualitative measures of consequences (severity) and likelihood (frequency) as detailed in the tables below:

Frequency – (An assessment of likelihood of risk occurring)

Score	Descriptor	Description
5	Almost Certain	Likely to re-occur on many occasions, a persistent issue
4	Likely	Will probably re-occur but is not a persistent issue
3	Possible	May re-occur occasionally
2	Unlikely	Do not expect it to happen again but it is possible
1	Rare	Do not believe that this will ever happen again

Severity (Consequence rating of risk)

Score	Descriptor	Potential Impact on Individual(s)	Potential Impact on Trust	Number of Persons Affected at one time	Potential Financial Loss/ Complaint/ Litigation
1	<u>Insignificant</u>	<ul style="list-style-type: none"> No injury or adverse outcome 	<ul style="list-style-type: none"> No risk to Trust 	None – one	<ul style="list-style-type: none"> Remote litigation risk Complaint unlikely Damage/ theft/ loss of equipment/ property < £100
2	<u>Minor</u>	<ul style="list-style-type: none"> First aid Minor injury Minor illness 	<ul style="list-style-type: none"> Minimal risk to Trust Staff absence < 3 days 	Two	<ul style="list-style-type: none"> Litigation unlikely Complaint possible Damage/ theft/ loss of equipment/ property > £100 < £1,000
3	<u>Moderate</u>	<ul style="list-style-type: none"> Injury/ illness requiring 3 days or more absence Temporary incapacity Prolonged/ additional treatment and/or care 	<ul style="list-style-type: none"> Riddor reportable MDA reportable Needs careful PR Staff absence < 4 weeks 	3 – 10	<ul style="list-style-type: none"> Litigation possible Complaint expected Damage/ theft/ loss of equipment/ property > £1,000 < £10,000
4	<u>Major</u>	<ul style="list-style-type: none"> Major/ serious injury Major clinical/ professional intervention required Permanent incapacity 	<ul style="list-style-type: none"> Service reductions Service closures Staff absence > 4 weeks Local adverse publicity 	10 – 20	<ul style="list-style-type: none"> Litigation expected Damage/ theft/ loss of equipment/ property > £10,000 < £50,000
5	<u>Catastrophic</u>	<ul style="list-style-type: none"> Death 	<ul style="list-style-type: none"> Regional/ national adverse publicity Subject to external investigations 	> 30	<ul style="list-style-type: none"> Serious litigation expected Damage/ theft/ loss of equipment/ property £50,000 +

This facilitates the construction of a Risk Matrix for evaluating the risk for criticality – low, moderate, significant and high and subsequently its priority and route for action.

Risk Matrix

Frequency	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain					
4 Likely					
3 Possible					
2 Unlikely					
1 Rare					

The Turnbull report on Internal Control requires that Board's be informed of the significant risks that face the organisation. Significant risks being defined as:

"Risks that are significant to the fulfilment of the (organisations) objectives"

Using the risk matrix the following guidelines will be used:

High Risk	Red	Entry on corporate Risk Register and report to Board with proposed treatment plans
Significant Risk	Orange	Report to Risk Management Steering Committee. Reviewed at Directorate level. risks which can not be treated should be entered on corporate risk register and reported to Board with proposed treatment plans.
Moderate Risk	Yellow	Reviewed at Directorate level. Risks which can not be treated should be notified to Risk Management Steering committee with proposed treatment plans.
Low Risk	Green	Acceptable risk but Action taken at Directorate level to treat as appropriate

6.2 Trust Risk Register

With the imminent implementation of Controls Assurance, the Trust will produce a Corporate Risk Register for 2002/03, which will form the basis of the Trusts Risk Management plan and programme.

The Risk Register will be a living document that will in future include risks identified through Controls Assurance self-assessments, Board, Directorate and individual risk assessments and adverse/incident event reporting.

The Risk register will be utilised to inform the Trusts Strategic, business and capital planning functions, resource bids, and capital and revenue allocations.

6.3 Stakeholder Involvement

It is good practice to involve stakeholders, as appropriate, in all areas of the Trusts activities, and this includes consulting on relevant significant and high risks.

The Trust has a wide range of communication and consultation mechanisms in existence with relevant stakeholders, both internal and external. Future Trust policy and consultation documents should include a risk analysis giving relevant stakeholders opportunity to comment on the risk elements at consultation stage.

General public awareness raising of the Trusts Risk Management strategy and policy will be achieved through its presentation at public Board meetings and explicit references in the Trusts annual report.

7.0 Risk Management Training and Education

The Trust Board recognise that the provision of appropriate training and education is central to the implementation, maintenance and development of its Risk Management Strategy.

An ongoing training and education programme will be developed to ensure that Board Members, senior, middle and first line managers, professional and other staff obtain training and education to the required levels and standards appropriate to their role within the Trust.

A specialist core team, consisting of Controls Assurance standard leads and other relevant managers will be established to provide advice and support to others within the Trust in the management of risk.

General awareness raising for staff will be undertaken through staff briefings, induction programmes and the inclusion of relevant documents/policies on the Trust Intranet. Regular developments and updates will be communicated via the Trust News Letter, All Points.

8.0 Key Performance Indicators

Initially, it is proposed to measure improvements in risk management performance, through monitoring and compliance with the Risk Management (Core Standard) and the other twenty Controls Assurance Standards.

Further key performance indicators will require to be developed over time following implementation and review of this strategy.

9.0 Monitoring Review and Audit

The Trust Board will receive an annual report covering:

- Compliance Assessment with the Risk Management and Organisational Controls Assurance Standards.
- An updated Corporate Risk Management Action Plan.
- A review of the Risk Management Strategy.

Arrangements will be made as part of the Annual Internal Audit plan agreed by the Audit committee, for periodic audits to be carried out to provide assurances to the Board that the Risk Management System in place conforms to the requirements of the Risk Management System (Core Standards).

10.0 Approval and Review Mechanisms

- This strategy has been developed in the light of currently available information, guidance and legislation that may be subject to review and change.
- The strategy will be reviewed annually by the Risk Management Steering Committee and any recommendations for change submitted to the Trust Board.
- The strategy was approved by Trust Board on ___/___/___
And becomes effective on ___/___/___

Chief Executive
(Chair of Risk Management
Steering Committee)

Chairperson

Dated _____

Dated _____

Signed _____

Signed _____

APPENDIX A: MILESTONES

 <p>Level 1 Minimal</p>	 <p>Level 2 Moderate</p>	 <p>Level 3 Excellent</p>
(April 2003)	(April 2004)	(April 2005)
Board fully briefed on the purpose and function of Controls Assurance and its links with other initiatives	Level 1 attainment	Level 2 attainment
Appropriate structural arrangements in place	Substantive compliance with Controls Assurance Standards	Comprehensive system for producing performance information to assist the board with its evaluation of the effectiveness of internal control and risk management
Organisation-wide baseline self-assessment against relevant Controls Assurance standards	Demonstrable application of the fundamentals of good risk management and internal control across the organisation	Risk management internal control is part of the vocabulary throughout the organisation
Board-endorsed prioritised action plan with assigned responsibilities resulting from the baseline assessment	Some use of structured assessment techniques, eg control self-assessment (CSA) workshops	Demonstrable ongoing improvement in key performance and risk indicators
Board-endorsed risk management policy and strategy, including definition of 'acceptable risk'	Reasonable involvement of staff	Good use of benchmarking
System in place for continuously informing the board on compliance with Controls Assurance standards	Buy-in obtained from different levels of management	Internal audit work closely with in-house technical specialists (eg estates, health and safety, infection control etc)
Ongoing self-assessment against Controls Assurance and other relevant standards	Risk awareness training	Internal audit is a source of advice on aspects of risk and control
Board monitoring of standards compliance in relation to progress against action plan	Comprehensive organisation-wide risk register based on 'common currency'	Good use of structured assessment techniques, eg control-self assessments (CSA) workshops, including board involvement
Demonstrable improvement in standards compliance against baseline self-assessment	System for continuously informing the board of 'significant risks' and for providing simple and straightforward early warning mechanisms	Involvement of staff in deciding on objectives
Basic Controls Assurance statement in annual report	Positive acceptance of internal audit	Awareness of key objectives throughout the organisation
Some staff involvement	Robust prioritisation methodology based on risk ranking and cost-benefit analysis	Convergence between Professional Governance and Controls Assurance
Minimal risk register	Board involvement in setting priorities of risk management and internal control	Tangible evidence of teamwork approach in operation throughout the organisation
	Establishment of key performance and risk indicators	Consultation throughout the organisation
	Some use of benchmarking	Risk management and aspects of internal control is part of performance appraisal and personal development plan for staff, including board members
	Comprehensive Controls Assurance statement in annual report	

APPENDIX B: RISK MANGEMENT STEERING COMMITTEE TERM OF REFERENCE

1.0 AIM

- 1.1 To develop and review the Risk Management Strategy and strategic framework in support of the Trust's annual Controls Assurance Statement. To ensure that appropriate measures are taken to reduce risk and to improve the effectiveness of treatment, care and support given to patients, and clients. To identify, assess, evaluate, reduce and where possible, eliminate as economically as possible areas of risk which may give rise to injuries to patients, clients, staff and visitors; losses; damage to property or any other incident which may adversely effect the Trust's operation or reputation.
- 1.2 To provide a forum of Senior Managers who can provide a detailed overview of the Trust's service provision, policies and procedures. Within this overview, the Committee will provide recommendations according to the risk prioritisation, to the appropriate management groups and Trust Board in order to modify systems and services which will lead to the reduction of anticipated risk to the Trust.
- 1.3 The Risk Management Steering Committee recognises the need to converge professional and operational risk functions and will develop appropriate structures, responsibilities and reporting mechanisms as the programme develops.

2.0 Scope of Responsibility

- 2.1 Informing and consulting the Board on all significant risks and associated risk treatment plans on a continuous basis; promoting the issue of risk management.
- 2.2 Ensuring that all employees, including managers and the Board, are provided, where appropriate, with adequate risk management information, instruction, training and education.
- 2.3 Ensuring that all relevant stakeholders are kept informed on the management of significant risks faced by the Trust.
- 2.4 To assist all directorates in defining and promoting risk management strategies/actions via individual business plans, thus ensuring Controls Assurance in the form of risk management is an integral part of each directorate.
- 2.5 Overseeing the work of other risk management groups, professions and operations, Health and Safety Committee; Infection Control etc.

- 2.6 Overseeing the implementation and effectiveness of risk treatment plans from whatever source.
- 2.7 To review and if necessary prioritise recommendations/action plans based on Controls Assurance baseline assessments.
- 2.8 Developing and implementing an action plan within the Trust Governance Report in the light of risks identified across the Trust and recorded within the Trust Risk Register.

3.0 Objectives

- 3.1 To reduce risks to patients, clients, employees and others, to manage and control risks where acceptable and to transfer/share risk where unacceptable or unavoidable.
- 3.2 To identify, control and eliminate, or reduce to an acceptable level, all risks which may adversely effect:
 - The quality of treatment and care
 - The reputation of the trust
 - The ability of the trust to provide services
 - The health, safety and welfare of patients, clients, staff and visitors
 - The ability of the Trust to meet its contractual obligations
 - The financial standing of the Trust
- 3.3 To maximise the resources available for patient/client services, treatment and care.
- 3.4 To endeavour to ensure the Trust is not exposed to a risk, which has not been identified and evaluated.
- 3.5 To understand the risks the Trust faces, their causes and control and cost of risk to the Trust.
- 3.6 To ensure that the Trust responds in an appropriate and timely fashion to identified risks/adverse events.
- 3.7 To minimise the costs diverted to risk/claim funding.

4.0 Membership

4.1 The Risk Management Steering Committee will consist of the following:

- Chief Executive (Chair)
- Director Human Resources/Corporate Affairs (Lead Director)
- Director Medical Services (Community)
- Director Medical Services (Hospital)
- Director of Finance
- Director of Operations
- Director Nursing and Quality
- Director Planning Contracts Information
- Director Hospital and Learning Disability

In attendance

- ❖ Assistant Director Corporate Affairs (Risk Management)
- ❖ Professional Governance Co-ordinator (Clinical and Social Care)
- ❖ Assistant Director Estates (Health & Safety)
- ❖ Headquarters Administration Services Manager (Board Governance/complaints)

❖ These representatives will also act as central sources of information support and advice in relation to programme and service specific management of risk throughout the Trust.

4.2 The Chairman of the Risk Management Steering Committee is the Chief Executive.

4.3 The Trust through the Risk Management Steering Committee recognises that in many decisions other Senior Managers will require to be involved in strategic management decisions. The Committee will invite other personnel to join them dependent on the agenda.

4.4 Members are encouraged to prioritise their time for attendance; representatives may be asked to attend meetings on an exception basis.

4.5 Flexibility of membership is incorporated within the Committee's terms of reference and should reflect contemporaneous issues at both regional and local levels.

5.0 Accountability

5.1 Accountable to the Trust Board through the Trust executive.

6.0 Frequency of meetings

6.1 Meetings are held every two months.

7.0 Agenda items

7.1 Agenda items should be submitted 10 days in advance of the meeting to the Trust Lead in Controls Assurance and Risk Management who will subsequently ratify the next agenda with the Chairman.

8.0 Reporting

8.1 Quarterly reports summarising the activities of the Committee and the progress made against the plans identified within the Annual Trust Risk Management Action Plan will be prepared and submitted to the Trust Board by the Trust Lead in Controls Assurance and Risk Management and Chairman on behalf of the committee.

9.0 Lead Director – Controls Assurance and Risk Management

9.1 Director of Human Resources and Corporate Affairs

10.0 Communication

10.1 In order to ensure effective communication, the Trust Lead in Controls Assurance and Risk Management will act as the central point of contact for the committee.

11.0 Review

11.1 The Trust Board will review these terms of reference annually after initial endorsement.

Signed.....
Chief Executive,
Chair, Risk Management Committee

Dated.....

Signed.....
Trust Lead Director,
Controls Assurance and
Risk Management

Dated.....

SERVICE USAGE REPORT



**NORTH AND WEST BELFAST TRUST
1 APRIL 2001 – 31 MARCH 2002**

In the period 1 April 2001 and 31 March 2002, a total of 61 referrals were received from employees of North and West Trust.

Individual referrals were received from 48 female members of staff. 7 male employees used the service. In 4 cases, gender was not recorded.

In addition to the individual referrals, 2 requests to provide training were received.

The majority of individual referrals were related to the work environment, with 25 people citing personal or domestic issues as the main reason for contacting Staff Care. Domestic concerns were mainly related to personal or marital relationship difficulties. However, 1 member of staff reported difficulties in managing their alcohol intake appropriately.

For 34 people, the trigger to making contact with Staff Care was related to their work environment, with some clients reporting more than one concern: -

Work relationships	6
Peer Problems	5
Incident specific	6
Bullying	4
Management	8
Other	7

It is particularly worthy of note that 6 people used Staff Care due to their experience of a traumatic or critical incident within their work environment. This invariably involved some level of violence directed towards the individual staff member, and proved not only an assault on them physically, but also an assault on their perception and understanding of their role and job satisfaction. These referrals were all from staff employed as Social Workers.

It is also important to note that 4 members of staff contacted Staff Care as a result of situations in work where they appeared to be experiencing bullying by a colleague. In these circumstances the informal link into the Trust has been very helpful, in supporting the client to make choices and decisions as to the most appropriate way to have the issue resolved.

In discussing these concerns, clients cited a number of psychological or emotional "symptoms", including: -

Anxiety	16
Guilt	8
Anger	13
Eating	8
Sleeping	15
Depression	1

High levels of reported feelings of anxiety, anger and guilt would frequently indicate high levels of stress among employees.

All clients reported that, at the close of their counselling contact, these symptoms had ameliorated.

Nevertheless, it is worth noting that of the 59 individual employees who used the confidential counselling and support service the majority remained in their work roles and environments throughout their contact with Staff Care Services.



SERVICE USAGE REPORT

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

2002 – 2003

Staffcare - There when you need us

CONTENTS

1. Referrals

2. Analysis of Referrals

3. Conclusion

Staffcare - There when you need us

1. REFERRALS

In the period 1 April 2002 and 31 March 2003, Staffcare responded to a total of 49 referrals from staff employed by North and West Belfast Health and Social Services Trust.

The majority of these were self-referrals using the 24-hour freephone service or Careline.

In addition, Staffcare responded to 2 requests for assistance for small groups of staff in the aftermath of a critical or traumatic incident.

Staffcare also met with staff in a training capacity on 2 occasions within the last year.

2. ANALYSIS OF REFERRALS

49 individual staff members contacted Staffcare within the last year. Of these, 35 were female, and 11 males.

Staffcare is aware that many users first contact the service with a request for assistance that is initially related to a generalised theme such as "work related difficulties". It is often only possible at a later stage of the counselling process to identify in more detail the exact reason for referral and the concerns which most occupying the time and attention of staff members.

However, at the initial referral stage, 11 employees identified anxieties about their home or personal life as causing them concern, and 38 stated that many components of their work environment had provided the impetus for them to call.

On further enquiry, it appears that the main concerns in the work environment focused on managerial relationships within the work environment, and issues of management of change. Concerns were also expressed about difficult peer relationships.

In relation to concerns about personal and domestic issues, 7 staff members cited the breakdown of personal relationships as the main prompt for referral. 1 employee was concerned about their level of alcohol intake, and 2 were faced

Staffcare - There when you need us

with a very difficult family bereavement. 1 member of staff used the service to seek support in caring for a family member who was ill.

In discussing these concerns with their counsellor, staff exhibited psychological symptoms of depression, anxiety, guilt and anger. These were accompanied by physical symptoms in the form of changed habits or patterns of sleeping and eating. 4 clients also stated that they had increased their use of prescribed medication.

The majority of staff members ie 35 continued to work through the course of their contact with a counsellor. 3 employees were suspended from work at the point of making initial contact with Staffcare.

The average number of counselling sessions per employee was 3.9.

Staffcare provided group support to staff in the aftermath of 2 critical or traumatic events in the last year. These were both related to an increase in community unrest within the work area. A total of 15 people attended these meetings.

Staffcare also provided training support to staff who were concerned to reflect on their skills of communication and self maintenance having worked through an extended period of civil unrest.

3. CONCLUSION

Employees of North and West Belfast Health and Social Services Trust continue to make appropriate use of the confidential counselling and support service available to them through Staffcare. However, given the size of the staff group as whole, individual referrals are low. It may therefore, be appropriate to explore ways of reminding staff that the service is available to them as an alternative source of support, and of the confidential nature of the counselling process.

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North - West

THE PROVISION OF AN EMPLOYEE ASSISTANCE PROGRAMME

INTRODUCTION

- 1.1 This paper provides information on an employee counselling service which is being introduced into the Trust. This initiative has developed from the health and well being in the workplace initiative and the policies on The Prevention Of Violence to Staff and Harassment in the Workplace. The Employee Assistance Programme is 1 aspect of a total strategy which aims to ensure we take a pro active approach to these issues.
- 1.2 Stress is one of the most serious occupational health challenges facing UK employment with an estimated cost of £7 billion a year to UK business in the form of sick pay, missed deadlines and poor quality products and services. Recognition of stress as a key issue of concern is expressed in the government's announcement that the Health and Safety Executive and the Department of Health will conduct a major study (3 year project) into stress and it's impact on the workplace.
- 1.3 The staff care service includes a 24 hour help line, access to professional counselling sessions, critical incident debriefing for a staff group involved in or affected by a critical incident and training sessions on issues of well being and stress management.

2 THE NEED FOR AN EMPLOYEE ASSISTANCE PROGRAMME

- 2.1 The Trust as an employer in the health and social care sector has a particular obligation to demonstrate concern with the mental as well as the physical well being of employees. While an element of positive stress to get things done can be satisfying, negative stress is destructive. Stress may be caused by a variety of factors within and outside work, however the effect almost certainly impacts on the workplace. This issue is relevant to the Trust because :
- (a) Stress often leads to poor morale, high absenteeism, workplace accidents poor working relations and resistance to change.**
 - (b) Individuals or teams who feel they are subject to undue stress may perform at lower levels and provide a poorer quality service to clients.**
 - (c) Individuals may now be able to claim compensation for work related stress from the Trust.** e.g. John Walker, a social worker with Northumberland County Council was awarded £175,000 in 1995, after 2 nervous breakdowns.
- 2.2 Measures to prevent stress are not costly when balanced against the cost of unresolved problems. A staff support service is form of insurance which can help staff over short and longer term problems. The Post Office's external

evaluation (1990) of their staff care services and found that a significant decrease in sickness absence after counselling when compared with the pre counselling rate; General Motors estimated that their counselling support scheme returned \$67 for every \$1 invested!

3 THE EMPLOYEE ASSISTANCE PROGRAMME OVERVIEW

3.1 The Trust has contracted for the Staff Care Service developed by the Business Support and Development Unit (South and East Belfast Trust). Set up in 1992, this service operates under the umbrella of the Trust but is autonomous in its day to day operations with no links to the operational service side of the Trust. It provides a back up staff care service to range of public and private sector clients in North and South of Ireland including other Health and Social Services Trusts, building societies, banks, schools and the community relations council. The service employs a network of 86 experienced and qualified counsellors across Ireland and drawn from a range of professional backgrounds.

3.2 The aims in providing this service are::

3.2.1 To promote a positive attitude to staff which will enable them seek the help and support if they become stressed at work thereby helping to prevent long term problems.

3.2.2 To offer of additional support to an employee or group of employees who have been involved in a traumatic incident either inside or outside of the workplace.

3.2.3 To enhance the quality and effectiveness of a staff support system through access to professional eternal counselling and which will reassure staff of the confidential nature of the service, thereby encouraging it's use.

3.3 24 HOUR CARE LINE

3.3.1 This enables an employee to access professional counselling on the telephone throughout 24 hours of each day and 365 days per year. The counsellor answering the Careline carries out an initial screening to ascertain if the service is the most appropriate to their needs. This may be sufficient to meet the needs of some callers. If further assistance is needed, an appointment is made (usually within 24 hours) at a time and venue to suit the user. The Careline can also be used to access consultancy services or the Critical Incident Response Team (paragraph 3.5).

3.4 CONFIDENTIAL COUNSELLING SERVICE

3.4.1 This service provides access personal counselling for up to 4 sessions (subject to the contract specification). The counsellors are drawn from individuals who are professionally trained and experienced counsellors working in public sector

and private practice. The Staff Care Service is a member of the British Association of Counselling and the Irish Association of Counselling and Psychotherapy. They are awaiting the publication of BAC standards for corporate accreditation.

- 3.4.2 The initial interview includes an assessment of need and if needed a plan for future intervention outlined. A variety of counselling methods are used to maximise the use of funded sessions. If the service is found to be inappropriate, clients are supported to seek more appropriate help e.g. with an alcohol or drugs problem.
- 3.4.3 Counsellors are contractually required to adhere to a **strict code of confidentiality** which is reinforced through supervision and training. They adhere to the professional code of confidentiality that down by the British Association of Counselling. Clients are allocated to counsellors by the Staff Care Managers with every effort to ensure the client does not know the counsellor on a professional or acquaintance basis. Counsellors are not normally allocated to clients who share the same profession and counsellors check at the outset that the client does not know them. Reports back to the Trust do not identify clients (they are given a code number) and are purely for the purpose of invoicing or negotiating extended sessions. Disclosure is only made where the client is considered to be at risk to themselves or others and only after consultation with the client and the Staff Care Manager.

3.5 SUPERVISION ARRANGEMENTS

- 3.5.1 The service operates to professional standards and these include a supervision system which supports the counsellors. Counsellors are organised into zones which meet as a group every 4- 6 weeks under the guidance of a lead counsellor to discuss professional issues, identify training needs and offer peer support. Individual counsellors receive a minimum of 1 hour's supervision for every 10 hours counselling while individual caseloads may also necessitate further 1 to 1 sessions.

3.6 CRITICAL INCIDENT DEBRIEFING

- 3.6.1 The package also provides managers with the assistance of a team of counsellors with specialised training in methods of responding to people who have been involved in a critical incident e.g. accidents, harassment or violence involving staff inside or outside the workplace arising from the course of someone's employment.
- 3.6.2 The Trust's **Prevention of Violence to Staff** requires managers to make provision for adequate debriefing of those involved, witnessing or otherwise affected by such incidents. Timely and effective debriefing (i.e. within 24 - 72 hours after an incident) is effective in ameliorating the harmful after effects of an incident and longer term problems e.g. sickness absence, poor morale and

loss of confidence. The Critical Incident Response Team has gained broad experience in a wide range of circumstances both within workplaces, in the Northern Ireland community and in Britain over the last 8 years. The Trust has it's own Trauma team, however they do not currently have a remit or capacity for intervening in employee situations.

3.6 TRAINING SESSIONS ON WELL BEING AND STRESS MANAGEMENT

- 3.6. An optional part of the Staff Care Service is the purchase on training on stress management and dealing with traumatic incidents. In particular the Awareness sessions (1 - 2 hours) on the Staff Care Service and an introduction to stress management would assist the launch of the service. This would also support the Health Promotion Strategy recommendations on promoting and communicating with staff and managers on mental and physical well being . Sessions can facilitate large numbers of staff (up to 100) and can be arranged "back to back" with 4 to 5 per day, giving employees a choice in which session is most convenient to attend.

4 RELATIONSHIP OF THE SERVICE TO THE MANAGEMENT OF THE TRUST

- 4.1 Staff Care Services operate as an independent business unit from their own Trust and maintain a distance from the Purchasing Trust. They can however provide manager's with consultancy advice (separate from the counselling of staff) and assistance with regard to preventative work or if any trends or patterns emerge.
- 4.2 Quarterly reports are provided on:
- the number and type of referrals
 - the outcome of intervention, where possible
 - user feedback supplied on a 6 month basis
 - training where provided and the numbers attending
 - costs
- 4.3 The service continuously audits it's operations and clients are asked to evaluate the service they have received (user feedback). A complaints procedure has been established in which complaints are acknowledged within 2 working days and responded to within 4 weeks. The Trust are informed about complaints, the investigation and the outcome.

- 5 **INSURANCE** :The Staff Care Service carries specific insurance for each counsellor and for the overall service.

CONTENTS

- ❖ **Introduction**
- ❖ **General Principles**
- ❖ **Managers Checklist:**
 - Introduction to Dept/Ward**
 - Terms and Conditions of Service**
 - Rules, Policies and Procedures**
 - Health and Safety**
 - Service Orientation**
 - Training and Development**
 - Staff Facilities**
 - Guidance Notes on Probationary Period**

A Guide to Departmental Induction

Introduction

This Departmental Induction Pack has been designed to supplement the Trust's Corporate Induction Programme and compliment existing departmental induction provided by managers.

The induction process marks the beginning of the relationship between the employee and the organisation and is fundamental to setting standards and patterns of behaviour.

Our induction process is made up of four key stages:

- ❖ Pre-employment (Recruitment and Selection documentation)
- ❖ Primary Induction which includes Departmental Induction
- ❖ Corporate Induction delivered through two half-day programmes
- ❖ Post Induction (Probationary Period / Personal Development Plan)

The Corporate Induction Programme introduces new employees to the mission, culture, values and core policies of the Trust.

Each new member of staff is issued with a Personal Information Handbook which can be added to as required.

General Principles

A successful Induction Programme is built on the following:

- ❖ Induction is seen by all managers as an integral part of their responsibilities and organisationally and individually accepted as the first step in the on-going development of all staff.
- ❖ Information provided should be appropriate, clear and timely enabling the inductee to effectively meet objectives.
Methods of imparting information should be tailored to meet individual needs.

The process itself should be:

- ❖ Structured, consistent and flexible.
- ❖ Designed to meet individual and organisational needs.
- ❖ Delivered in a positive, responsive and participative manner.
- ❖ Reviewed periodically to check the effectiveness of the programme.

It is important that each induction point / requirement is signed off at the appropriate time. Any follow-up action should be agreed and documented.

USING THE CHECKLIST

The checklist is presented under key headings ~~with~~ with ^{Related} action points. The list itself is not meant to be prescriptive and should be tailored to the individual requirements of each inductee and department. You may also wish to add to the list as necessary to ensure a comprehensive ^{departmental} induction.

DEPARTMENTAL INDUCTION CHECKLIST FOR MANAGERS

Name: _____ Date of Commencement: _____

Department: _____

First Steps of Induction	Person responsible for covering area with new start	Date Covered	Notes
Introduction to Department/Ward & Post			
<ul style="list-style-type: none"> • Congratulate and welcome new member of staff • Check requested documents/information, if appropriate • Complete PR and attach relevant documents: <ul style="list-style-type: none"> - P45 - Superannuation forms - educational/professional certificates - organise appointment with Personnel Department • Explain the aims and objectives of the Induction process and give them their schedule for departmental induction and Corporate Induction 			
WARD/DEPARTMENT			
<ul style="list-style-type: none"> • Introduction to team members: <ul style="list-style-type: none"> - names, roles and responsibilities - reporting structure - how the team works 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
WARD/DEPARTMENT cont.			
<ul style="list-style-type: none"> • Tour of the area, including: <ul style="list-style-type: none"> - Fire procedure/exits • Explain links with other departments/wards • Security arrangements • Communications, eg, briefing arrangements • Explain duties and purpose of post: <ul style="list-style-type: none"> - Specific responsibilities - Emphasise key success criteria - if applicable, identify performance targets - cover probationary arrangements, see appendix A 			
TERMS AND CONDITIONS OF SERVICE			
<ul style="list-style-type: none"> • Hours of duty: <ul style="list-style-type: none"> - start and finish times - does it include shifts? - is there weekend work? - is there flexi-time? - Arrangements for breaks 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
TERMS AND CONDITIONS OF SERVICE cont.			
<ul style="list-style-type: none"> • Payment of salaries: <ul style="list-style-type: none"> - when is pay day? - Where to collect pay slips - How to complete time sheets - Information about other claims • Leave arrangements: <ul style="list-style-type: none"> Annual: <ul style="list-style-type: none"> - entitlement - what period of notice is required? - How much can be taken at once? - Procedure for requesting annual leave Study: <ul style="list-style-type: none"> - what arrangements are in place? Special: <ul style="list-style-type: none"> - compassionate - carers - paternity - when is it granted? Maternity: <ul style="list-style-type: none"> - what to do if pregnant 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
TERMS AND CONDITIONS OF SERVICE cont.			
<ul style="list-style-type: none"> • Sickness notification: <ul style="list-style-type: none"> - explain important parts of procedure - what are the expectations? - How will it be enforced? - What happens if there is a breach? - Post absence interview • Confidentiality: <ul style="list-style-type: none"> - patient data - employee data - contract data - Data Protection Act - Communication with press and outside agencies • Telephone: <ul style="list-style-type: none"> - Operating the telephone - Standard response - Approved user - Claims procedure - Private calls 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
RULES, POLICIES AND PROCEDURES			
<ul style="list-style-type: none"> • Departmental standards - personal appearance - uniforms - name badges - Code of Conduct/Behaviour - Timekeeping - Holiday arrangements - Individual performance - Attitudes - Appraisal • Disciplinary Procedure explained: <ul style="list-style-type: none"> - Disciplinary rules - managers with power to take action - general rules - specific rules of department • Grievance Procedure explained: • Capability Procedure • Complaints procedure • Code of Business Conduct 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
RULES, POLICIES AND PROCEDURES cont.			
<ul style="list-style-type: none"> • Equal opportunities Policy and associated arrangements, including: <ul style="list-style-type: none"> - Job share - Career break - Harassment - Disability - Discrimination - Flexible working arrangements • Health & Safety: <ul style="list-style-type: none"> - Health & Safety Policy - Health & Safety representatives - Reporting of accidents - COSHH provisions - Skin care policy - Lifting and handling - Alcohol and Drug policy - Other • Emergency procedures • Fire instructions: <ul style="list-style-type: none"> - procedure on discovery of a fire - evacuation - procedure in the event of a disaster • Uniforms/protective clothing: <ul style="list-style-type: none"> - Rules - Replacement changing facilities			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
HEALTH & SAFETY cont.			
<ul style="list-style-type: none"> • Importance of Infection Control, (if appropriate) • Dealing with violence/potential violence - Handling violent/potentially violent situations - policy in relation to violence to staff - dealing with untoward incidents - security arrangements 			
SERVICE ORIENTATION			
<ul style="list-style-type: none"> • Individualised focused care: <ul style="list-style-type: none"> - use of telephone, including: - standard response - how to answer - taking messages/offering options - tielines - directories - useful numbers - private calls • Use of equipment: <ul style="list-style-type: none"> - computer - photocopier - fax - dictaphone - other 			

First Steps of Induction	Person responsible for covering area with new start	Date covered	Notes
TRAINING & DEVELOPMENT			
<ul style="list-style-type: none"> • Discuss training opportunities • Discuss implication of training needs and how these will be met • Reconfirm the importance of professional Codes of Practice • Advise on essential training requirements, eg, fire lecture, Aids/HIV Awareness 			
STAFF FACILITIES			
<ul style="list-style-type: none"> • Tour of the hospital • Trade Union membership • Lockers/changing rooms • Restaurant: <ul style="list-style-type: none"> - opening times • Committees and clubs 			

Please ensure that, as far as possible, all is covered within the first three months of starting work in the department/ward.

All the areas noted above have been covered as part of the induction process.

Signature: _____ Date: _____

Line Manager's signature: _____ Date: _____

PROBATIONARY CONTRACTS OF EMPLOYMENT

NOTES FOR THE GUIDANCE OF MANAGEMENT

1. Appointments are made subject to a six month probationary period.
2. As appointments are not established until the successful completion of the probationary period, the normal provisions of the Disciplinary Procedure for established employees are not applicable to probationers.
3. During the probationary period, all relevant aspects of the probationer's employment will be monitored and assessed by the manager/supervisor concerned on an ongoing basis.
4. The probationer will be advised by the manager/supervisor at the end of each month in regard to his/her progress.
5. In the event of any aspect of performance not being up to the required standard, the probationer will be advised in writing and appropriate help will be provided to facilitate improvement.
6. If it becomes apparent that he/she is not likely to reach the required standard, he/she will be advised in writing by their manager/supervisor concerned that the matter will be referred to the appropriate senior manager, which may result in ~~their employment being terminated.~~ *actions that could lead to their dismissal.*
7. A decision to terminate employment due to an unsatisfactory probationary period must be discussed with the appropriate manager and a senior Personnel Officer. *will be taken in accordance with Trust policy involving a Senior Manager*
8. ~~If at the end of the six month probationary period the probationer still does not reach the required standard, the employment will be terminated.~~ *in Senior HR manage*
9. In extreme circumstances involving very bad work performance or behaviour, the Trust reserves the right to foreshorten the probationary period.
10. On the successful completion of the six month probationary period, the probationer will be advised accordingly and his/her established employment will be confirmed in writing.
11. The principles contained in the above notes should be brought to the probationer's attention during the induction process, so that he/she is aware of all the relevant facts from the outset. Throughout the probationary period, the manager/supervisor concerned should liaise with the Personnel Department, as and when required.
12. ~~Newly promoted employees with two or more years service will be dealt with under the Capability Policy and Procedure when addressing unsatisfactory performance at work.~~

CASE STUDY 1

■ THE BODY SHOP

Interviewee	<i>Liz Payne,</i> Induction co-ordinator	Business	Manufacture and retail of cosmetics
Employees	over 1000 at Head Office	Turnover	£195.4 million
Locations	operates in over 45 countries world-wide. Head Office and manufacturing division at Littlehampton		

■ BACKGROUND

'Induction at The Body Shop's head office is based on the three principles of care, commitment and communication' says Liz Payne, induction co-ordinator. The programme strongly reflects the unique company culture, and like most things in the ever growing organisation, it is constantly developing in response to new ideas and business needs.

What started as a small shop in Brighton in 1976 is now a world-wide business expanding at the rate of one new shop opening every three days. The factory at Littlehampton is growing and diversifying to meet the increased demand for its products. Organising and developing the induction procedure there has become a full time job of increasing importance.

■ AIMS AND BENEFITS

'As the saying goes, you never get a second chance to make a first impression. All employees join with certain expectations. It is vital to meet or exceed these in order to avoid 'induction crises' and unnecessary turnover of new employees' says Liz Payne. New recruits are not treated as 'outsiders' but as part of the organisation from day one. The programme aims to make them feel 'special', to boost morale and motivation, and most of all, to be fun.

■ PRE-EMPLOYMENT

A range of information about the company is sent to new employees before they join. This explains the history and development of the company, its business goals, products and core values.

■ PROCEDURE

■ Planning

When an employee is appointed, the human resources department send the induction co-ordinator 'a new starter form', which states the employee's name, job title and manager's name. This acts as a prompt for the induction co-ordinator

to contact the manager and discuss the required content of an induction programme.

■ Personalised Programme

Following this discussion, the induction co-ordinator arranges a personal schedule of meetings for the new starter. This includes:

- a welcome
- health and safety training
- a work station assessment
- time to meet colleagues in the department
- a meeting with the human resources adviser
- a benefits meeting (these are held fortnightly to explain the company benefits available to staff)
- an introduction to the departmental environmental adviser
- 'The Body Shop Tour'
- a two day formal induction course
- computer training (when appropriate)

'It's really important not to cram everything into the first week' says Liz Payne. Instead, appointments are spread out over a number of weeks depending on the person's job requirements.

The induction schedule includes a brief description of each meeting and where it will be held. 'Attention to detail in these plans is very important, especially on things like locations'. Meetings are always held in the inductor's office to help new employees locate people in their minds.

The schedule is given to new employees on their first day in a 'Welcome Pack'. This includes such things as:

- Personal forms/information (including the 'welcome wagon'- a guide to local services for those who have recently moved to the area)
- the health and safety policy
- The Body Shop *Values and Vision* booklet
- information on campaigns
- company publications

information on IT training courses
The Body Shop environmental policy
a site map

■ 'Welcomers'

Each department nominates a 'welcomer' responsible for greeting new employees and looking after them during the first few days. A 'buddy' system is planned for the future. The new starter will be allocated a 'buddy' (not necessarily from the same department as the new employee) who will be available for a chat over a cup of coffee and to offer assistance when needed.

■ The Body Shop Tour

In the afternoon of their first day new employees are invited to join 'the Body Shop Tour' run for members of the public. The tour winds through the main research, development and production areas, passing colourful wall displays which explain processes, raw materials, products and markets.

■ The Body Shop Television (BSTV)

New employees can also learn about the organisation by watching the company news videos shown regularly on departmental monitors. Some departments allocate special times for the group to watch 'BSTV', while others require employees to fit it into their personal work plans.

■ FORMAL INDUCTION COURSE

New starters attend a two day induction course run every month. Group sizes vary from about 12-16 employees from different parts of the organisation.

The course was initially run as a series of presentations, but the induction co-ordinator and inductors are currently redesigning it to make the course more interactive, colourful and fun. For example, groups of inductees are provided with raw materials and a basic recipe to make their own shower gel. They must decide its consistency, colour and fragrance - an enjoyable way to learn about ingredients and basic processes. Inductees are then divided into two groups and asked to market their new product. One group creates displays and promotion cards, while the other writes a launch pack and training tips for sales advisers. When they have finished, each group explains their work to the other.

Product knowledge sessions include 'the smell test' in which employees are blindfolded and guess various smells of The Body Shop products. Employees are also shown the importance of clear communication by participating in group exercises.

Other presentations include a slide show on the global aspect of the business, as well as information on community projects and campaigns which employees can choose to participate in. The course ends with details of the nursery facilities on the site, followed by a presentation on 'celebrations at The Body Shop' looking forward to staff gatherings such as 'Family Day', 'Company Day' and the Christmas party.

■ Follow-up

About a month after the course each group of inductees meet again for lunch with some of the course presenters. 'This is a good way for them to keep in contact with the friends they made on the course, and of showing that the organisation does care' says Liz Payne.

■ EVALUATION

Evaluation sheets are filled in at the end of every formal course. Another evaluation sheet addressing the whole induction procedure is currently being piloted. This asks inductees for their impressions of the programme; whether they were given a warm welcome; whether their induction programme matched their needs and whether they have any further requirements.

■ TIME SCALE

The length of inductions depends on the individual and their jobs. Most employees are considered to be fully integrated into the organisation after three months.

■ BEST PRACTICE

Liz Payne explains the induction best practice points:

1. 'You have to have a caring attitude to new staff. Beginning a job is like starting at school - you need a friend to look after you, and small details are very important'.
2. 'Communication is about providing the right information in a digestible form at the right time. You should use a variety of methods and media to get your message across, and you should not bombard employees during their first week'.
3. 'You need the commitment of all parties involved. Managers and colleagues must make time to see new employees, and must not break appointments. New employees must also be committed to developing themselves. They must understand that they too are responsible for the success of the learning programme, and above all they should enjoy it!'

DOCUMENT No: 1

Organisation The Body Shop
Document Company Profile

Description

4 side guide to products, sites, markets, values and financial performance (p1)



COMPANY PROFILE

In 1976 Anita Roddick opened a small shop in Brighton on England's south coast, selling 25 naturally-based skin and hair care products.

At the end of August 1994, The Body Shop has over 1,100 branches in 45 countries throughout the Americas, Europe and Asia. We sell approximately 600 different products and over 500 accessory items.

The Body Shop is not simply a manufacturer or retailer of toiletries and cosmetics. We actively attempt to minimise our impact on the environment; we promote fair trading relationships; we are against animal testing in the cosmetics industry; and we encourage education, awareness and involvement among our staff and customers.

Over the last 18 years The Body Shop has come a long way, but there is much more that needs to be done and we relish the challenges that lie ahead.

WHAT WE DO

First and foremost, The Body Shop is a retailer. Our products combine traditional wisdom, ancient herbal remedies and modern scientific research. We try to put back more than we take out. We are an environmentally responsible company. We clear up our own mess and we encourage our customers to refill and recycle our containers. Although fair trade is currently only a small part of what we do we are committed to developing such relationships with communities in need around the world. Our policy on animal testing means that we never test or commission others to test our products or ingredients on animals.

As of 31 August 1994, our range consists of approximately 600 products and over 500 accessory items. In the 6 months prior to 31 August 1994, we introduced 66 new and relaunched products, including Herbal Hair Colours, Speak Out Lip Balms, Refreshing Foot Spray, Strawberry Bubbles, Cover and Block.

Our best-selling products worldwide include: the White Musk range, Cocoa Butter Hand and Body Lotion, Vitamin E Cream, Banana Conditioner, Peppermint Foot Lotion and Black Mascara.

Our raw ingredients come from all over the world. The Kayapo Indians in Brazil, for example, produce Brazil nut oil for our Brazil Nut Conditioner. Last year we purchased over 2 tonnes of virgin oil from the Kayapo.



SAVE AND RECYCLE

DOCUMENT No: 1

Organisation The Body Shop
Document Company Profile (p2)

WHAT WE CARE ABOUT

Environmental Stewardship

The Body Shop's primary environmental goal is to maximise sustainability. The UK Environmental Department is now incorporated into the Ethical Audit Department which maintains and updates policies and procedures on environmental protection and information. It also audits and documents the application of these policies and procedures throughout The Body Shop and provides reports for internal and external publication based on the audit procedures. The most significant of these reports to date are The Green Books, three independently verified statements which chronicle the company's actions toward minimising the impact on the environment at every level of our operations.

Fair Trade

We believe in fair trade rather than free trade. We encourage change by sourcing ingredients and extending sustainable trade with indigenous peoples and communities in need wherever possible. Currently our fair trading partnerships exist in Nepal, India, Brazil, Mexico, Russia, Bangladesh, Ghana, Zambia and the United States.

Against Animal Testing

Being against animal testing is one of the core values of The Body Shop. We do not test our products or ingredients on animals. Nor do we commission others to do so. We never have and we never will. The creation of our Animal Protection Department underlines The Body Shop's commitment to ending animal testing in the cosmetics industry by running in-store campaigns and lobbying governments and official bodies. We use alternative tests where available and help fund the development of yet more. We work with leading animal protection organisations for a complete ban on animal testing of cosmetic ingredients and products and our vigilant policing of suppliers keeps the against animal testing issue at the forefront of their minds.

Community Action

The Body Shop's employees world-wide support over 600 projects. Our community action ranges from conservation work to providing massages and counselling to AIDs sufferers.

Since June 1990, over 300 volunteers - 200 of them employees of The Body Shop - have worked in Romania on our Eastern European Relief Drive. In September 1992 we campaigned to create a home for orphaned children to grow up together in a family environment until the age of 16. Work has started on a home for children with special needs in Korce, southern Albania. We continue to research ways to extend our commitment to children across Eastern Europe.

HOW WE ARE DOING

Annual figures for the year to 28th February 1994

Turnover: £195.4m, up 16%

Pre-tax profits: £29.7m, up 38%

Adjusted pre-tax profits (excluding profit on sale): £28.6m, up 33%

Earnings per share: 10.3p, up 39%

Adjusted earnings per share: 10.1p, up 36%

Net dividend: 2.0p, up 18%

Group net assets: £96.9m (1993: £82.2m)

Net borrowings: £11.8m (1993: £28.5m)

Net gearing: 12% (1993: 35%)

3

DOCUMENT No: 2

Organisation The Body Shop
Document New Starters Information

Description

New starter form for induction coordinator and welcome letter



From: Liz Payne
Induction Co-Ordinator

To:

Dear

Firstly, on behalf of the Training Department, I would like to extend a warm welcome to The Body Shop. In order for you to settle into your new role, and become acquainted with our organisation, we have put together an induction programme for you, which is attached.

I have listed the appointments that have already been made for you, and no doubt more will be made in due course! If you have any queries regarding these, or would like further information on your induction training, please do not hesitate to telephone either myself on extension 7034, or your Human Resources Department.

I look forward to meeting you in due course, and wish you well in your new job.

Liz Payne
Induction Co-Ordinator

NEW STARTERS (PERMANENT CONTRACTS)

**Please complete the top half of this form and return to Liz Payne, Induction Co-ordinator, Training Dept.*

Name:

Job Title:

Department:

Site Location:

Manager:

Extn:

Start Date:

Relocation - Yes/No (delete as appropriate)

Job Description - Attached - Yes/No (delete as appropriate)

HR Advisor:

Induction Requirements - To be completed by the Training Dept.

DOCUMENT No: 3

Organisation The Body Shop

Document Personal Induction Programme (p1)
Description Extract from a new employee's personal schedule

THE BODY SHOP INDUCTION FOR

Mon 20 Feb

- 9.00-9.30 Mark Barrett - Welcome
- 9.30-10.00 Anne Thomas - Tour of Building
- 10.00-11.45 Anne Thomas and Gill Lowden - Introduction to the department.
- 11.45-12.00 Peggy Baker
Peggy will conduct your health and safety Training.
- 12.00-12.15 Ellie Markey - HR Administrator
Ellie will go through the procedures for ordering stationery and general office policies.
- 12.30 - 13.30 Lunch with Ellie, Anne, Gill and Tracey.
- 15.00 - 16.30 The Body Shop Tour
Please be at The Trading Post by 14.50hrs.

LOCATION:

Corp HR,
Gd Floor, Bldg 7

Corp HR,
Gd Floor, Bldg 7

The Trading Post

Tues 21 Feb

- 9.00-10.00 Mark Barrett
Introduction to Company-wide HR.
- 10.00-11.00 Hilary Stevenson - HR Manager - Career Development, Recruitment and Performance Management.
Hilary will outline the objectives of performance management, career development and recruitment.
- 11.00-12.00 Vicky Whitworth - HR Manager, Watersmead Supply
Vicky will explain the structure of the Watersmead Supply HR Department, and the roles and responsibilities of that function.

Supply HR Dept.
Top Floor, Bldg 6

Supply HR
1st floor, Bldg 6

WATERSMEAD SUPPLY

DOCUMENT No: 3

Organisation
Document

The Body Shop
Personal Induction
Programme (p2)

14.00-15.00

Sue Belgrave - Company Culture

Sue's areas include nursery/childcare facilities, project coordination and celebrations.

Corporate HR Dept.
Ground Floor, Bldg 7

Weds 22 Feb

9.00-10.00

Monica Newton - Working Practices Manager

Monica will explain her role within the HR department, working practices, policies and equal opportunities.

Supply HR Dept.
Top Floor, Bldg 6

12.00-12.30

Environmental Awareness Training.

With Gill Lowden (Department Environmental Advisor - "DEA")

Corporate HR Dept.
Ground Floor, Bldg 7

12.30-13.45

Lunch with Jean Floodgate - Head of Training and Development

Jean's role is to promote a clear directory framework and plan for training and development activities across the Head Office, Manufacturing and Supply related areas of the company (i.e. all UK operations other than retail-based training and development activities).

Thurs 23 Feb

9.30-12.30

Human Resources Coordinating Group (HRCG)

Hilary's office

16.00-17.00

Audrey Robinson - UK Retail HR Manager

Provides a personnel service for company and partnership shops from recruitment to all aspects of employee relations. Also provides an advisory service for franchisees in the UK.

2nd floor, Bldg 7

Fri 24 Feb

9.30-11.00

Sue Eilfield - HR Manager Cos-tec

Sue will explain the history of Cos-tec, her role and responsibilities as Human Resources Manager and past training and development within Cos-tec.

Sue will also give you a tour of Cos-Tec.

1st floor, Cos-Tec

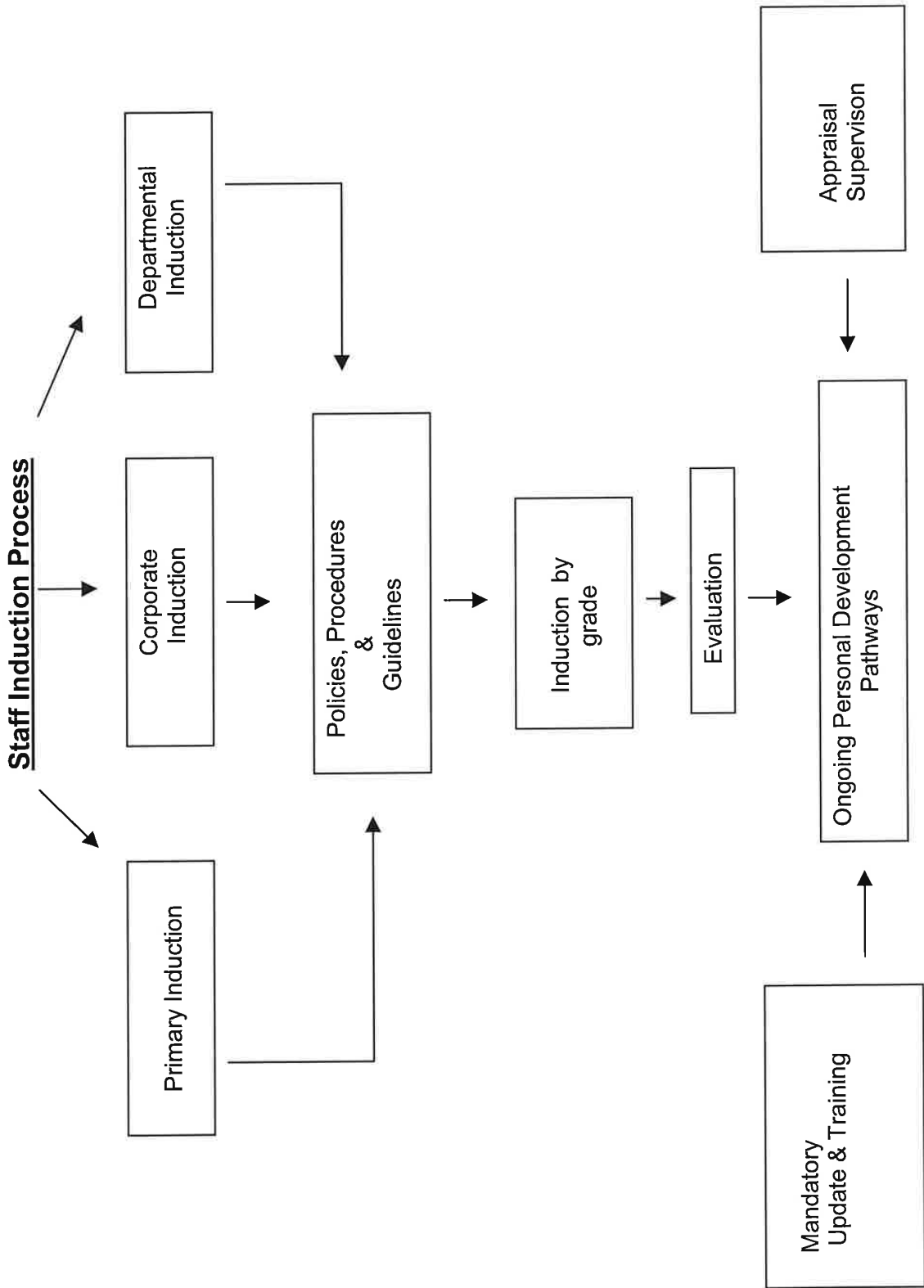
Core Principles of the Staff Induction Process

- Protected Time will be assured (as appropriate) until the individual is competent to undertake the full role and responsibilities of the post. It will be recognised that this varies with individuals in terms of previous experience, training and development.
- The Core elements of competence to be achieved before undertaking the roles and responsibilities will be detailed within the induction programme. Such core competencies must be time tabled. Other elements of induction may remain ongoing and will be reviewed through other mechanisms such as supervision and appraisal after the initial induction has been completed.
- Induction must be evaluated with mechanisms for individuals to be assessed and to provide feedback on the process.
- The induction process will form a pathway which will, (where available) be one of continuous personal and/or professional development.
- The induction programme must be customised for each service area, grade of staff and profession.
- Induction must be supported within a mentorship framework which in turn must facilitate and provide training for the mentoring role.
- The role and responsibilities of the managers must be clearly documented within each induction programme.
- Each induction programme will have clear details as to who is responsible for each aspect of its provision. Each must be signed and completed when appropriate. In some circumstances this may indicate the achievement of levels of competence. When this is the case, this must be specified and must be dated and signed by the mentor, or whoever is responsible for this part of the programme. If review is needed, timescales for this must be specified.
- The duties, roles and responsibilities of individuals in relation to their employment must be specified within Corporate and Departmental guidelines.
- Induction programmes must be facilitative and dynamic in their approach to meeting the needs of individuals. Various, models which facilitate learning must be considered and some evaluated e.g. shadowing, alternative placement etc.
- Individuals must be afforded the opportunity to provide feedback within a nurturing environment and non blame culture.

- The Trust will support the process with various training and development opportunities
e.g.
 - Modular Training
 - Shadowing across various service areas, programmes of care and disciplines
 - Service Level Agreements with appropriate educational establishments

Induction Programmes will provide data on the following,

- Guidance for
 - Line managers
 - employees
- Trust and Departmental Policies, Guidelines and Procedures
- Corporate and Service Structure
- Core Competencies and mandatory training, including samples and guidance on their use
- Documentation used within the service
- Record of course/training programmes
- Supervision Data
- Business Continuity Guidelines
- Out of Hours Support for Staff including cover by staff normally working in other areas
- Street maps
- Bank/Agency staff – availability, access to relevant data – The induction needs of this group must be clearly addressed
- Health & Safety
- Equipment to be provided which is suitable for the practicalities of the post
- General information relative to the post
- Standards for Service Provision



Induction Checklist for Managers

Name _____

Commencement Date _____

Department _____

Induction Stage	Content	Person Responsible	Date Covered	Notes
Corporate (Post Recruitment)	<ul style="list-style-type: none"> • Received "Welcome Pack" • Attendance at Corporate Induction • Complete new start documentation: P46, Superannuation details etc 	<p>Line Manager to check that this stage completed.</p>		
Departmental (Introduction to Programme/Department/ Ward & Post)	<ul style="list-style-type: none"> • Congratulate and welcome new member of staff • Explain the aims and objectives of the induction process and present with departmental induction programme • Consider special requirements e.g. Non UK Staff, Disability Issues etc • Introduction to team members: names, roles and responsibilities • Reporting structure • Tour of the area including: Fire procedure/exits • Explain links with other programmes/depts/wards • Security arrangements • Communications, e.g. briefing arrangements • Explain duties and purpose of post: <ul style="list-style-type: none"> - Specific responsibilities - Highlight key success criteria - Explain supervision process • Hours of Duty: <ul style="list-style-type: none"> - Start and finish times - Type of Rota - Week-end working - Flexi-time - Arrangements for staff breaks • Payment of Salaries/Wages: <ul style="list-style-type: none"> - When is pay day? - Distribution arrangements - How to complete time sheets - Travel/mileage claim - Other financial matters 			

Induction Stage	Content	Person Responsible	Date Covered	Notes
<p>Departmental (General Terms and Conditions)</p>	<ul style="list-style-type: none"> • Leave arrangements: <ul style="list-style-type: none"> - Annual Leave: - entitlement - issue of leave card - applying for leave - notice required - How much leave can be taken at once? Special Leave: <ul style="list-style-type: none"> - compassionate - maternity/paternity - carers Study Leave: <ul style="list-style-type: none"> - Professional Courses - Personal Development Sick Leave: <ul style="list-style-type: none"> - notification arrangements - medical referrals - return to work interviews • Confidentiality: <ul style="list-style-type: none"> - Patient/client/staff information - Data Protection Act - Media contact/outside agencies - Whistle blowing • Departmental standards: <ul style="list-style-type: none"> - Personal appearance - Uniform - Name badges - Code of Conduct/Behaviour/Attitude - Timekeeping - Holiday arrangements/Service cover - Review of Performance 			

Induction Stage	Content	Person Responsible	Date Covered	Notes
Departmental (Rules, Policies and Procedures.)	<ul style="list-style-type: none"> • Disciplinary Procedure explained: <ul style="list-style-type: none"> - Department rules/standards explained - Departmental policies/procedures explained - Alcohol Policy • Grievance Procedure explained • Capability Procedure explained • Complaints Procedure explained • Code of Business Conduct • Equal Opportunities Policy/ Family Friendly Policies: <ul style="list-style-type: none"> - Flexible working arrangements - Bullying/Harassment Policy - Personal behaviour (avoiding discriminatory practice) • Health & Safety: <ul style="list-style-type: none"> - Health and Safety Policy highlighted - Health and Safety Reps - Specific health and safety protocols explained - Reporting of accidents - COSHH provisions - Lifting & Handling • Emergency procedures: <ul style="list-style-type: none"> - Violence to Staff Policy - Security arrangements - Dealing with aggressive/potentially violent situations - Staff Support Service • Fire Safety Precautions: <ul style="list-style-type: none"> - Fire drill/instructions - What to do if fire starts - evacuation etc - Other major incident occurrence • Uniforms/Protective Clothing <ul style="list-style-type: none"> - rules - Replacement items - Changing facilities - Importance of infection control 			

Induction Stage	Content	Person Responsible	Date Covered	Notes
Departmental (Corporate Service Standards)	<ul style="list-style-type: none"> • Consumer Care Standards - Staff Guidelines : <ul style="list-style-type: none"> - Reception/Waiting area - Telephone standards - Visiting patients/clients/users in their own home - Consumer complaints - Internal consumer care standards • Trust and personal requirements: <ul style="list-style-type: none"> - Advise on essential training requirements e.g. fire lectures, Aids/HIV awareness - Discuss training opportunities and how they will be met - Professional Codes of Practice • Trade Union/Staff Association Membership • Lockers/Changing Rooms • Catering Facilities • Social/Recreational Facilities/Services 			
(Training and Development)				
(General Points)				

The content in this checklist should, as far as possible, be covered during the first three months of starting work in the department/ward.

I confirm that all areas highlighted above have been covered as part of my induction into the department/ward.

Signature _____ Date _____

Line Manager's signature _____ Date _____

MMWINROSENA'SMACHINE/TRAINPRO

**NORTH AND WEST BELFAST
HEALTH & SOCIAL SERVICES TRUST**

STAFF DEVELOPMENT PROFILE

Name:

Post Held:.....

Date of entry to present post:

Date of Completion of Profile:

CONFIDENTIAL

SECTION A: General Information

EDUCATION (Please list any educational qualifications held eg CSE, 'O/A' Levels, Certificates, Degrees)

WORK EXPERIENCE (Please list any previous work experience)

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TRAINING (Please list any training courses you have attended)

SPECIAL INTERESTS /EXPERTISE (Please note any interests, knowledge and/or skills which you could share with others)

CONFIDENTIAL

SECTION B: Career Development

CAREER GOALS (Please make a statement about how you would like to see yourself in twelve months time eg working/specialising in particular areas, working with particular groups, being more skilled/ knowledgeable about particular aspects of your work.

DEVELOPMENT ACTIVITIES (Please make a statement about the kind of assistance/opportunities you feel are necessary to enable you to achieve your stated career goals)

OTHER COMMENTS

Signed.....

Date.....

profile.doc

**NORTH & WEST BELFAST
HEALTH & SOCIAL SERVICES TRUST**

STAFF DEVELOPMENT ACTION PLAN

NAME:

POST HELD:

STAFF DEVELOPMENT ACTION PLAN

1. A Development Action Plan is a simple statement in writing of realistic objectives agreed between a Manager and a Team Member for the development of the latter. It should be subject to a periodic review in order to monitor progress.
2. The term 'development' should in this context be interpreted broadly to include the development of professional skills as well as personal development.
3. The plan should be practicable and should concentrate on one or two important areas.

AIM:		ACTION BY STAFF MEMBER:		ACTION BY MANAGER:		ACHIEVEMENT DATE:	
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Signature of Staff Member:

Signature of Manager:

profile.doc

North & West Belfast Health & Social Services Trust

INTRODUCTION

THE TRAINING AND DEVELOPMENT SECTION WITHIN THE HUMAN RESOURCES DEPARTMENT HAS PLANNED A NUMBER OF TRAINING / DEVELOPMENT OPPORTUNITIES.

THIS BOOKLET HIGHLIGHTS SEVERAL CORE COURSES, HOWEVER, WE CAN ALSO PROVIDE A NUMBER OF OTHER DEVELOPMENT OPPORTUNITIES E.G. TEAM BUILDING , APPRAISAL SKILLS, EMPLOYEE COUNSELLING AND INDIVIDUALLY TAILORED COURSES TO MEET SPECIFIC NEEDS.

NOMINATIONS

ALL APPLICANTS MUST COMPLETE A NOMINATION FORM AND OBTAIN THE APPROVAL OF THEIR LINE MANAGER. (APPENDIX A)

COMPLETED FORMS SHOULD BE RETURNED TO :

HUMAN RESOURCES DEPARTMENT
TRAINING AND DEVELOPMENT SECTION
GLENDINNING HOUSE
6 MURRAY ST
BELFAST FAX NO. 439541

STARTING / FINISHING TIMES

ALL COURSES WILL COMMENCE AT 9.30 AM AND GENERALLY FINISH AT 4.30 PM

INFORMATION ABOUT COURSES / DEVELOPMENT OPPORTUNITIES CAN BE OBTAINED FROM MARGARET GOODALL OR BERNARD MADDEN AT THE ABOVE ADDRESS.

North and West Belfast Health and Social Services Trust

HUMAN RESOURCES DEPARTMENT

SELECTION AND INTERVIEWING COURSE

Policy, Procedure and Practice

DAY 1

Purpose and Objectives of the Recruitment and Selection Process

Equal Opportunity : Legislation and Policy

Key Documents: Descriptions and Person Specifications

Shortlisting Procedures

Interview Preparation

DAY 2

Interview Panels: Roles, Documentation, Procedures

Assessment and Scoring

Guidelines for Conducting the Interview

Skills for Interviewers

Summary and Conclusion

North and West Belfast Health and Social Services Trust

HUMAN RESOURCES DEPARTMENT COURSE CIRCULAR

SELECTION AND INTERVIEWING TRAINING COURSE

Policy, Procedure and Practice

**Course 1. Tuesday 11th, Wednesday 12th February 2003 Fostering Centre
Glendinning House (9.00-4.00)**

**Course 2. Friday 21st February 2003 (½ Day Refresher) Fostering Centre
Glendinning House (9.00 – 1.00)**

**Course 3. Wednesday 19th, Thursday 20th March 2003 Meeting Room Muckamore
Abbey Hospital (9.00 – 4.00)**

It is the policy of the Trust that all staff participating in selection & interviewing must attend a 2- day training programme before sitting on a selection panel.

Staff who previously received training 5 years or more (and have not attended an update) will also be required to attend the 2-day Training programme.

To: Human Resources Dept., Glendinning Hse.

I wish to nominate the following staff for the Selection & Interviewing course(s) on:

- A. Tuesday 11th, Wednesday 12th February 2003,
- B. Friday 21st February 2003 (½ Day Refresher)
- C. Wednesday 19th, Thursday 20th March, 2003

Name	Grade	Location	Course
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Managers Signature.....

DISCIPLINARY AND GRIEVANCE PROCEDURES - THE MANAGER'S ROLE

DESIGNED FOR

Supervisors and managers who require a knowledge of the Trust procedures and good practice in dealing with discipline and grievance situations.

COURSE LENGTH

1 Day 9.30 am - 4.30 pm

BENEFITS OF ATTENDING

This course covers both the formal and informal roles of the line manager and Human Resources in managing discipline and grievance issues and in particular the line manager's role in promoting good employee relations on a daily basis.

By the end of the course you will be able to:

- Understand your role and responsibility in implementing the Trust's Grievance and Disciplinary Procedures.
- Respond appropriately to staff grievances and disciplinary issues
- Know how to carry out a disciplinary investigation.
- How to prepare and present a management case at formal hearings.

CONTENT

- Managers role in implementing procedures
- Resolving grievance issues informally
- Dealing with formal grievances
- Panel process and procedure
- Evaluating cases presented
- Informal v Formal
- Conducting an investigation
- Preparing a formal presentation
- Procedural issues
- Disciplinary Penalties

Applications should be made on the attached nomination form and returned to:
The Human Resources Department
Glendinning House
6 Murray Street
Belfast
BT1 6DP

North and West Belfast Health and Social Services Trust

HUMAN RESOURCES DEPARTMENT COURSE CIRCULAR

Disciplinary & Grievance Procedure – The Manager’s Role

Policy, Procedure and Practice

I wish to nominate the following staff for the above course on:

Course A – Friday 4th April, Training Room, Fostering Centre, Glendinning House

Course B – Thursday 10th April, Small Board Room, Glendinning House

Name	Grade	Location
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Managers Signature.....