



Staff Handbook

Contents	Page
Handbook Introduction, history of Claremont and Holyport, Key Staff	4
Accidents at Work	4
Absence Notification	4
Adverse Weather	5
Adoption Leave Guidance	5
Alcohol and Drug Misuse	8
Annual Leave	8
Appraisal Process	9
Benefits – including NHS	11
Bribery and Corruption Policy	12
Bullying and Harassment Policy	13
Car and Parking Policy (personal vehicle for business purposes)	17
Clear Desk Policy	18
Compassionate and Dependent leave	18
Computer, Internet Social Media and E-mail Policy	19
Communications with the Media	21
Conduct and Standards	21
Confidentiality	22
Data Protection	22
Disciplinary Policy and Procedure	23
Employment Checks Guidance	26
Equalities and Diversity	27
Eyesight Tests	27
Fire Safety	28
First Aid	28
Flexible Working	28
Facilities and use of work premises and resources	29
Grievance Policy and Procedure	29
Health and Safety	32
Hepatitis B Status	32
HIV/Aids Policy	33
Home Working Guidance	33
Hours of Work	34
Information Governance	34
Induction Policy	34
Lone worker Guidance	35
Management of Change Policy	38
Manual Handling	42
Maternity Policy	43
Medical/Dental Appointments	46
Mobile and Telephone usage	46
Openness - Duty of Candour	46
Overtime/ Additional Hours	47
Paternity leave – Statutory	47

Contents (continued)	Page
Parental leave (Unpaid Leave)	49
Parties and Social Events	50
Pensions	51
Personal Property	51
Personal Details and Next of Kin	51
Personal Mail and Parcels	51
Practice Meetings	51
Professional Registration and Indemnity	51
Public Duties and time off to attend court	52
Recruitment and Selection	52
Religious Observances	53
Reservist Duties	53
Sabbaticals	53
Safeguarding	53
Secondary Jobs	54
Shared Parental Leave	54
Sickness Reporting /Absence Management Policy	55
Social Media Policy	58
No Smoking Policy	62
Staff and Families as Patients	62
Statutory and Mandatory Training	62
Stress	62
Timekeeping	63
Training policy/study leave/CPD	63
Uniform policy/dress code	66
Use of Practice Resources	67
Whistleblowing	67
Work Capability (Performance)	69
Other Policies and Documents	71

INTRODUCTION

The Partners of Claremont and Holyport Practices are keen to provide clear employment information for all members of staff. This Handbook provides general information about working at the Practices and an outline of the policies we follow to ensure everyone is treated fairly in relation to work place issues. In addition, there are a number of additional policies that may be relevant to your employment which are listed on the last page and these are available separately.

Your attention is also drawn to your contract of employment (terms and conditions) and your job description which will also provide essential information about what is expected of you at work.

This Handbook and Practice Policies are not intended as contractual documents and we reserve the right to amend the Handbook and Practice Policies at any point in the future, to ensure they are kept up to date with any legal or organisational changes.

The Handbook is intended for use by all staff groups although your contract of employment may provide additional information in relation to your own employment, that is not contained within the Handbook.

Your contract overrides the information contained in the Handbook.

Claremont and Holyport Practice

We are a six partner Practice and our aim is to offer a caring efficient and patient focused service, supported by the appropriate use of technology. We place particular emphasis on clinical excellence, patient access, team working and providing a quality service for patients.

We are an approved Training Practice and participate in the advanced training for fully qualified Doctors in their chosen speciality of General Practice and adult nurse training.

Practice History

Claremont and Holyport Practices merged and began working together as one Practice in April 2011.

Claremont Surgery has been situated in the town centre since 1895 and moved to its Grade II listed Georgian building in 1991.

Holyport Surgery is situated three miles outside of the Maidenhead town centre in the village of Holyport.

Key Staff

Partner	Dr Perihan Colyer	
Partner	Dr Ian Nock	
Partner	Dr Huw Thomas	
Partner	Dr Kiran Judge	Staff Partner
Partner	Dr Sarah Smart	
Partner	Jane Wardle	
Practice Business Manager	Scott Ridley	
Patient Services Lead	Karen Powell	
Admin Lead	Tracey Lemon	
Finance and Pensions	Steve Boddy	
Safeguarding Lead	Dr Hannah Casson	
CQC Registered Person	Jane Wardle	
Caldicott Guardian	Scott Ridley	
Data Protection Officer	Laura Taw (SCWCSU)	

ACCIDENTS AT WORK

If you are injured as a result of an accident at work you must make sure that it is entered in the accident book as soon as is reasonably practicable. An accident book is held on each site.

If your injury is of a more serious nature, or it results in you being detained in hospital for more than 24 hours, or being away from work for more than 3 consecutive days, you must inform your line

Manager as soon as possible. The Practices' have a duty by law to report such an Incident to the Health and Safety Executive without delay.

Further advice may need to be sought from the Practice Business Manager in terms of further reporting (e.g. via the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 - RIDDOR) or in respect of serious injury or disease.

ABSENCE NOTIFICATION FOR ANY REASON (OTHER THAN MATERNITY LEAVE)

Whenever you are absent from work, you must verbally notify your line Manager in person as soon as you are aware you will be absent using telephone number 01628 854160

You should confirm the reason for your absence and the dates you expect to be absent, if longer than one day. On your return to work you will be required to complete an absence notification form meet with your Manager for a return to work interview and if absent for seven days or more provide a Fit to Work statement from your GP or consultant. If the absence is planned, such as for time off for antenatal care, or for elective surgery, you should give as much notice as possible to your Manager to help them to arrange adequate cover.

Notification of absence should be directly to your line Manager at least half an hour before your expected start time and **not by text, Whats app or email**. If your line Manager is unavailable at the time of your call you should leave a message and you should expect the line Manager or their deputy to call you back, as soon as is practicably possible, to ensure they record the required details. Information will be recorded for pay purposes and absence management and the next contact will be arranged, if you are expecting to be absent for more than one day.

Failure to comply with these procedures may affect your entitlement to pay for the period of your absence. In addition, unauthorised absence may result in disciplinary action being taken. Please refer to the appropriate Policies or guidance for further information.

ADVERSE WEATHER OR TANSPORT DISRUPTION

The Practice recognises that from time to time difficulties arise such as adverse weather or other transport disruption, which may hinder or prevent employees getting to their place of work. Fortunately, such occurrences are rare. We will try to be reasonable in these cases but we have an obligation to provide essential services to our patients and therefore must ensure that where reasonable and possible the Practices are manned and open.

Whilst the Practice recognises such difficulties may occur, you are expected to make every reasonable effort to report to your normal place of work at the agreed time. If you are unable to do so, or you are going to be late, please keep your line Manager up dated. Where you are unable to get to work, your case will be considered on its' own merits.

You should be able to provide evidence that you have made every effort to get to work.

If the Manager believes it was not possible for you to attend work then you will not be penalised in terms of having to lose pay, take holiday or make up the hours at a later date. You may be asked to work from home. If you do not attend work but it is believed it would have been possible for you to do so, then you will be required to take annual leave, make up the time at a later date or lose pay. If you are able to attend the other Practice then you should attend that site.

If the disruption occurs on a day that you would not normally be at work but you would be able to attend one of the Practices to support the Practice to open, we would welcome an approach from you to offer your services.

ADOPTION LEAVE AND PAY

Entitlement to Ordinary and Additional Adoption Leave and Pay

Statutory Adoption Leave is available to employees (whether male or female) who are notified that they have been matched with a child for adoption either from the UK or overseas. The child may be

of any age up to 18. The right to ordinary and additional adoption leave is available if you have been personally matched with a child for adoption or if you are one of two people who have been jointly matched with a child for adoption. Adoption Leave, however, is only available to one of the parents of the adopted child. It is up to you to decide which parent will take the adoption leave. In these circumstances the other parent may be entitled to Paternity Leave or you may choose to use Shared Parental Leave.

Qualifying Conditions

To qualify to take up to 52 weeks' adoption leave you must:

- in the case of a child adopted from the UK, have been continuously employed for 26 weeks or more by the Practice by the end of the week in which you were formally notified by an approved adoption agency of being matched with a child for adoption,
- or**
- in the case of a child adopted from overseas, have been continuously employed for 26 weeks or more by the Practice by the end of the week you received official notification from the relevant domestic authority.

Notification Procedure

In order to exercise your right to adoption leave, if you are adopting a child from the UK, you must:

- Notify the Practice within 7 days of having received the official notification from the authorised adoption agency that you have been matched with a child for adoption.
- You may use the Absence Notification Form shown in Appendix A of the Attendance Management Policy for this purpose.
- Produce documentary evidence from the adoption agency in the form of a "matching certificate"
- Advise the Practice of the date on which the child is expected to be placed with you for adoption and the date you wish your adoption leave to start. (This can be the date of the expected placement or up to 14 days before the expected date of placement).

If you are adopting a child from overseas you must:

- Notify the Practice within 28 days of receiving official notification from the relevant domestic authority that you wish to take adoption leave in writing or by email
- Provide the original copy of the notification form so that a copy can be retained on file.
- Once the child enters Great Britain you must give the Practice at least 28 day's notice of the date on which the adoption leave is to start as well as confirmation of the child's arrival such as a plane ticket or entry clearance certificate.
- Within 28 days of being notified of the date you wish to take your adoption leave and confirmation that you are eligible, we will write to you setting out the date in which you would be expected to return to work if your full entitlement to adoption leave is taken. This date will fall 52 weeks after your adoption leave begins.

Shared Parental Leave

Qualifying adopters may choose to end leave early and exchange it for Shared Parental Leave and Pay. They and their named partner need to decide how they want to share this entitlement. Two weeks of paid Paternity Leave continues to be available to qualifying fathers or the partner of a mother or adopter. (male or female)

Statutory Rights During Adoption Leave

If you choose to take the period of additional adoption leave you have the following rights:

- to be offered suitable alternative employment if made redundant during ordinary or additional adoption leave

- to the continuation of all contractual rights except pay, throughout adoption leave
- to return to work after ordinary adoption leave
- to not be dismissed, selected for redundancy, or subjected to any other detriment as a direct result of exercising or asserting your rights to adoption leave

Reasonable Contact

We will endeavour to maintain reasonable contact with you if you are on adoption leave. This may be for example to discuss your plans for returning to work or to provide you with updates on developments within the Practice or any changes that are planned which may affect you.

Keeping in Touch Days

This allows you to come into work, should you so wish, for up to 10 days, which may be separate or in a single block, whilst on adoption leave, without losing any statutory adoption pay or triggering the end of the adoption leave period. There is no obligation for Practice to offer work to you nor can we insist that you come in. There is no obligation for you to take it or ask for it.

For KIT days to work both yourself and the Practice have to agree:

- that you will do some work
- the type of work, such as attending a training course
- the amount of remuneration you will be paid in respect of the work done (this will usually although not always be at the same rate of pay for which you were paid prior to the adoption leave)
- Each occurrence counts as one day even if it is not a full day at work, and you will normally only be paid for the hours you complete. (see also Shared Parental Leave In Touch days)

Early Return to Work

If you wish to return to work prior to the expiry of the full period of adoption leave, you must notify The Practice of your proposed early return date at least **8 weeks** before the date in question. If you fail to do so then whilst we will always try to accommodate you, due to commitments we have made to other people, to cover your work, we may have to delay your return. This could be until the 8 weeks has elapsed or until the date on which you would otherwise have been due to return, whichever occurs sooner.

Resignation

If you decide not to return to work after ordinary or additional adoption leave you must give the Practice notice as per your contract of employment to terminate your contract. This can include notice over the period of leave itself.

Disrupted Placement in the Course of Adoption Leave

If after you have begun your adoption leave the expected placement does not occur for whatever reason, your leave period will end 8 weeks after the start of the ordinary adoption leave period. If the placement did take place and the disruption occurred later, then your adoption leave will finish 8 weeks from the end of the week in which the disruption took place.

Statutory Adoption Pay (SAP)

If you qualify for adoption leave and have earnings equal to or greater than the lower earnings limit for National Insurance contributions purposes, you will normally qualify for up to 39 weeks' statutory adoption pay during your ordinary adoption leave period.

Accrual of Annual Leave whilst on Adoption Leave

During any period of adoption leave members of staff will continue to accrue annual leave in the normal way as if they had been at work.

ALCOHOL AND DRUG MISUSE

The Practice is committed to protecting employees from the potential dangers to the health and safety of alcohol and drug users and their team members of alcohol, drugs and other substance misuse and to encourage those with an alcohol and/or drug problem to seek help.

Principles

The Practice treats drug and alcohol dependency primarily as a health problem that requires special treatment and help. There may however be instances where the organisations disciplinary policy is invoked in cases of misconduct.

The Practice will maintain the strictest confidentiality when dealing with individual members of staff, within the limits of what is practicable and also within the law.

You must not consume alcohol or drugs at any time while at work or have consumed them prior to attending work where it may impact on your ability to work or drive to your place of work. You must not take or use drugs or alcohol during rest or meal breaks spent at or away from the premises as part of your normal working day or if on call.

Exceptions apply to drugs prescribed for the individual or over the counter medicines used for their intended purpose and in accordance with manufacturers' instructions and where the safety of the individual or others with whom they come into contact, is not compromised. If in doubt please seek advice. If your prescribed drugs indicate there may be some side effects that may impact your ability to undertake your work safely you must inform your line Manager before starting work.

If you are suspected of being under the influence of alcohol or illegal drugs while at work, you may be required to be tested via a health provider and suspended from work while this is undertaken. If the test is positive you will remain on suspension. This could also result in dismissal due to capability or misconduct in line with the organisations disciplinary procedure.

If you are suspected of having an ongoing alcohol or drugs problem you will be monitored and counselling support provided. If it is considered there is a risk to yourself or others this matter may be dealt with via the disciplinary process under capability and/or misconduct. If despite the support there is no improvement or if there is a serious risk to yourself or others, to patient care or premises, or you are incapable of working, you may be dismissed.

ANNUAL LEAVE

Your holiday entitlement is contained in your contract of employment.

The Holiday year runs from 1st January to 31st December each year.

Whilst the Practice will endeavour to allow holiday requests, we must ensure that there is adequate cover to meet the operational needs of the business at all times. Holiday will therefore be granted according to the needs of the business and the services we provide. Leave should be used across the year to ensure your health and wellbeing. Leave should not normally be booked, before it has been accrued.

Members of staff will be asked to complete and email an Annual Leave Request form to request leave, to their line Manager, ideally giving at least six weeks' notice, in particular to take account of rota management. In exceptional circumstances staff can ask for unplanned leave at short notice although the granting of such leave will be at the discretion of your line Manager and will be granted in line with the needs of the service.

In cases of emergency, consideration will be given on a case by case basis after discussion with your line Manager. School holidays are particularly busy times for leave. If many members of staff were all granted holiday at the same time the level of cover could pose a threat to the services we deliver.

Application for annual leave is made by agreement with your line Manager. Please do not book a holiday before the leave has been agreed. The Practice accepts no liability for any costs incurred by individuals in respect of 'leave' (e.g. holidays, visits, flights or accommodation booked prior to leave being approved as per this procedure).

More than 2 weeks' annual leave will only be granted in exceptional circumstances. Approval must be obtained from the Practice Business Manager.

Holiday must be used in the current leave year and entitlement cannot be carried forward from one year to the next (except in exceptional circumstances such as long term sickness, please see below), nor will you be entitled to receive pay in lieu of any unused holiday entitlement.

In the years of commencement and termination of employment, your holiday entitlement will be calculated on a pro rata basis. Upon termination of employment you shall either be entitled to pay in lieu of any unused holiday entitlement or be required to repay to the Practice any salary received in respect of any holiday taken in excess of your holiday entitlement accrued, when calculated on a pro rata basis. This sum will be deducted by the Practice from any monies due to you on termination of your employment.

The Practice reserves the right to require you to take any unused holiday entitlement during your notice period. Your holiday entitlement includes your entitlement to paid annual leave under the Working Time Regulations 1998.

If you are off work long term (periods over four weeks) due to serious illness you may benefit from taking your holiday whilst you are off sick, for example if you are off with stress or recovering from an operation and a holiday or rest will aid your recovery. You are still required to inform the Practice and book the holiday so that your absence is recorded appropriately. You may carry over up to a maximum of your **untaken** statutory holiday and to take your holiday once you are able to return to work when you have been off sick due to long term ill health. Statutory leave is a maximum of twenty days' annual leave and eight public holidays. This applies only applies where you have not already been paid for public holidays as part of occupational sick entitlements or as normal holiday pay already taken during the year. (Please note this is pro-rata for part time staff or part year worked). Taking annual leave while off sick will not 'reset' your entitlements to occupational sick pay.

Unpaid leave for other reasons than those that are provided for by statutory rights, such as Parental Leave or Right to Request Time off for Dependents or Urgent Domestic Distress), will not normally be granted and requests must be made in writing to the Practice Business Manager, where the request will be assessed by the Partners on a case by case basis.

APPRAISAL PROCESS

Introduction

The aims of the staff appraisal process are designed to:

- Improve communications and motivation by giving you an opportunity to talk about your ideas, expectations and job progress
- Identify training and career planning needs and provide an input into available training programmes
- Review performance openly (both positive and negative aspects) and develop new targets/performance improvement indicators where required.
- Identify competencies in your job description and agree the expectation and any changes that might need to occur on a yearly basis
- Assess past and present job performance and help you realise your potential and increase the effectiveness of your role within the Practice.
- Discuss your suitability, training needs and views for job changes, aspirations or promotion

Process

- Appraisals will normally be held annually, with regular review meetings as required throughout the year

- The appraisal process centres on a meeting between your line Manager (the Appraiser) and you (the Appraisee)
- Before the meeting, you will be given an appraisal form to reflect on your last year at work and what you would like to achieve in the coming year. You will get much more out of the interview if you have put some time and effort into this preparation.
- The interview will be planned well in advance and will be in private without any disturbances where possible.
- You will also be given a form to complete the appraisee section which needs to be shared with your Manager, prior to the meeting.
- During the interview your appraiser will normally:
 - Ask questions to encourage you to give a full answer (rather than just yes or no)
 - Review your job description and ensure you have a mutual understanding of the expectations
 - Review training and development undertaken by you since your previous appraisal
 - Assess your progress with regard to the objectives set at your previous appraisal
 - Give you feedback on your last year and acknowledge successes
 - Identify areas for improvement and for development and training
 - Set objectives for the next appraisal period
- Following your appraisal, your Appraiser will complete an Appraisal Summary Form and give this to you to read and comment on. This will identify your training plan and objectives for the forthcoming year. You can discuss this with your Appraiser and agree any aspects that may require further clarification. The Appraisal Summary form and any other relevant information will be lodged in your personnel file.

Throughout the Year:

It is advisable for both the appraiser and appraisee to make notes on the tasks and objectives set for the appraisee and the corresponding level of achievements using the Appraisal Summary to refer to. This should supplement the ongoing process of performance management informing staff of their progress as part of the normal working relationship. The appraisal summary should be used as a dynamic document and not one that is only picked up at the end of the year.

The Appraisal Procedure for Health Professionals

Health Professionals require registration with an appropriate body in order to practise and have to undergo periodic re-validation to maintain their licence to practise (*refer to “Continuing Professional Development (CPD) Policy” for full details*).

An integral element of the re-validation and re-registration process is to demonstrate that you have undertaken a minimum amount of Continuing Professional Development (CPD) to keep updated and safe in your clinical practice:

For GPs, this requirement is a minimum of 250 learning credits in the 5 years prior to re-licensing, with a minimum of 50 credits in each of the five years.

Nurses have to meet the PREP standards set by the Nursing and Midwifery Council (NMC) by:

Undertaking at least 35 hours of learning activity relevant to their practice every 3 years; and

Completing 450 hours of registered practice activity in the previous 3 years.

Pharmacists, Physicians Assistants and Paramedics will have their own requirements.

Health professionals are advised that they need to bring their last year’s appraisal, their current Personal Development Portfolio and their PREP portfolio to their appraisal meeting.

The appraiser refers to any notes kept throughout the year and uses the form to undertake their own provisional assessment of the health professional’s performance in respect of their preceding year’s work.

Frequency of Appraisals/ Probationary Periods

In order to accurately gauge the progress of newly appointed employees, up to three performance reviews will be undertaken during their first three months of service as part of their Probationary Review, before they are confirmed in post. A further interim review at six months is also beneficial followed by a formal review after one year.

After this period appraisals will normally be conducted on an annual basis around the anniversary of start date, although ongoing reviews may be required, with the right level of notice are possible at any time during this period where they are thought to be beneficial.

Appeals

If you are not satisfied with the outcome of your appraisal and you are not able to resolve your concerns with your appraiser, you have the right to appeal the outcome of the appraisal.

Disciplinary Situations

It is not normally Policy to use an appraisal as part of the disciplinary process but where it is appropriate and provides pertinent evidence either for the member of staff or the line Manager, this will be permitted.

BENEFITS – NHS

Working for a GP Practice is considered 'part of the NHS'.

You will be issued with an NHS email address and ID card which may give you access to special offers and discounts continue even when you retire!

This may include preferential shopping times for NHS staff at the moment (still in place December 2020)

NHS discounts are available at various outlets both local and national.

It is always worth asking if shops, tourist spots, restaurants and cafes if they offer discounts to NHS workers. Even when they don't have a formal arrangement many will give NHS workers between 5-10 % discount, but many retailers do offer higher discounts and they do not always have signs up to show they do. You do need to provide photo evidence that you working for the NHS.

You are also able to apply for the NHS Black card (Spree is a pre-payment card which offers set discounts with certain retailers) and/ or an NHS cashback card via Health Service Discounts site and/ or the NHS Blue Light card.

<https://www.spree-card.com/PSDSPR/Home>

<https://www.england.nhs.uk/coronavirus/nhs-staff-offers/>

<https://healthservicediscounts.com>

<https://healthservicediscounts.com/retired>

<https://www.bluelightcard.co.uk>

Practice Benefits

Birthday Leave

Each year the Partners will decide whether to grant an additional 5 hours' discretionary annual leave for a member of staff on their Birthday.

Occupational Sick Pay

Please see your contract of employment for details of your sick pay entitlements.

Pension Scheme

NHs Pension scheme as part of which the Practice currently contributes 14.38% of your salary in addition to your salary contribution. Please note this is subject to change.

BRIBERY AND CORRUPTION (DECLARATION OF INTERESTS/GIFTS AND HOSPITALITY)

The Practice's approach to the acceptance and handling of gifts and / or donations to both the practice as an entity, and to individual partners and/or staff within it, which may by some be considered to be in return for favourable consideration (i.e. a bribe) should be declared.

You should therefore declare all gifts, however, big or small, to the line Manager. For practical purposes, all gifts with a value of £25 should be declared and recorded by your Manager. You should also declare any hospitality you receive beyond the same value e.g. a meal or travel at the expense of a pharmaceutical representative or Company.

Definition

A bribe is a financial or other advantage offered to induce a person to perform improperly, or to reward a person for doing so.

The offence is committed by either the person offering the bribe or the person accepting this, and includes any function of the service or the business, employment, on behalf of a body. An organisation can commit an offence if it fails to prevent persons associated with them from committing Bribery on its behalf.

The Bribery Act 2010 applies to Practices and an offence is committed under the Act where either:

- A person offers a bribe
- A person accepts a bribe
- A bribe occurs and a business or the Practice has failed to establish adequate procedures, policies or practises to prevent this.
-

There are 6 principles which will help an organisation to defend the offence on the ground of the activities of an individual (or individuals)

- Risk assessment;
- Top level commitment;
- Due diligence;
- Clear, practical and accessible policies and procedures;
- Effective communication;
- Monitoring and review;

All financial gifts, and non-financial gifts or incentives offered by patients or those associated with the Practice in any business or commercial capacity must be declared, whether offered in a work context or outside work. Under no circumstances must a staff member or Partner allow favourable consideration in return for an incentive. Staff members / Partners accepting incentives under the provisions of the Gift Policy must remove themselves from the management, consideration, or decision making process which involves the donor. Conflicts of interest in any respect in relation to working for the organisation are not acceptable, such acts may lead to dismissal in line with the disciplinary procedure.

The following general requirements will apply:

- The requirement to be open and honest in any financial dealings with patients
- That patients must not be encouraged to give, lend or bequeath money or gifts
- That pressure must not be placed on patients or relatives to make donations to people or organisations
- That they must not ask for or accept inducements, gifts or hospitality which may be seen to effect judgements, nor should these be offered to team members.

All members of staff / Partners are required to declare any potential conflict of interest, personal or business in relation to their work for the Practice.

You are also required to declare any external work undertaken for another employer or organisation whether paid or unpaid. If in doubt you should seek advice from your line Manager, Practice Business Manager or a Partner.

BULLYING AND HARASSMENT POLICY

Introduction

Everyone has the right to work in an environment where they are treated fairly, shown respect and consideration and where the dignity of each and every individual is valued and maintained.

The Practice is committed to the development and promotion of a positive workplace culture that is free from harassment and bullying and aims to ensure that any allegation of harassment or bullying at work is taken seriously, is properly investigated and is dealt with effectively.

This policy applies to harassment on the grounds of disability, gender, marital status, sexual orientation, age, religion, race and ethnic origin and any other personal characteristic. In addition, we will not tolerate any bullying or harassment of patients and their family members or other visitors and contractors.

This policy applies to all employees and Partners and also applies to other people who work at the Practice including those who undertake work but are self-employed, locums, temporary/agency staff and contractors visiting or working at the Practice.

Key Principles

Employees are encouraged to raise any issues immediately in accordance with this procedure in the knowledge that these will be treated seriously and in confidence.

The Practice acknowledges that people do sometimes make genuine mistakes. This procedure is designed to enable problems to be dealt with sensitively and in accordance with the wishes of the person subjected to inappropriate behaviour

Formal action may be considered under the disciplinary procedure against any employee who has been found to have bullied or harassed any of their team members, patients or their family members or any other visitor or contractor following an investigation of the issues

The making of a false or malicious complaint of harassment or bullying will be regarded as a serious breach of procedures and the disciplinary procedure may be invoked against the complainant should the complaint be proven to be false following investigation

Definition

The current definition of harassment – as applied to all the equality strands, age, sex, sexual orientation, religion or belief and race and ethnic and national origin is:

“Unwanted conduct that violates people’s dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment”

The essential characteristic of harassment is that the action(s) is unwanted by the recipient. Forms of harassment include many kinds of unacceptable behaviour. For example:

Uninvited, unreciprocated and unwelcome behaviour of a sexual nature, which is offensive to the person involved and causes that person to feel threatened, humiliated or embarrassed.

Action, behaviour, comment or physical contact which is found objectionable or which causes offence, including: offensive jokes, verbal abuse, language, graffiti or literature of a racist or sectarian nature, or offensive remarks about a person’s skin colour, physical characteristics, age, sexual orientation, or any other personal characteristic.

Bullying is:

the intimidation or belittling of someone through the misuse of power or position, which leaves the recipient feeling hurt, upset, vulnerable or helpless.

It is often inextricably linked to the areas of harassment described above.

Examples of bullying include:

Unjustified criticism of an individual's personal or professional performance, shouting at an individual, criticising an individual in front of others.

Spreading malicious rumours or making malicious allegations

Ignoring or excluding an individual from the team/group

Unduly pressurising an individual in both work and non-work environments

Using social media in a way that unnecessarily makes an individual/group uncomfortable or to feel threatened or singled out

Denying individuals opportunities for development or training

Responsibilities

Employee Responsibilities

All Practice Staff are expected:

- To take responsibility for their own behaviour and conduct
- To comply with the Bullying and Harassment Policy
- Not to make personal comments
- Not to accept behaviour that may be offensive when directed to staff or others, and to ensure such behaviour is challenged and/or reported
- To be supportive of team members who may be subject to bullying and/or harassment
- To be honest about incidents they may have witnessed and participate in any investigations

Employees are responsible for ensuring they are fully aware of their requirements under this policy, and to conduct themselves in a manner that neither condones nor encourages bullying or harassment.

All members of staff have a personal responsibility not to harass or bully other members of staff, patients or their family members or visitors, or to condone harassment or bullying by others. Action would be taken under the disciplinary procedure against any employee found to have harassed or bullied an individual at work. Employees should also be aware that they could also be personally liable personally under the law if they harass anyone at work. Everyone is accountable for their own actions.

Any employee who becomes aware of or witnesses' harassment or bullying occurring should bring the matter to the attention of their team leader/ line Manager as soon as is practically possible so that it can be dealt with appropriately to ensure the workplace is free from this type of behaviour.

Managers and Team Leader Responsibilities

Managers have an obligation to prevent harassment or bullying and to take immediate action once it has been identified, whether or not a complaint has been made. The Practice reserve the right to investigate matters and take appropriate action where they feel that bullying or harassment has taken place, even in the absence of a formal written or verbal complaint. The Practice has a duty of care to staff. Managers must ensure that the workplace under their control is one where everyone is treated with dignity and respect. They should respond to complaints swiftly and sensitively and be aware of behaviour which would cause offence, if necessary reminding employees of expected standards.

Redress

If you feel you have been harassed or bullied, you have the right to seek redress via the procedure set out below.

Harassment and Bullying Procedure

Where possible and where appropriate, harassment and bullying complaints should be dealt with by using an informal approach if appropriate. Some people may not be aware that their behaviour is being perceived as bullying or harassment. Using an informal approach gives the alleged harasser the opportunity to stop the behaviour if directly approached. The suggested informal resolution includes

- Asking directly the alleged person/s to stop using this behaviour as you find this offensive
- Seeking support from a Manager or Team Leader or other companion at work to help you raise the issue with the alleged harasser or bully.
- Put your request in writing to the alleged harasser or bully in an attempt to make them aware of the behaviour and you find it offensive
- Asking a senior colleague to raise the issue with the alleged harasser or bully

Complaints of harassment can sometimes be of a sensitive nature, in these circumstances, you are encouraged to raise such issues with the Practice Business Manager or senior person, whether or not that person has a direct team leader or line management responsibility for you.

Should the informal approach fail to stop the harassment or bullying, or if you agree with your line Manager/Team Leader that the situation is so serious as to warrant formal action, the formal approach should be taken from the start. The formal approach involves the complainant making a written complaint detailing the alleged behaviours, times dates where possible and any witnesses or evidence. The Practice will take action in the absence of a complaint if it feels this approach is warranted.

Formal complaint

If you wish to make a formal complaint you should report this in writing to your line Manager. In circumstances where the alleged harasser/bully is your line Manager, you should report the complaint to the next most senior Manager.

A formal complaint will be acknowledged in writing within the shortest timeframe possible. This letter will outline the next steps to be taken.

If possible, you should keep notes of the harassment so that the written complaint can include:

- The name of the alleged harasser/s
- The nature of the alleged harassment
- The dates and times when the alleged harassment occurred
- The names of any witnesses
- Any action already taken by you to stop the alleged harassment
- Any evidence (such as emails or texts)
- Whether you would like to request a move while the investigation is underway

A formal investigation will then take place. This will be carried out with due regard to the need for a swift conclusion. Both parties will be kept informed of the progress of the investigation, including any necessary alteration to the above timescale. Confidentiality will be maintained wherever possible but where questions have to be asked some concerns may be identifiable.

Consideration will be given of suspension, home working or temporarily moving individual staff members where this is felt necessary to ensure the investigation can proceed and members of staff are both safe. This is to put space between the individual staff members and is no way intended as a punishment.

Where a counter complaint is made by the alleged harasser/bully, this will be dealt with as part of the same investigation.

At any stage of the formal procedure if you decide that you wish to resolve the situation through an informal approach instead, wherever possible this will be supported. However, as indicated above the Practice has a duty of care to all parties concerned. If it is the view of the Manager investigating the case that an informal resolution is not appropriate due to the seriousness of the allegations, or that there is a potential for serious risk to an employee, or other member of staff, then the Practice will have to continue with the formal action.

Both the complainant and the alleged harasser/bully will be interviewed and written signed statements taken from both. The alleged harasser/bully will be informed of all the allegations made against them. Both parties have a right to be accompanied by a colleague at any formal interviews that take place. Interviews may also be held with any potential witnesses of the incident(s) of alleged harassment/bullying.

On completion of the investigation, the Investigating Manager will evaluate the evidence and prepare a report containing details of the allegations, a summary of the findings and recommended further action. This report will be referred to the Partner in charge of overseeing the investigation. The Partner will review the report and recommendations and decide on the course of action to be taken and provide formal notification to that effect to both parties.

There are three possible outcomes of an investigation:

Complaint not upheld

If it is decided that there is no case to answer, no evidence to support the allegations, support will be provided for both parties and consideration given to managing your on-going working relationship. This might include, where possible and practicable, the transfer of either party concerned to the other Practice or work area to facilitate improved future working practices or where the relationship has broken down or mediation offered to resolve any issues.

Evidence of unacceptable behaviour that may be dealt with via counselling

In some cases where harassment/bullying is substantiated, but does not warrant formal disciplinary action, it may still be possible to agree an acceptable resolution. For example, the situation may be addressed through the supervisory processes including counselling, instruction, training and /or support. In such cases, it will be made clear to the party that their behaviour is unacceptable and any repetition may lead to disciplinary action. This may also require the request of a formal apology. The situation will be reviewed.

Disciplinary Action

Where an investigation concludes that there is sufficient evidence of unacceptable conduct and an acceptable resolution cannot be reached or is felt to be inappropriate due to the nature of the offence, that disciplinary proceedings will be commenced in accordance with the Practice's Disciplinary Policy and Procedure

In all cases detailed above the Practice reserves the right to move individuals to different Practices/work areas, teams if this facilitates improved future working practices and is organisationally possible.

Disciplinary action for Harassment and Bullying behaviour may lead to summary dismissal.

Appeal Process

If as the complainant, you are not satisfied with the outcome of the harassment/bullying investigation, you have a right of appeal against the decision made. This appeal should be made in writing and submitted to the Lead Partner within 10 days of receiving written notification of the decision. The letter should set out clearly the grounds for appeal. Appeals will be heard as soon as is reasonably practicable.

The alleged harasser/bully has a right of appeal against any disciplinary action once the disciplinary has been held. The appeal process is as set out in the Disciplinary Policy and Procedure.

General notes about harassment/bullying

If you bring a complaint of harassment you will not be victimised for having brought the complaint. However, if the report concludes that the complaint is untrue and has been brought with malicious intent, disciplinary action will be considered against you.

CAR AND PARKING POLICY AND USE OF A PERSONAL VEHICLE FOR WORK PURPOSES

Car parks on the Claremont premises are for the use of Practice employees and parking on site is a privilege not a right. There are also a number of disabled bays for patients which are expected to be respected. Holyport is a mix of staff and patient parking. All staff must comply with the rules of the car park and be considerate of team members, patients and ensure access to all vehicles by not blocking other cars in or parking too close to other vehicles. Failure to respect the needs of other vehicle users may result in you being asked not to use the car park in the future.

Parking is provided on a first come, first served basis in designated staff parking spaces/areas. Staff should not utilise parking areas reserved for the use of patients or for staff who need constant access to their vehicles during the day.

The security of any vehicle parked in the car park and everything in it is the responsibility of the individual member of staff. The Practice accepts no liability for any loss or damage encountered as a result of parking in one of the Practices designated areas or for any vehicle parked off site.

The Practice has a duty under the Health and Safety at Work Act 1974 to take reasonable steps to ensure the health and safety of those members of staff who need to drive as part of their job.

If you do have to use your car for work, you will be responsible for ensuring the roadworthiness of the vehicle, appropriate insurance including for business use, mot and tax, and for initiating and paying for repairs, parking tickets and fines.

You must produce your driving licence, current MOT certificate, where appropriate and insurance documents confirming you are covered for business use as requested by your line Manager. You must advise your manager of any motoring offences and convictions you have (excluding parking). Should you fail to advise your line Manager of any conviction that impacts on your ability to continue undertaking your duties at work, the Practice may consider action against you under the Disciplinary policy and procedure. It is the responsibility of the individual to maintain appropriate, up-to-date insurance, MOT certification and on-going road worthiness for the vehicle they use for work purposes.

Handheld mobiles must not be used whilst driving on business for the Practice. You should also ensure that whilst on Practice business you drive within the speed limits and according to prevailing weather conditions and should make sure if you are on a long journey that you build in regular breaks to prevent fatigue. In hot weather, it is advisable to carry water and in the winter to ensure you have access to hot drinks.

CLEAR DESK POLICY/ DATA SECURITY

Due to the nature of our service it is essential that all areas should operate a clear desk policy. Stringent Data Protection practices, as well as being covered by law, are of paramount importance to how the Practice is seen to operate. When you leave your desk ensure that a screensaver is in place. Do not hold confidential phone calls in front of patients or staff who should not be party to the information. Documents or screens should not be left near windows or in sight of patients or contractors.

Employees must ensure that all documentation containing any relevant information concerning patients, employees or confidential business records, etc. must be filed away safely and securely at

the end of their working day. It may be considered gross misconduct should paperwork or equipment be left out and accessible to unauthorised persons and this would be dealt with under the disciplinary procedure.

COMPASSIONATE AND DEPENDANT LEAVE

The Practice recognises the benefits from supporting family friendly initiatives and assisting employees to achieve a balance in their work commitments and their life outside of work.

You have a statutory entitlement to unpaid 'Time off for Dependants' under the Employment Relations Act 1999. This statutory right allows you **unpaid** time off to deal with an emergency involving a dependant. You must discuss any requests for leave with your line Manager prior to taking the leave and you should complete the Absence Notification Form. If this is not possible due to the nature or suddenness of the emergency you must inform the Practice Business Manager or your line Manager as soon as reasonably practicable of why you need the leave and the likely duration.

In addition, in April 2020 a new right to Bereavement Leave for Parents (Parental Bereavement Leave and Pay) was introduced for parents of children under the age 18 or stillborn after 24 weeks, where they meet the employee eligibility criteria.

Your attention is also drawn to unpaid Parental Leave, see separate paragraph on page 48.

Eligibility

All employees regardless of length of service or hours of work are entitled to request reasonable **unpaid** compassionate leave, for dealing with household or family emergencies or care of a dependent.

Eligibility for the new **Statutory Parental Bereavement Leave** is available to employees, but not normally to 'workers' (such as zero hours' contract workers), however workers are able to request unpaid leave in line with the Practices compassionate leave outlined above. Leave can only be taken in two blocks of one week or as a single block of two weeks, and must be taken within 56 weeks of the date of the bereavement.

Access to unpaid bereavement leave would not unreasonably be withheld.

Eligibility for the new **Statutory Parental Bereavement Pay** of up to two weeks is available to employees and workers where they meet the eligibility criteria:

Have parental responsibility for the child under 18.

That they put in a claim for the pay.

That they earn over £120 per week before tax. (as at 2021, subject to current guidelines)

That they have 26 weeks' employment on the Saturday before the date of bereavement.

That they meet the criteria laid out with regard to their relationship/ parental responsibilities for the child under this legislation.

Further details are available from the Practice Business Manager.

Reasons for Requesting Time Off for Dependents

To help out or make arrangements when a dependant falls ill, is injured or assaulted.

This includes where a dependant has not been physically injured but is distressed, for example as a result of a mugging incident;

To help out when a dependant gives birth (see also Paternity Leave);

To cope when arrangements for caring for a dependant break down unexpectedly, for example where a nurse or carer fails to arrive as arranged or where a nursery is unexpectedly closed;

To deal with the consequences of a death of a dependant;

To deal with an unexpected, serious incident at school, or during school hours, for example where a child has been involved in a fight, injured at school or is being suspended from school.

Where there is not a statutory entitlement to request unpaid leave, or paid leave where the leave is a statutory request, the Practice may consider granting unpaid or paid leave, at its own discretion depending on the facts of the case.

Statutory Definition of a Dependant

A dependant is defined as the employee's spouse, child or parent, or someone living in the same household, for example a partner or grandparent (it excludes tenants or employees). It also includes someone who relies on the employee for primary assistance such as an elderly relative e.g. registered carer who may be at the same address or a family address.

Leave Entitlement

The apportionment of leave in circumstances referred to is often complex and each case will be considered individually by the Line Manager.

The amount of time off should be reasonable in the particular circumstances of the case and should be sufficient to deal with the immediate problem and to arrange alternative longer-term care if necessary. Where care has broken down it is not intended to then undertake that care but to put new arrangements in place. Where more extended leave is required other leave arrangements, for example the Parental Leave Scheme or annual leave may be an option or used in conjunction with compassionate leave.

The line Manager will also take into account your remaining annual leave entitlement when considering requests for Compassionate Leave/Emergency Care of Dependants. Whether Compassionate Leave is paid or unpaid will be at the discretion of the Practice Business Manager, and is not an automatic entitlement. Each request will be considered on its merits.

Notification

You are required as soon as reasonably practicable, to notify your line manager of the reason for your absence and its likely duration.

COMPUTER, INTERNET, SOCIAL MEDIA AND E MAIL AT AND FOR WORK

Introduction

In order to pursue the aims and goals of the Practice, you may be allocated use of a personal computer, mobile telephone, or other device which is connected to the Practice's network. These devices and IT network are valuable resources which must be used appropriately, responsibly and productively. Devices should not be left in unattended vehicles.

This policy applies to all employees and Partners and also to anyone else who works for the Practice and has access to its computers/ electronic devices, such as temporary staff and locums and should be read in conjunction with the separate Social Media Policy.

The Policy

Access to and use of computers and associated IT hardware/software

You must keep your username and password confidential and must not divulge these to anyone.

If you lose or forget your username or password you must report it to your line manager.

If you think your username or password may be known to someone else, notify your line manager immediately

Under the Computer Misuse Act, it is illegal to steal or guess someone's username or password and to use this information to access, modify or delete data which you are not authorised to access, or to alter settings on a computer or in any way affect its operation. It is also an offence under the Act to use someone's username or password to access a computer through which to commit other illegal acts such as "hacking" into someone's bank account and stealing funds. Offences under the Act carry penalties of imprisonment and/or a fine.

If you are suspected of committing an offence either under this policy or under the Computer Misuse Act, not only may you be subject to The Practice 's disciplinary procedure but you may also be liable to prosecution.

You must not take data from the Practice 's computer systems off the premises unless authorised to do so by your line Manager.

The Internet and Social Networking

All staff have access to the Internet, however the following restrictions apply:

Internet access is solely for Practice use and should not be used for personal access or social networking or shopping.

You must not create personal web pages or web logs (blogs) using the Practice time and resources

You must not visit social networking websites while at work or post any Practice identifying information on social network sites.

You must not search for or download unsuitable material, including pornographic material nor engage in any activity which is illegal.

You must ensure that the anti-spyware and other appropriate protection software that is installed is not circumvented

You must not attempt to introduce any computer virus, Trojan, spyware, malware or anything which may interfere with the normal operation of the Practice 's network or other networks

If you have been authorised to make any financial transactions over the internet you must ensure that only secure sites are used.

You must not attempt to corrupt or destroy data

You must not attempt to install or download any software on the network or hard disc of any computer without the express agreement of the Practice Business Manager.

You should not discuss or include the Practice, members of staff or patients on any form of Social Media or post pictures or text that could be associated with your work at the Practice or relate to team members or patients or the Practice's business. (see the Social Media Policy)

You should not use Practice computer access for on line shopping, holiday bookings, EBay or researching products other than those related to your work with the Practice.

We may monitor internet usage from time to time to ensure compliance with this policy and will request and receive reports on internet use to ensure this Policy is not being breached.

Smart Cards

Where access to the clinical or other systems is to be controlled via the issue of a Smart Card the following will apply:

Smart cards are issued to an individual on a named basis and are for the use of that person only.

The access level relating to an individual is personal and must not be shared or otherwise made accessible to another member of staff

The Smart Card is to be kept under the personal control of the individual to whom it has been issued at all times and must not be left inserted into a smart card reader when the individual is not present or used by another member of staff at any time.

Lost or damaged smart cards should be reported to the Practice Business Manager as soon as identified.

Email

All staff are authorised to use e mail and will be provided with their own unique email address. You need to be aware of the following:

The use of email is primarily for business purposes. During your lunch or other work breaks you may send or read personal emails sent to you.

Incoming emails will be virus checked and you must not circumvent any automatic virus checking

You must accept that email usage including any personal emails and their content will be periodically checked and monitored to ensure that it is not being abused

You must use professional language when emailing either internally or externally. You must not use any defamatory, bullying or discriminatory language nor must you send any material which could be considered offensive

The email system is not to be used to send jokes or round robin type messages

If you are sending any confidential information by email, particularly patient identifiable information, you must ensure that the recipient email is encrypted. NHS.net are encrypted.

Due to the often sensitive nature of the data/information you may be sending electronically, it is important that you make sure that emails are only sent to intended recipients, care must be taken to check email addresses used, it should be noted due to the nature and number of NHS addresses and some email software please ensure you carefully check email addresses which may be pre-populated as you type.

You must not access, change or use another person's username/password/email account or files for which you do not have explicit authorisation. If you are asked to check someone else's email for whatever reason you must only do this if it has been authorised by the Practice Business Manager

You must use the standard email disclaimer when sending any emails externally.

You are expected to use great care when sending emails and to check the address of emails and the content

Do not copy or blind copy in unauthorised recipients or needlessly copy in your line Manager or other third parties.

Breach of Policy

Any breach of this policy may invoke The Practice 's Disciplinary Procedure

COMMUNICATIONS WITH THE MEDIA

You must notify your line Manager immediately if you receive any kind of media request or contact from the media or if you are aware that photography/filming is taking place at your site. You must not discuss the Practice its business or patients or staff with the media either Informally or formally at any time unless you have the express permission of the Practice Partners to do so.

CONDUCT AND STANDARDS AT WORK

As you would expect the Practice expects all staff to conduct themselves to a high standard and with the utmost professionalism whilst at work. The general rule is to behave and to treat other people as you would expect them to behave and how you would expect to be treated in a polite, professional and courteous manner. In particular, rude, objectionable or insulting behaviour will not be tolerated, nor will foul or objectionable language.

Whilst the Practice has no intention to intrude on any or your activities outside of work, we would not expect you to be engaged in any activity which could result in adverse publicity to The Practice or which would lead the Practice into disrepute. In addition, you must not be involved in any activity which could be construed as being in competition with the Practice or any of its services.

CONFIDENTIALITY

You must abide by the provisions in your contract of employment regarding the disclosure of information relating to the Practice.

All information held by the Practice about patients, financial matters, standard procedures or members of staff, anything to do with the day to day operation of the Practice is strictly confidential, whether held electronically, in hard copy or you have been made aware of verbally. It is likely that you will have access to such confidential information during the course of your employment. You should in particular be aware of the following:

You must not under any circumstances disclose patient information to anyone outside the Practice, except to other health professionals or designated authorities on a need to know basis or where the patient has provided written consent.

You must not disclose any other confidential information about the Practice to anyone outside the Practice unless you have the express consent of the Partners.

You are bound to keep information confidential, even if you are no longer employed by the Practice which includes although is not exclusively limited to social media.

If you suspect any breach of confidentiality, then you must inform your line manager and the Practice Business Manager immediately so that any data protection actions can be taken.

You must under no circumstances access records other than in line with your role responsibilities, including the records of friends, partners, spouses, children, neighbours, relatives or acquaintances.

Where you have one of the above relationships you should declare this interest and avoid all involvement with their care records. You are expected to report any conflict or potential breach to your line Manager.

Breaches of confidentiality are considered as a serious disciplinary offence and will be dealt with under the disciplinary policy and may lead to dismissal and potentially criminal prosecution.

Health Professionals - In addition to following the above rules you are also bound by your own professional codes of conduct.

DATA PROTECTION Act 2018

In the course of your work you may come in to contact with or use confidential information about employees, clients and patients. The Data Protection Act 2018 contains principles affecting employees' and other personal records. Information protected by the Act including but not limited to personal data held on computer files but also "relevant" manuals (or paper based) filing systems. The purpose of these rules is to ensure you do not breach the Act. If you are in any doubt about what you can or cannot disclose and to whom, do not disclose the personal information until you have sought further advice from your line Manager. You should be aware that you can be criminally liable if you knowingly or recklessly disclose personal data in breach of the Act. A serious breach of data protection is also a disciplinary offence and will be dealt with under the disciplinary procedures. If you access personal or medical records without authority this constitutes a gross misconduct offence and could lead to your dismissal.

It is our duty to ensure:

All information collected will be processed fairly and lawfully;

The data will only be held for the purposes which have been registered under the Act;

The data will be accurate and relevant to those purposes;

The Data will be held no longer than is necessary for the stated purpose;

Data held in respect of an individual will be made available to them upon request.

Appropriate security is applied to all data that is held by the Practice.

A poster is displayed explaining to patient's the practice policy on data protection

The Practice has a legal liability to ensure that personal data processed by computer or kept on manual records is obtained and processed fairly as well as being up to date and held securely. The Practice cannot comply with its legal liability unless all employees ensure that they comply with this policy.

Your right to access your personal information

Under the Data Protection Act 2018 and the General Data Protection Regulations you have the right, on request, to receive a copy of the personal information that the Practice holds about you, any request must be made formally in writing.

The Practice needs to retain up-to-date contact details for you as well as the name of next of kin and emergency contact details. Your personal information will be held securely at all times and only used

for the intended purpose as outlined in the Practice Privacy Statement for Staff. The Practice will hold and process personal data in line with the requirements of General Data Protection Regulations 2018 (GDPR). Your personal data is held to enable us to meet our requirements under the law with regard to your employment records, managing your employment, sickness records, performance and training records and the payment of tax and national insurance as well as to ensure compliance with health and safety legislation. Please refer to the Practice Privacy Statement for further details.

Your obligations in relation to personal information.

You should ensure you comply with the following guidelines at all times:

Do not give out confidential personal information except to the verified data subject. In particular, it should not be given to someone from the same family or to any other unauthorised third party unless the data subject has given their explicit consent to this.

Be aware that those seeking information sometimes use deception in order to gain access to it. Always verify the identity of the data subject and the legitimacy of the request, particularly before releasing personal information by telephone.

Only transmit personal information between locations by secure e-mail if a secure network is in place, for example password protected or encrypted.

If you receive a request for personal information about another employee, you should forward this to the Practice Business Manager who will be responsible for dealing with such requests.

Ensure any personal data you hold is kept securely at all times.

Compliance with the Act is your responsibility. If you have any questions or concerns about the interpretation of the rules please seek advice from the Practice Business Manager or your Team Leader.

DISCIPLINARY POLICY AND PROCEDURE

The Practice expects you to perform your duties competently, honestly and effectively and behave with respect and work co-operatively with team members to ensure the effective performance of the organisation, in line with professional standards. It is our aim that all members of staff will be treated with dignity and respect and that there will be fair, non-discriminatory and consistent treatment for everyone across the organisation.

Aims and Objectives

This policy applies to all employees of the Practice. The purpose of this policy is to help and encourage all members of staff to achieve and maintain acceptable standards of conduct, attendance and performance. Where an employee falls short of the expected standards, action will need to be taken to remedy matters. Where possible we prefer to resolve potential disciplinary issues informally and through non-punitive and supportive measures. However, where issues cannot be resolved informally, or where issues are of such seriousness informal action is not appropriate, this policy outlines the formal disciplinary action that should be taken.

The Principles

Informal action will be taken where considered appropriate including the issuing of informal disciplinary counselling. This is not part of the formal procedure, although a record of any discussions will be kept and may then be used as evidence should you fail to improve. This would normally be undertaken by your line Manager and discussed at the time how long this information will remain on your personal file.

No disciplinary action will be taken against you until the case has been fully investigated.

You will always be advised in writing the nature of the complaint against you where formal action is going to be taken or an investigation is necessary, as well as the possible consequences. You will be given the opportunity to state your case at a disciplinary hearing before any decision is made. You will be provided with copies of any written evidence and witness statements in advance of any disciplinary meeting. You will have the opportunity to respond in full to the allegations.

If no further action is required following an investigation, a synopsis of the report may be provided to you, where requested but not the full report.

At all stages of the disciplinary process you will have the right to be accompanied by either a trade union representative or a work place colleague. You will be reminded of this at every step of the procedure.

You will have the right to appeal against any disciplinary action. (outlined below)

You will be given a reasonable length of time between being invited to any disciplinary hearing and the actual hearing. This will normally be a minimum of 3 working days. You will have the opportunity, after reviewing all of the information that is going to be presented, to present your own evidence and witnesses, as well as to question witnesses that are called. Your response should be advised to the Hearing Manager at least 24 hours before the meeting and advise who will be accompanying you. Please note disciplinary meetings are internal proceedings and you cannot be accompanied by a legal representative, a family member or a friend.

You may request an alternative date and time, as long as it is reasonable for you to do so. The Practice will endeavour for this to not be more than 5 working days after the original date although there may be situations that arise where this is not possible.

It is unlikely that you will be dismissed for a first breach of discipline, except in the case of gross misconduct, when the penalty will be dismissal without notice.

You will be advised verbally of the decision following a disciplinary meeting and this will be confirmed in writing to you.

The procedure may be implemented at any stage if your alleged misconduct warrants it.

Formal Disciplinary Sanctions Available

Verbal Warning

A verbal warning although issued in writing as an improvement note will be issued for unsatisfactory performance where your performance does not meet acceptable standards in line with the competencies as agreed for your role. This first stage warning will set out the performance or conduct problem, the improvement that is required of you, the timescale you have to make the improvement in, any help and outline any support that will be offered to you and your right of appeal. The improvement note will be kept on your file for a period of 6 months and providing you achieve and sustain satisfactory performance, the note will be considered spent after this time. Where you do not meet the required improvement a second disciplinary meeting will be arranged.

Written Warning

A written warning for misconduct will be issued if it is serious, if your conduct continues not to meet acceptable standards and no improvement has been made since the issue of the verbal warning. The written warning will outline the nature of the misconduct and the change in behaviour required will be set out, along with notification of your right of appeal and the timescale for doing so. This warning will also inform you that a final written warning may be considered if there is no sustained satisfactory improvement or change in your behaviour or conduct after three months. The written warning will be kept on your file for 12 months, but will be disregarded after this time for disciplinary purposes if there has been a sustained improvement in your conduct.

Final Written Warning

This sanction will be issued if:

- The offence is sufficiently serious

- There has been further misconduct by you or

- There is no improvement since the issue of the written warning and the timescale outlined

This final written warning will re-confirm details of the concerns, the improvement or changes you are required to make, and the timescale you have to make it/them in. It will also warn you that failure to improve within six months may lead to your dismissal, or some other action short of dismissal. You

will be advised of your right of appeal. You will also be advised when any reviews will occur. A copy of this written warning will be kept on your file but will be disregarded after 18 months if you achieve and sustain satisfactory conduct and performance over that period.

Dismissal with Notice or Summary Dismissal without Notice (for Gross Misconduct)

The decision to dismiss will be taken if:

There is further misconduct or there has been failure to improve, and this is evidence to support this

There is a health capability issue that prevents you from returning to work in any capacity

There is evidence of incapability to deliver your role and responsibilities to an acceptable standard

There is evidence of gross misconduct by you

It may be appropriate in some circumstances the Practice may choose to take action short of dismissal.

This may include demotion.

If you are dismissed, you will be advised in writing of the reasons for this, the date on which your appointment will terminate and your right of appeal against the decision.

If a sanction short of dismissal is imposed, you will receive written details of the complaint, be aware that if there is no satisfactory improvement you could still be dismissed and once again you will be advised of your right of appeal. A copy of this written warning will be kept on your file for 12 months but will be disregarded for disciplinary purposes after this period.

Misconduct

The following are examples of behaviour that constitute misconduct (this list is not exhaustive):

Poor timekeeping

Absences without authorisation or failure to follow absence reporting procedures

Neglect of duties

Neglect of safety standards

Misuse of Practice facilities, property or resources

Breach or failure to follow Practice policy and procedure, professional standards

Insubordination

Gross Misconduct

The following are examples of gross misconduct and could result in dismissal without notice or Summary Dismissal

(this list is not intended to be exhaustive):

- Theft, fraud and deliberate falsification of records
- Physical violence or assault
- Bullying, harassment, discrimination, victimisation
- Deliberate damage to Practice property
- Serious insubordination
- Misuse of Practice property or name
- Serious incapacity whilst at work brought on by alcohol or illegal drugs
- Serious negligence which caused or may have caused unacceptable loss, damage or injury
- Serious infringement of health and safety rules
- Unauthorised access to confidential records or breach of confidentiality
- Serious breach of confidence and trust
- Failure to maintain professional registration
- Breach of Contract or deliberate failure to follow policy and procedure

Suspension

Suspension in itself does not constitute a disciplinary act but it intended to allow for a fair investigation to take place. If as a result of an allegation of misconduct it is thought that the most appropriate action

you may be suspended in order to protect yourself, team members, patients, or to protect the investigation itself. Suspension will be on full pay and will normally continue pending the outcome of the disciplinary hearing but will be reviewed. During suspension, you will not normally be allowed to access the premises or have access to the Practice IT systems or equipment.

Appeals

Appeals should be made in writing to the person detailed within the correspondence you receive following any disciplinary hearing. The appeal should clearly state the grounds for appeal. Appeals should be made within 5 working days of the disciplinary action being taken against you. In the absence of the nominated person, another individual unconnected to the case may be delegated responsibility. An appeal hearing will be conducted and you will be allowed to present your case for appeal. You will be allowed representation by a trade union representative or work place colleague at an appeal hearing. You will be notified in writing of the results of the appeal. An appeal decision is final.

Authorised Managers

The Practice reserves the right to decide upon the appropriateness of any investigating manager or the make-up of any disciplinary or appeal panel and where dismissal is an option the appropriate Manager or Partner with authority to dismiss.

EMPLOYMENT CHECKS

Your employment is subject to the receipt of a number of satisfactory checks. These include:

- Your right to work in the UK (i.e. your valid passport or birth certificate)
- Your Identification and address
- Employment history and two satisfactory references covering a minimum of three years
- Satisfactory health declaration
- Proof of qualifications, registration, PIN used to support your application for employment.
- Disclosure and Barring Check (DBS) as required for your post (see also Practice DBS Policy)

You are required to supply on going evidence of your right to work in the UK.

Any falsification of the above documents will be considered gross misconduct and result in the termination of your employment without notice. Where you are found to have no right to work in the UK your employment would also be terminated without notice, under UK regulations.

(see also paragraph relating to Hepatitis for clinical staff)

EQUAL OPPORTUNITIES POLICY

The Practice will:

Value all its employees equally

Ensure that all employees, patients and visitors are treated with dignity and respect

Ensure that employees will receive the same contractual pay and benefits as a person of the opposite sex doing the same or broadly similar work

Promote equality of opportunity regardless of age, sex, marital status, pregnancy, race, ethnicity, disability, sexual orientation, gender, pregnancy or maternity status, religion or belief

Not tolerate any discrimination against any employee or job applicant for any of the above reasons

Treat any such discrimination as a disciplinary offence

Will not tolerate any discrimination against a visitor or patient; any such discrimination will be considered as a disciplinary offence

Will advertise internally and externally all job vacancies; all applications will be welcomed and considered, irrespective of age, sex, marital status, pregnancy, race, ethnicity, disability, sexual orientation, religion or belief where they are not ring fenced under a change management or potential redundancy situation, or considered as suitable alternative employment as part of a reasonable adjustment

Will advertise within the Practice suitable opportunities for promotion, transfer and training; all applications will be welcomed and considered, irrespective of age, sex, marital status, pregnancy, race,

ethnicity, disability, sexual orientation, religion or belief

Has fully adopted the requirements and ethos of the Equality Act 2010 and associated legislation.

APPLICABILITY

This Policy applies to all employees and Partners, and also applies to other people who work at the Practice e.g. self-employed contractors, agency workers, locums and temporary staff.

PROCEDURE

If you feel discriminated against:

- You should bring the matter to the attention of your team leader or Manager as soon as possible
- If the complaint is against your Team Leader or Manager, you should bring the matter to the attention of the Practice Business Manager, and, if against the Practice Business Manager, the designated staff Partner.
- Your Team Leader /Manager will investigate the matter thoroughly and confidentially
- Your Team Leader /Manager will establish the facts and decide whether there is evidence of some form of discrimination and advise you of the outcome of the investigation within 10 working days
- Your Team Leader/ Manager will take appropriate action to prevent further discrimination and discipline the offender(s) if employees, if appropriate, via the Practice's Disciplinary Procedure

If you are not satisfied with the outcome of the investigation you should progress the matter via the Practice's Grievance Procedure at stage one of the formal process.

EYESIGHT TESTS

There is no evidence to suggest that working with VDUs can cause disease or permanent damage to eyes. However, long spells of VDU work can lead to tired eyes and discomfort. Also by giving your eyes more demanding tasks it might make you aware of an eyesight problem you had not noticed before. You can help by making sure your VDU is well positioned and properly adjusted and by taking breaks away from the screen where possible to perform other tasks.

As part of the Health and Safety (Display Screen Equipment) Regulations 1992, if you normally use a VDU for continuous or near continuous spells of an hour or more at a time, more or less on a daily basis, you are entitled to have an eyesight test that we will pay for.

If the test shows you need glasses specifically for VDU work, then we will pay for a basic pair of frames and lenses. You will be entitled to further tests at regular intervals, normally 2 years as recommended by your optician and in between if you are having visual difficulties, which may reasonably be considered to be caused by your VDU work.

If you believe you meet the criteria and need an eyesight test you should:

- Contact your line manager in advance of the test to confirm that we will pay for your test
- After having an eyesight test for VDU work, bring back the invoice to the line Manager who will arrange for you to be reimbursed
- Your optician will need to confirm in writing that you need glasses for VDU work and we will then arrange to pay for basic frames and lenses. If you want anything more than the basic frame and lenses you will have to pay for any difference in cost.
- Any claim for reimbursement of costs must be supported by an appropriate invoice.

FIRE SAFETY

You must make certain you know what to do in the event of a fire breaking out.

Notices about the fire procedure and escapes for the building you are working in will be displayed in that building on staff notice boards and public areas and are outlined in the Fire Safety Policy.

You should make sure you know:

- How to recognise or raise the alarm
- What your escape route is

- Where you can exit the building
- Where your assembly point is

It is important that you make sure that all passageways are kept clear, at all times, and doorways and safety appliances are not obstructed. Fire doors where installed should not be wedged open.

If in doubt do not attempt to tackle the fire but immediately raise the alarm and ensure you alert as many people as possible as you leave the building. Please refer to the Practice's Fire Safety Policy.

FIRST AID

There is a notice indicating where the first aid box is located at each Practice.

Please ensure you report any accidents. (see also Accident Reporting)

FLEXIBLE WORKING - FAMILY FRIENDLY POLICY

The Practice has a duty to **consider** requests to work flexibly from all members of staff and we will give full and proper consideration to all requests in line with the needs of the service we provide. It should be noted that here is **no right** to have the request granted.

Applications may be for part time working, compressed hours, home working or annualised hours or other change to your working hours or work pattern. You are expected to consider the impact on other team members and the service and any solutions to any barriers you foresee to the agreement.

Eligibility criteria apply to request flexible working under your statutory right.

You need to have worked continuously as an employee of the Practice for the last 26 weeks or more at the date you make your statutory application.

You should not have made a request to work flexibly under this right during the past 12 months from the date the application is made.

You can of course make a request to work flexibly informally, when you don't meet the statutory criteria but there is no requirement for the Practice to consider the request and respond in the timescales laid out below or for the Practice to give you one of the statutory reasons for not being able to accommodate the request.

The procedure for applying under the statutory right to request

You must put your application in writing to the Practice Business Manager. The request should clearly indicate what the change being requested is, when you would like it start (and end if not permanent) and for you to have shown you have considered the possible impact of the change, and outline how any potential organisational detriments could be minimised.

Within 28 days of receiving your request, the Manager will arrange to meet with you to explore the proposed work pattern in depth and to discuss how best it might be accommodated. The meeting will also provide an opportunity for you to consider alternative working patterns should there be difficulties in accommodating the work pattern outlined in your application.

You can be accompanied at this meeting by a work colleague if you so wish.

Within 14 days of this meeting you will be advised both verbally and in writing of the outcome of your request.

If your request is turned down you will be told the reason for this and be offered the right of appeal. Appeals must be made in writing and should be made within 14 days of you receiving written notification that your application has been unsuccessful.

An appeal hearing will be made within 14 days of the receipt of your appeal letter and you will be advised in writing of the outcome within 14 days of the meeting.

This written decision is the final decision.

You need to be aware that any successful application to change your working pattern will normally be considered a permanent change to your terms and conditions, unless otherwise agreed by both parties that this change is only for a temporary period. An amendment to contract will be issued.

FACILITIES FOR STAFF AND USE OF PREMISES AND RESOURCES

You should ensure that premises, work areas and corridors are kept clean and tidy at all times. Please make sure that any food that is not usable is thrown away and not left in the fridge and that used crockery and cutlery is washed up and put away. Microwaves and work tops should be wiped down after use.

Toilets and kitchens are available for staff use only. In order that everyone is able to relax and enjoy the facilities it would be appreciated if you could ensure that you keep the facilities provided clean and tidy and use them appropriately and consider other team members. Misuse of premises and facilities may be considered a disciplinary issue.

Members of staff should ensure all Practice resources are used effectively and waste avoided wherever possible.

GRIEVANCE POLICY AND PROCEDURE

Anyone working for the Practice may at some time have problems or concerns about their terms and conditions of employment, work, working conditions or relationships with team members that they wish to talk about with their manager. It is clearly in the Practice's best interests to resolve any problems as soon as possible before they develop into major difficulties for all concerned. This procedure is in accordance with the Employment Act 2002 (Statutory Disputes Procedure)

If you feel that you have a grievance, concerns or a complaint relating to your work you should in the first instance, wherever possible talk it over with your Manager as you may be able to agree a solution informally between you. If your grievance is against your Manager and/or you feel unable to approach them, you should talk to the Practice Business Manager, or designated Staff Partner if it relates to the Practice Business Manager.

Managers Responsibilities

Managers should:

Be aware that should an employee raise a complaint through either a verbal conversation or, put a complaint in writing to them e.g. email, they should offer that employee an opportunity to resolve the issue informally as stated above.

Make sure members of staff are aware of this procedure.

Use the informal procedure when this is suitable.

Apply the policy fairly to all members of staff.

Employees Responsibilities

Employees are expected to:

Read and understand this policy

Attempt to resolve the concerns informally wherever possible.

Raise issues promptly.

Be clear when raising your concerns of desired resolution for the issues raised.

Aims and Objectives

It is the Practice's aim to make sure that all grievances are considered seriously and are dealt with consistently and fairly and in a timely manner. All grievances will be dealt with confidentially, although the outcome may need to be made known after a complaint has been raised depending on the issue raised. Disciplinary sanctions are not normally communicated to members of staff. Where possible the Practice will operate this policy in line with the principles laid out in the relevant ACAS guidance on how to handle grievances.

Informal Procedure

Members of the team who have concerns about a work-related issue should raise the matter with their immediate line Manager. Where possible, it is recommended the matter is discussed

informally in case it can be resolved simply. The employee should explain how they think that the matter can be resolved. Where necessary the Manager should investigate the concerns in an effort to respond and resolve the matter promptly and fairly.

Where the grievance is about another employee, then the Harassment and Bullying Policy should be used which in turn links to the Disciplinary Policy and Procedure. The Grievance procedure is intended to deal with concerns about employment, Managers decisions, pay or terms and conditions issues. If the grievance concerns the immediate Manager, or a Managers decision then the employee can raise the grievance with the next level of management or a Partner.

After an informal process is completed, the Manager should confirm the response in writing, ensuring all parts of the grievance raised have been answered. The response should include what actions have been taken, or intended to take, to resolve the grievance.

If your grievance is not settled to your satisfaction then you should put the grievance in writing confirming that attempts to resolve the issue informally have been made and the concerns will be dealt with under the Formal Grievance Procedure below.

Formal Procedure

If the matter is serious and/or you wish to raise the matter formally it is recommended the detail of the concerns are set out in writing for clarity. If the grievance is against your line Manager or you do not feel able to approach your line Manager then the concerns may be addressed to the Practice Business Manager or a Partner. Your concerns should be factual and avoid accusatory language which may be considered insulting or abusive. The letter should include information that identifies what you would believe to be a sensible resolution to your complaint or concern or your desired resolution.

Stage One

The employee should set out in writing the grievance/area of concerns to the Practice Business Manager, who will investigate and respond to the complaint within 10 working days of receiving the complaint. If the grievance concerns the Practice Business Manager, then the concerns should be sent to the Staff Partner. If the grievance remains unresolved at that stage then the process will move to stage two.

Stage Two

The Practice Business Manager will arrange a formal meeting at a reasonable time and place where the employee will be given the opportunity to state their remaining grievances(s). The team member is expected to make every effort to attend the meeting. After the meeting the team member will be informed of the outcome of the grievance and notified of the right of appeal against the decision if they remain dissatisfied.

Stage Three

Where a team member feels that some or all of their grievance have not been satisfactorily resolved they should let the Staff Partner know, clearly stating the grounds of their appeal within 10 days of receiving their written outcome from Stage Two. The Staff Partner will invite the employee to attend a further meeting without unreasonable delay. A final decision will be communicated to the employee following the meeting and the final right of appeal.

The employee has the right to be accompanied by a trade union representative or work colleague at the grievance meeting.

The same procedure can also be used for a group of employees who share a grievance.

Appeals Stage

This is the final stage of the process and will constitute the end of the procedure once completed. The Appeal Meeting will be chaired by a Partner not involved in the process so far and they will:

- Allow the Employee to attend and address a meeting, stating their reasons for the appeal and how they believe the matter could be settled.
- Allow the member of staff to be accompanied by a single companion, who can be another worker of the Practice or an official of a trade union. The companion will be permitted to confer with the member of staff and address the meeting but will not be allowed to answer on the member of staff's behalf. Where they are a workplace colleague they will be allowed time off work with pay to undertake this role, or where this is not possible the meeting will be re-arranged to allow this.
- Provide the member of staff with a written response normally within five working days, confirming the outcome and the appeals procedure exhausted.

GRIEVANCE AFTER LEAVING - PROCEDURE

Grievances can be raised in writing by former employees and will be addressed in accordance with the procedure above, however the former member of staff will be given the option of having their grievance addressed and responded to in writing.

Former employees wishing to raise a grievance should do so within one month of the termination date. This procedure will only apply where a grievance has not been completed before an employee leaves the Practice or where both parties have agreed, in writing, that the procedure will be used.

Records

A record of the grievance will be kept on the personnel file.

This will include:

- The nature of the grievance
- Outcome and the actions taken
- The reason for the actions
- Whether an appeal was lodged
- The outcome of the appeal
- Any subsequent concerns
- Copies of all correspondence issued.

HEALTH & SAFETY

The Practice is committed to the protection of the health, safety and welfare of all its staff, patients and visitors. An effective health and safety policy not only requires the full endorsement of all the Partners but it also requires the full collaboration and co-operation of all employees. You therefore have your own responsibility for health and safety at work both for yourself, patients and for other team members, as well as to comply with legislation such as the Health and Safety at Work Act 1974.

The Practice recognises that the effective management of health and safety issues is not a one-off exercise but a continuous process, managed with clear objectives and targets, work plans, time scales and allocated resources. This involves clearly identified and delegated responsibilities and constant vigilance.

Responsibilities

The Premises and Estates Lead Partner has the overall responsibility for health and safety within **The Practice Premises.**

Specific responsibilities are set out below:

It is the responsibility of all the Partners at the Practice to:

Maintain the spirit and letter of the principles incorporated in the relevant legislation to ensure the safest systems of work and a safe, healthy, working environment

Consult and involve employees to enlist active participation and support in promoting high standards of health and safety

Ensure all processes and systems of work are designed to take account of all health and safety matters

Undertake risk assessments as necessary.

It is every member of staff's responsibility to:

Bring to the attention of the management team any deficiency or short coming which you believe to exist in the Practice 's health and safety arrangements

Take all reasonable care for the health and safety of yourself and of fellow employees, patients and visitors and to report any hazard which you cannot control personally

Co-operate with the Practice by observing safety rules and complying with any measures designed to ensure a safe and healthy working environment

Undertake any health and safety training that is provided for you on the basis that this is mandatory and keeping this up to date.

Participate in risk assessments.

Information and Training

You will be provided with sufficient information and training where necessary to ensure your health, safety and welfare at work.

Risk Assessments, Hazard Identification and Review

Ad hoc and periodic risk assessments will be conducted. These will include site inspections, investigation of accident, incident and near miss reporting as well as audits and management reviews. The aim of these risk assessments is to ensure appropriate risk management controls and emergency procedures are in place as needed together with the proper maintenance of the working environment and to minimise risk.

Where a significant risk is identified, we will firstly seek to eliminate any sources of risk. However, where this is not possible or appropriate suitable risk control measures will be implemented to protect employees and others from harm.

HEPATITIS B STATUS

The Practice is required to record and monitor the Hepatitis B status of all employees. This also falls under our duty of care to both staff and patients under the Health and Safety at Work Act. If you perform exposure-prone procedures (EPP) i.e. where there are invasive procedures, where an injury to you may result in the exposure of the patient's open tissues to your blood, then you should be immunised against Hepatitis B. If you are HBeAG positive then you will not be allowed to perform any exposure-prone procedures. Before appointment you are required to sign a health declaration form and you should declare your Hep B status on that document. Should your status change during your employment you are expected to disclose this to your line Manager at the earliest opportunity.

All new clinical staff will be checked that they are non-infectious prior to their appointment to an EPP post as they are ineligible for the role if infectious. Please refer to the Hep B Policy and the Staff Immunisations and Screening Policy.

HIV/AIDS POLICY

This policy applies to all employees and Partners and also to anyone else who works at the practice including self-employed staff, temporary staff and contractors. Anyone who has AIDS or who is HIV positive will not be discriminated against and has the right to confidentiality and privacy. If any disclosure is necessary about an individual who has AIDS/HIV, it will only occur after authorisation has been sought from the staff member.

If you are a non-clinical worker and become infected with HIV or develop AIDS you are not required to advise the Practice, unless you wish to do so.

If you are a clinical member of staff and become infected with the HIV virus or develop AIDS it is your responsibility to follow your professional bodies guidance on disclosure.

If your performance suffers or you are absent from work because of illness caused by HIV or AIDS, you will be treated in the same way as any other individual with a serious illness.

You are expected to work normally with a colleague who has or is suspected of having AIDS or who is HIV positive. Failure to do so would be a disciplinary offence.

A person with HIV/AIDS will only be redeployed if it is in their own interests of safety or that of others.

HOME WORKING GUIDANCE

The security and safeguarding of materials, whether in electronic or paper format, must be paramount before anyone is permitted to work from home.

A risk assessment of the home premises, together with the individual proving that they have appropriate home insurance cover to enable the activity to take place, must be evidenced.

Any improvements required to enable safe working from home must be addressed before any Practice-related work is conducted at the home premises.

Assurances must also be sought and confirmed in writing from the clinical system supplier (where appropriate) that secure dialling-in procedures have been made available to named users.

By default, laptops, memory sticks and removable hard drives all have encryption software installed.

Home Workers will need to be made fully aware of their Information Governance responsibilities.

Appropriate forms must be completed to ensure that users understand the terms and conditions for the use of the media in question.

Permission must be sought before taking any confidential information away from the Practice in paper format. Home workers must ensure that any such information will be kept secure during transit as well as inaccessible by other members or visitors to the household.

Before any Practice activity is carried out by the home worker, individuals will be required to sign a Home Working Agreement that the terms and conditions of Home Working will be complied with. Any breach of the Agreement may lead to disciplinary action being taken and the arrangement withdrawn. Appropriate desk, chair, secure storage and broadband connection must be available. No additional costs will be met by the Practice.

Incidents may need to be reported and escalated through Incident reporting process for further investigation. The terms and conditions of the Home Working Agreement should be reviewed periodically to ensure that everything is in place to support the activity.

HOURS OF WORK

The normal standard hours of work are 37.5 hours a week for a full-time member of staff.

Members of staff's individual hours of work are given in their contract of employment.

Salaried employees are expected to work the hours required for them to complete their role commitments and hours worked over 37.5 are not paid and this will be outlined in their contract.

GP sessions are those laid out in their contracts of employment.

Practice hours will vary due to service need and developments, some weekend working or Public Holiday working may be necessary, on occasion, to meet the needs of the NHS. (for example, when we are running flu clinics).

INFORMATION GOVERNANCE

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. It is therefore of paramount importance to ensure that information is efficiently managed and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management.

The Practice recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. The Practice fully supports the principles of corporate governance and recognises its public accountability but equally places importance on the confidentiality of and the security arrangements to safeguard both personal information about patients and staff and commercially sensitive information. The Practice also recognises the need to

share patient information with other health organisations and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.

INDUCTION POLICY

The Practice has a duty to ensure that all new staff and staff transferring to new employment or undertaking new duties, including those on fixed term contracts or secondments and temporary or locum staff receive induction specific to the need of that particular staff member.

This policy applies to all members of staff irrespective of the hours they work; i.e. full time, part time, shift workers, agency and locum staff.

It is important a record of the identified mandatory training requirements for staff is kept.

Where a member of staff is from an agency any mandatory training records should be requested. They will receive a limited local induction to ensure they are confident to undertake the role and have the required information to do so.

The induction process is designed to:

- welcome new employees and present them with accurate information about their work and their work area so that they can quickly become integrated and productive members of staff.
- ensure that new employees receive appropriate information, instruction and training to enable them to understand the context of their job;
- ensure that new employees are aware of relevant requirements of Health & Safety, Corporate information, Employment Policies and other administrative procedures;

The line Manager has ultimate responsibility for ensuring that all staff working in their team receives an induction on commencement of employment or on transfer to the team and that Statutory and Mandatory training as required for their role has been undertaken.

Managers are responsible for ensuring that each individual employee who is:

- new to the Practice
- starting on a new fixed term contract or secondment
- starting as bank/agency, staff/locum

receives such induction as is appropriate to their individual circumstances and the legal requirements, and to welcome them to the organisation.

All managers, team leaders or supervisors of staff are responsible for ensuring that their staffs have received sufficient and suitable induction to allow them to undertake their roles safely and without undue risk to their health. The Practice Induction Form should be fully completed within the first four weeks of employment, signed off by both the Manager and the staff member and then placed on the member of staffs personal file. Some items must be discussed on the first day of employment e.g. emergency procedures, essential health and safety information, housekeeping issues, refreshment areas, fire procedures and confidentiality to ensure the new member of staff feels comfortable in their new work environment.

Managers must keep the completed checklists for temporary and locum staff as a record that each part of the induction has been completed with each worker or contractor. Training records of all locums and agency staff must be maintained by the Practice Business Manager. Where a locum or agency worker is used again within a reasonable time frame the induction can be referred to, preventing unnecessary repetition.

LONE WORKER GUIDANCE

Lone working can take place when people:

- Work as individuals at a Practice site;
- Are separate from others;

- Work away from their base or at remote locations;
- Work outside normal hours;
- Travel as part of their work;
- Provide services to the public at other locations such as homes of patients;
- Work from home

Hazards

Hazards which lone workers can encounter are:

- Accidents or emergencies arising out of the work including inadequate provision of first aid;
- Sudden illnesses;
- Inadequate provision of rest, hygiene and welfare facilities;
- Violence from members of the public or patients.

Legal duties of employers

Employers are under a general duty under Section 2 of the Health and Safety at Work Act to maintain safe working arrangements for staff.

Under Regulation 3 of the Management of Health and Safety at Work Regulations, employers are obliged to carry out a risk assessment of the hazards to which their employees and others are exposed or reasonably may be expected to be.

It should be stressed that lone working is an exception and should only occur in extreme circumstances with risk assessments undertaken with the lone worker and any risk mitigations are put in place.

Working within a Practice alone

If you are ever required to work on your own within a Practice, you should take the following precautions:

Arrange to have a colleague with you.

Risk assess your own personal safety in any lone working situation e.g. should you recognise any risk or hazard you should take immediate action to address this or contact a line Manager for advice and support.

Ensure a member of the Management team is aware and has sanctioned your lone working.

Check all external doors and accessible windows should be locked where the public could gain access.

Not admit anyone to the premises who is unknown to you or who you are not expecting

Keep your keys secure and not accessible to any members of the public.

Keep a mobile phone on your person or make sure you know where the nearest telephone is and the telephone number of either the nearest police station or another building key holder.

Use the most secure door for access and exit.

Know your escape routes.

Do not undertake any high risk physical activity such as lifting and carrying or working on ladders

Ensure that someone knows what time you expect to be home.

Ring that person when you leave the building and advise that you are leaving and if you do not live at the same address as the person make sure you ring them when you get home so they know you have arrived safely.

Home Visits

The Practice will do everything possible to remove the risks associated with any home visits which have the potential to cause harm or are a potential risk to a staff member. If it is thought that a home visit may be inappropriate for personal safety reasons then an alert will be placed on the clinical system and an alternative means of delivery of the health service will be investigated.

All employees should risk assess their own personal safety in any lone working situation e.g. should you recognise any risk or hazard you should take immediate action to address this or contact a line manager for any advice and support

Where the patient is known to the Practice and a repeat home visit is part of their normal care, then it is likely that the risk associated with such a visit will be minimal. Where a home visit is a first request and the patient is not well known then it may be considered appropriate for two members of staff to attend initially to assess the potential risk.

Prior to attending any home visits you should record:

- Who you are going to see
- Their address
- Time of the appointment
- Expected duration of visit
- Reason for visit
- Expected time of return to the surgery or home or next appointment, if not returning directly

You should always follow this guidance:

- Take a mobile phone with you
- Arrange a distress code with the centre so the Practice will know to call the police without alarming the patient or householder
- Park as close as possible to the house you are visiting.
- Make sure the area is well lit. If you are having to park in a cul-de-sac make sure your car is pointing towards the exit so if you need to make a quick getaway you can.
- Call the Practice after you leave each patient to inform them that you have safely completed your visit
- If you feel in danger in any way on arrival, do not enter the premises, make an excuse and contact the Practice immediately.

Preventing Violence

Procedures should be devised to maximise personal security, minimise the risk of violence from the public, e.g. elimination of handling cash, make changes of route when transporting valuables or confidential information, equipment or drugs, adequate building security for out of hours working.

Consideration should be given to the fact that women working alone are particularly at risk. See also the Practice's Violence and Aggression policy and Lone Working Policy.

Notifying the CQC of incidents reported to, or investigated by the Police

The Practice is required to notify the CQC without delay of incidents reported to or investigated by the Police.

There is a dedicated Notification form for this type of incident. The form is contained in the **Outcome 20 document "Notification of Other Incidents – Outcome 20 Composite Statements and Forms"**

The Practice Business Manager is responsible for notifying CQC without delay if there is an occurrence of this type of incident as well as the Registered Person. Where the Registered Person is unavailable, for any reason, the Practice Business Manager will be responsible for reporting the incident to the CQC.

Notifying the CQC of Serious Injury to a person who uses the Service

The Practice Business Manager is responsible for notifying the CQC without delay about events that lead to:

- Serious injury to any person who uses the service.
- An injury requiring treatment by a healthcare professional to avoid death or serious injury.

Serious injuries would include:

Injuries that lead to or are likely to lead to permanent damage – or damage that lasts or is likely to last more than 28 days that affects:

- A person's sight, hearing, touch, smell or taste
- Any major organ of the body (including the brain and skin)
- Broken bones
- Muscles, tendons, joints or vessels
- Intellectual functions, such as
 - Intelligence
 - Speech
 - Thinking
 - Remembering
 - Making judgments
 - Solving problems

Injuries or events leading to psychological harm, including:

- Post-traumatic stress disorder
- Stress that may require clinical treatment or support
- Psychosis
- Clinical depression
- Clinical anxiety

Any injury or other event that causes a person pain lasting or likely to last for more than 28 days

Any injury that requires treatment by a healthcare professional in order to prevent:

- Death
- Permanent injury
- Any of the outcomes, harms or pain described above.

As above where the Registered Person is unavailable, for any reason, the Practice Business Manager will be responsible for reporting the serious injury to the CQC.

There is a dedicated Notification form for this type of incident. The form is contained in the ***Outcome 20 document "Notification of Other Incidents – Outcome 20 Composite Statements and Forms"***

MANAGEMENT OF CHANGE POLICY

1. Purpose

This policy lays out the Practice's procedures for managing organisational change to ensure that change is handled in a way that is sensitive, consistent, fair and in line with statutory requirements and best practice. It is the aim of the Practice to provide all staff with the highest possible level of employment security. However, it is recognised that service developments and the need to continually improve organisational effectiveness may sometimes necessitate changes to staffing levels, structures, roles and ways of working.

2. Scope

This policy applies to all employees of the Practices.

3. Types of Organisational Change

3.1 Ongoing Minor Change

In order to adapt to changing requirements, it is likely that the Practice will need to make periodic changes to roles, responsibilities and/or working practices. Staff will, therefore, be expected to accept reasonable changes appropriate to their post as detailed within their job description.

It is also useful to note that in order for the Practice to prosper and to avoid any situation that would cause the consideration of job losses in the future, organisational change and flexibility must be a key consideration. Members of staff are asked to view their approach to their work and their contracts of employment as being flexible, in order to ensure that maximum efficiency is achieved to the benefit of our patients.

Where changes are required, or new systems are being introduced the reasons for these will be discussed with staff and they will be given the opportunity to state their views and suggest any alternative solutions. Training will be provided where necessary to equip staff with any new knowledge or skills they may require. Affected individuals will be given reasonable notice of the change and be supported, as far as practical, to adapt to the new way of working.

Change Affecting Job Security

Changes that may affect job security, resulting in potential job losses include:

Reorganisations, restructures or mergers

Reductions in or discontinuations of specific areas of work

Major changes to working practices or contractual terms

Change Across Organisational Boundaries

Where organisational changes require staff to be transferred from one employer to another, the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and subsequent amendments will apply.

Planning the Organisational Change

Making the Case for Change

Staff will be informed of any need for organisational change, usually in writing, as soon as is reasonably practicable.

This will usually include:

- The reasons for making the change
- An overview of how services will be provided or roles will be changed under the revised arrangements.
- The extent of the change and the number of staff likely to be affected
- The programme for managing the change and the likely timescales

This information will provide the basis for discussion with staff. Any plans may need to be amended to take account of the outcome of these discussions.

Measures to Minimise the Impact of the Change Where Job Security is Affected

As soon as the need for change has been identified the Practice will consider implementing measures to minimise the level of potential redundancies.

These may include:

Ensuring effective communication arrangements are in place in all areas

Ensuring staff have access to regular support and advice

Allowing for a gradual reduction in employee numbers through natural wastage

Restricting recruitment

Reducing overtime and the use of locum and temporary staff

Identifying staff who voluntarily may wish to reduce their hours or job share

Providing retraining of staff into new areas of work

Exploring the possibility of offering voluntary redundancy or early retirement

Setting up transparent and fair processes for redeployment

Any alternative means of reducing the risk of redundancy as agreed during discussions with staff

Every effort will be made to find suitable alternative employment within the Practice for employees who are at risk of being displaced.

Consultation Arrangements

The Practice recognise that open and effective communication and consultation is key to successful organisational change. This communication and consultation will take place with individual members of staff and staff representatives as appropriate (see below), starting at the earliest opportunity and continuing on an on-going basis throughout the change process.

Consultation Timescales

If the change proposals are liable to result in job losses, a more formal consultation in line with statutory requirements, will be undertaken. Under normal circumstances, the Practice will give 30 calendar days' individual notice of redundancy. However, for consultation affecting only a few staff consultation may be for a shorter period, provided this remains reasonable and meaningful.

Consultations with Staff Representatives

Whenever any significant change involving a large number of staff is proposed, the Practice will discuss the proposals with an elected/nominated group of staff representatives.

Individual Staff Consultations

The Practice will ensure that those individuals in posts potentially affected by the change (regardless of the nature of the change) are fully consulted at the earliest opportunity, this will include staff who are on leave during the consultation process.

The Practice recognises that organisational changes can be very stressful for staff and will endeavour to ensure that the changes are implemented as sensitively and openly as possible.

This will include:

- Involving as far as possible the affected staff in the initial shaping and design of the new way of providing the service

- Meeting with the affected staff, either in small groups and/or individually, during the consultation period to advise them of the change and provide them with the opportunity to give their views and alternative suggestions in relation to the proposals.

- Discussing with any staff who are potentially at risk of redundancy what their preferences are with regard to possible options available such as redeployment, voluntary redundancy or undertaking training for another type of role.

- Ensuring staff are communicated with at all stages of the process and updated including staff on long term leave or on sickness absence.

Staff may choose to be accompanied by a work place colleague at any stage of the change process.

Notification

Where proposals involve making 20 or more employees redundant within a 45-day period, the Practice has a statutory duty to notify the Department of Business and Innovation and Skills in writing giving at least 30 or 45 days before the dismissals are due to take effect, depending on numbers.

Selection Criteria for Redundancy

Where job losses are likely to be necessary, the Practice is committed to applying objective, non-discriminatory and fair criteria to the process of selection of staff for redundancy.

Under normal circumstances, staff will be selected on the basis of their relevant skills, experience and qualifications to undertake the remaining jobs, as assessed through formal interviews. There may be occasions where alternative selection criteria are used such as conduct and performance (as evidenced through disciplinary and performance review records) and also attendance records.

Notice of Redundancy

Where staff have not been successful in obtaining a post in the new structure, a Partner of the Practice will meet with them individually to:

- Inform them that they are being issued with formal notice of redundancy
- Confirm the reasons for the redundancy
- Provide them with details of their redundancy benefits
- Confirm the effective date of dismissal
- Explain the support that is available to them
- Address any other concerns that they may have

The meeting will be followed up with a letter giving formal notice.

Where operational efficiency requires the changes to be implemented quickly, there may be circumstances where it is necessary to issue notices of redundancy to run concurrently with redeployment to the new structure.

Redundancy Situations

Voluntary Redundancy

Where it is not possible to redeploy all affected staff, the Practice may decide to invite applications for voluntary redundancy as an alternative to compulsory redundancies. It will be for The Practice to decide which requests are approved. It is highly unlikely that The Practice will agree to applications where the individual has specialist skills that are still required.

Compulsory Redundancy

If it is not possible to redeploy an at-risk employee, they will become compulsorily redundant at the end of their notice period.

Staff who are to be made redundant will normally work their full notice period. If individual leaves early at their own request, after notice has been given, the redundancy payment will be recalculated to the revised termination date. Where the Practice instigates an earlier leaving date for reasons of efficiency of the service, a payment in lieu of notice will be made.

Redundancy Payments

Redundancy payments will be made in accordance with the statutory requirements in place at the time.

Other Provisions

Retraining

Where no staff are available with the full skills required to undertake a vacant post but an individual is judged to have the potential to acquire the additional skills they need within a reasonable timescale and cost, the Practice may consider providing appropriate further training to enable them to do this. Any such arrangement will be with the agreement of the individual concerned.

Trial Periods

Where an at-risk employee is offered redeployment into a new post with different responsibilities, they will have a right to a four-week trial period to allow both sides to decide if the work provides a suitable alternative, whilst still protecting the individual's right to a redundancy payment. This period may be extended by mutual agreement to enable the employee to be retrained for the new work where applicable.

At the end of the trial period one of the following will apply:

- The individual will be confirmed in the post
- Further suitable employment will be sought
- The employee will be made redundant

Pay Protection

Where as a result of organisation change, an employee is required to transfer to a lower grade post, then pay protection will apply. This will be for a period of 1 year. Employees are not eligible for pay protection when the change is of their choice or where they are downgraded for other reasons (e.g. as a result of disciplinary action or ill health capability).

At the end of the 1 year period, the salary will revert to the rate at which the role was originally evaluated at.

Time Off

Employees who are under notice of redundancy will be allowed reasonable paid time off, with the advance permission of their team leader/manager, to search for alternative work, prepare for and attend interviews.

Excess Travel

Where as a result of organisational change, an employee is required to change their base, they will be reimbursed their additional daily travelling expenses for a period of 1 year from the date of transfer. The rate will be in accordance with HMRC rates. (Considering public transport as a more economical alternative)

Employee Support

The Practice is committed to doing everything it reasonably can to support staff during what can be a stressful time.

Appeals

Staff wishing to complain about the way that the consultation or redeployment processes have been handled should raise their concerns under The Practice 's Grievance Procedure. Staff who have been dismissed and wish to appeal against their selection for redundancy should do so under the appeal process laid out in the Disciplinary Procedure. All staff have the right to appeal against redundancy in line with this procedure and will be notified of that in writing should their post be selected for redundancy.

MANUAL HANDLING

The Manual Handling Operations Regulations 1992, as amended in 2002, apply to a wide range of manual handling activities, including lifting, lowering, pushing, pulling or carrying. The load may be inanimate such as a box or trolley, or animate such as a person.

The Practice has a responsibility to ensure your health and safety but you also have a duty to take reasonable care for your own health and safety and that of other staff, patients and members of the public who may be affected by your actions or omissions.

The Practice will provide training in manual handling for all employees where it is required. However, there are actions you can take to minimise any manual handling risks:

Avoid manual handling where possible. Check whether you need to move the item at all. If you do is there an automated or mechanised system you can use.

Assess and reduce the risk of injury. Where possible the Practice will assess the risk, but if there is an unforeseen or emergency situation this may not always have been possible. You are often aware what problems are and how they are best solved and can assist us in carrying out assessments and bringing potential problem areas to our attention ideally before the situation arises.

If you do have to undertake manual handling look to see if there are any ways you can reduce the risk e.g. can you make the load lighter or less bulky, can you reduce the carrying distance or push it rather than pull, ask for help from a fellow team member.

If you do have to conduct manual handling then you should consider the following:

Technique for lifting

Think before lifting and try to plan the lift
Keep the load close to the waist
Adopt a stable position
Get a good hold
Start in a good posture
Don't flex the back any further while lifting
Avoid twisting the back or leaning sideways
Keep the head up when handling
Move smoothly
Don't lift or handle more than can be easily managed
Put down, then adjust if you need to put the load into a certain position

Technique for pushing and pulling

If possible use an aid such as a trolley
If you have to negotiate a slope, uneven ground or a ramp, always enlist help from a colleague
To make it easier to push or pull keep your feet well away from the load and go no faster than walking speed.
It is preferable to push rather than pull a load

Emergency Situations

It is recognised that there may very occasionally be an emergency or life threatening situation where there is a need to move quickly and it may not be possible to carry out a proper risk assessment. If this is so you must take extreme caution when completing an emergency handling task in order to ensure your own and the safety of everyone else.

DO NOT CARRY OUT ANY MANUAL HANDLING WHICH COULD PUT YOU AT RISK UNDER ANY CIRCUMSTANCES.

Employees as well as employers have a duty of care to themselves and their team members in this respect. REPORT PROBLEMS YOU MAY FORESEE AS SOON AS POSSIBLE

MATERNITY

Every pregnant employee (whether part-time, full-time, permanent or temporary), regardless of her length of service is entitled to take up to 52 weeks' unpaid maternity leave. This consists of 26 weeks' ordinary maternity leave and a further 26 weeks' additional maternity leave.

Timing of Maternity Leave

Unless you give birth prematurely, you may begin your maternity leave at any time on or after the beginning of the 11th week before your expected week of childbirth.

Ordinary maternity leave lasts for 26 weeks. Additional maternity leave, which runs for a further 26 weeks, starts on the day after the ordinary maternity leave period has ended. You may if you wish return to work before the end of your maternity leave period, subject to the conditions under Compulsory Maternity Leave (two weeks' minimum leave) and Early Return to Work procedures, set out below.

Rights During Maternity Leave

You have the right to the continuation of all your contractual terms and conditions of employment, except pay, throughout your maternity leave, both the ordinary and additional maternity leave periods. Although you are not entitled to be paid, you may qualify for statutory maternity pay (SMP) from the Practice.

Statutory Maternity Pay

If you have been continuously employed for at least 26 weeks up to and including the 15th week before the expected week of childbirth (EWC) and your average weekly earnings are equal to or greater than the lower earnings limit for National Insurance contributions purposes you will normally qualify for up to 39 weeks' statutory maternity pay (SMP).

There are two rates of SMP:

During the first 6 weeks of maternity leave, the rate is 90% of the employee's average weekly earnings or SMP, whichever is lower.

For the remaining 33 weeks, a flat rate of SMP applies which changes every year.

If you are not entitled to SMP you may qualify for Maternity Allowance. You will need to contact the Benefits Agency to establish if you are eligible for Maternity Allowance. The Practice will issue an SMP1 form to enable you to do this once you have applied for Maternity Leave and Pay with us and it is not payable.

Clinically Registered Staff

Professional registration includes the General Medical Council, Nursing Midwifery Council and other clinical registration bodies. Clinical members of staff should refer to their contract of employment for details of their maternity pay and leave conditions.

Notification Procedures

To exercise your right to maternity leave, you must provide the Practice with the following information by the end of the 15th week before your expected week of childbirth:

- a) That you are pregnant
- b) The expected date of childbirth (EDC)
- c) The date on which you intend your maternity leave period to begin. You need to advise us of this date in writing.
- d) Certificate of Expected Confinement (Form **MatB1** or an equivalent document) signed by your doctor or registered midwife.

You may change your mind about the date on which you wish your maternity leave to begin so long as you inform the Practice of that fact and give at least 28 days' notice of the revised start date.

Premature Births and Stillbirths

If you were to give birth prematurely before you had started your maternity leave, then your maternity leave period will begin on the day after childbirth occurs. You must inform the Practice as soon as is reasonably practicable of the birth and also provide us with a Form Mat B1 and a Form Mat B2 (Certificate of Confinement on the reverse of Form Mat B1) or an equivalent document, signed by your doctor or midwife, confirming the date on which the birth occurred.

Childbirth is defined and includes the birth of a living or dead child after 24 weeks of pregnancy. If you give birth after 24 weeks you are entitled to the same maternity leave and SMP as other employees. If, however, the birth is before the 25th week of your pregnancy then you will not be entitled to maternity leave or sick pay unless you give birth to a live child. Instead any absence will be treated as sickness absence and you will be entitled to statutory sick pay.

Triggering Provisions

If you fall ill or are already absent from work with a **pregnancy-related** condition on or after the beginning of the 4th week before your expected week of childbirth, your maternity leave will be triggered automatically. So, in this case maternity leave begins either on the first day of the fourth week or on the day immediately following the day on which you were taken ill, whichever occurs

sooner, irrespective of whether this is the date on which you intended to start your maternity leave. Other non-maternity related illness will not trigger maternity leave starting. You must advise us as soon as is reasonably practicable that that you are absent from work, wholly or partly because of pregnancy.

Reasonable Contact

The Practice is entitled to maintain reasonable contact with you if you are on maternity leave. The main reasons for this would be to keep you up to date on developments in the workplace or to discuss your plans for returning to work.

Keeping in Touch Days (KIT days)

KIT days were introduced by the Work and Families Act 2006 and are intended for “keeping in touch” during your maternity leave. This allows you to come into work for up to 10 days whilst on maternity leave (which may be in separate days or in a single block) without losing any statutory maternity pay or triggering the end of your maternity leave. There is no automatic right to work KIT days or to work them. Both you and your line manager need to agree dates in advance:

- That you will do some work
- The type of work, or could be attending a specific training course
- The amount of remuneration that will be payable in respect of the work done.

Shared Parental Leave (see also separate section on Shared Parental Leave)

Qualifying mothers and adopters continue to be entitled to Maternity and Adoption rights but they may also choose to end this leave early and exchange it for Shared Parental Leave and Pay. They and their named partner will then need to decide how they want to share this entitlement. Two weeks of paid Paternity Leave continues to be available to qualifying fathers and the partner of a mother or adopter. Shared Parental Leave has replaced Additional Paternity Leave entitlements.

Return to Work After Maternity Leave

There are different notification rules depending on when you choose to return to work.

Notification of return to work

If you wish to return to work at the end of additional maternity leave, you need do no more than arrive for work on the appointed day. If you are ill and unable to return on your due date, you must notify the Practice as soon as you are aware and in accordance with the Practice’s sickness policy.

Early return to work

If you wish to return to work before the end of additional maternity leave you must notify the Practice of the proposed early return date at least 8 weeks before the date in question. If you do not do so then the Practice may delay your return until those 8 weeks have elapsed or until the date on which you would otherwise have been due to return, whichever occurs sooner. Where the Practice is able to accommodate an earlier return this will be advised.

Return to work after ordinary maternity leave

If you return to work before or at the end of ordinary maternity leave, you have the right to return in the job you occupied before your maternity leave began. Your right to return in your original job prevails even if you take up to 4 weeks’ unpaid parental leave immediately after your ordinary leave period.

Return to work after additional maternity leave

If you take additional maternity leave the entitlement to return to your previous job changes and you are entitled to return to work either in the job in which you were employed before your maternity leave began or if that is not reasonably practicable to another job that is both suitable and appropriate

for you to do in the circumstances. Any alternative job must be on terms and conditions no less favourable than those you would have enjoyed but for your absence on maternity leave.

Resignation

If you decide not to return to work after your maternity leave you must give us notice of termination as set out in your contract of employment. In these circumstances, where you have an entitlement to occupational pay during maternity leave under your contract you will be required to pay back that element of your pay unless you return to work for a minimum of three months.

Effect on continuous service

The whole of your maternity leave period will be counted when calculating your entitlement to any service related benefits such as annual leave or sickness in line with your contract of employment.

Requests for Part Time Working

We will always consider any request for part time working following maternity leave carefully and objectively. There is no obligation for the Practice to agree flexible working requests.

Time Off for Antenatal Care

You have the right to time off work with pay if you are pregnant and have made an appointment to receive antenatal care with a registered medical practitioner, registered midwife or registered health worker. If you do have such an appointment, or series of appointments, you should complete the Absence Notification Form and hand this to your line Manager. It would be appreciated if where possible you could arrange any such appointments at the beginning or end of your working day to minimise time away from work. You may also be asked to produce a doctor's certificate or letter confirming you are pregnant and also your appointment card.

MEDICAL AND DENTAL APPOINTMENTS

Where possible and to avoid disruption to services and your team, you should seek medical and dental appointments preferably outside your normal working hours. If this is not possible you should try and gain your appointment at a time that causes the least impact to others such as near lunchtime or at quieter service times.

If you do have to make an appointment during your normal working day, or one is made for you by a Hospital for example you will need to agree this with your line Manager in advance, preferably by completing the Absence Notification Form in advance. This applies to all staff, including part time and those on flexi working arrangements although it is recognised this is less likely to apply for those on part time and flexi contracts.

These appointments should normally to be taken in your own time or in annual leave unless they are emergency appointments or related to a disability. Please discuss these issues with your line manager. Paid time off may be granted at the discretion of the Practice Business Manager, depending on the circumstances. Each case will be considered on its merits.

MOBILE AND WORK TELEPHONES

Personal mobile phones should be switched off whilst on duty and should only be turned on in the building during break times unless you have an agreement with your line Manager to keep them on in exceptional circumstances. Where this is in case of emergencies in relation to dependents all notifications should be silenced.

The Practice telephones are for business use only, although they may be used for personal calls in emergencies. We expect you to use common sense over the use of work phones and that any emergency call will be within the local area and will only be for a short period of time. If you are in doubt or if the circumstances are exceptional you will need to get permission from your line manager.

As part of our on-going monitoring of Practice business for quality purposes, telephone calls may be recorded and the content of voice mail boxes monitored.

Abuse of use of work telephones or Practice mobile devices for personal calls or non-emergency use of a personal mobile telephone during working time may lead to disciplinary action.

OPENNESS (DUTY OF CANDOUR)

Although a rare event, when a medical related incident occurs in which a patient suffers harm or dies, entering into an open dialogue with the patient, their carers or their representatives can significantly reduce the impact, stress and worry for all concerned. An essential part of handling patient related incidents effectively is following an established procedure of honest and open communication with them, their carers or their families. There is now a duty placed on all staff employed to provide NHS care, as detailed in the Francis Report, called the 'duty of candour' which is an obligation duty to report cases in which care has led to death or serious harm to a patient,

For the avoidance of doubt a notifiable incident is an unintended or unexpected incident occurring that results in death, impairment of sensory or intellectual function for a continuous period of 28 days or more, prolonged pain or psychological harm, shortening of life expectancy.

The benefits of a being open:

- Assisting patients to acknowledge and accept that mistakes and errors can occur;
- Helping patients understand how and why a specific mistake or error took place;
- Helping ensure that the communication procedure has been appropriate to the situation;
- Enhancing the clinician's understanding of how the incident affected the patient, their family and carers from their point of view;
- Improving the clinician's ability to handle difficult situations effectively;
- Reducing the likelihood of a formal complaint and the incidence of costly legal action.

The following elements should be part of an effective culture of being open:

All Practice staff and clinicians likely to be involved in such incidents have received appropriate communication-skills training, including the ability to relate to the patient, their carers or their families.

Our policy is to ensure we adopt a realistic response timeline, an effective investigative, analysis, feedback and follow-up system, as well as appropriate counselling support should this be required;

Guidance on the procedure to be followed is clear and all relevant Practice staff and clinicians have been made familiar with its processes and understand its requirements.

The patient, their carers or their families can have confidence in the process because:

- An apology is offered as soon as it is practically possible to do so;
- The clinician(s) involved in the incident are actively involved in the discussions with the patient, their carers or their families;
- The concerns of the patient, their carers or their families are always respected and listened to.

OVERTIME/ ADDITIONAL HOURS/TOIL

Overtime is not normally payable. Any additional hours that are worked must be agreed in advance with the line Manager. If you do work additional hours which has not been previously agreed you may find that no payment will be made to you as it was unauthorised. Please keep a full and proper record of any additional hours worked, including the exact hours, who authorised it and the reasons for it.

Overtime and additional hours will be paid at the normal hourly rate unless otherwise agreed.

Additional hours will only be paid once at least **30 minutes extra** has been worked and previously authorised and then in **15 minute** blocks following that.

Time Off in Lieu (TOIL) will be considered an option instead of additional pay and you will be informed of this at the time of the additional time is authorised. Any TOIL however cannot be taken in advance of working the hours and it will be at the rate of an equivalent number of hours as those worked for the overtime. **TOIL may be accumulated up to a maximum of 3 days' pro rata for part time staff.** As with overtime any TOIL must be agreed with your line manager in advance of accumulating it and it must be agreed when it can be taken.

Working on a weekend is considered as normal working hours and is not normally enhanced. Any additional hours/time off in lieu that has been agreed should be recorded on the appropriate additional hours' form, once the hours have been completed. Additional hours, even if regularly agreed and worked, will never be classed as a permanent contractual right. Additional hours forms once authorised, should be submitted at month end to the Finance team for payment the following month end.

STATUTORY PATERNITY LEAVE AND PAY

You are entitled to take statutory paternity leave if you meet the eligibility criteria is set out below and you are an employee, the biological father of a child or are the current spouse or partner of a woman who has given birth to a child or if you are one of a couple who have jointly adopted a child and you are not the one taking adoption leave.

Eligibility

To qualify for paternity leave (birth or adoption):

In a birth situation have been continuously employed by the Practice for 26 weeks or more by the end of the 15th week before the mother's expected week of childbirth

or

In the case of adoption from the UK, have been continuously employed by the Practice for 26 weeks or more by the end of the week in which you were notified of having been matched with the child

or

In the case of adoption from overseas, have been continuously employed by the Practice for 26 weeks or more ending with the week in which the child's adopter received official notification from the relevant domestic authority.

You must also:

In a birth situation, be the child's biological father and have, or expect to have, responsibility for the child's upbringing; or if you are not the child's biological father be the mother's husband or partner (including same sex partners) and have or expect to have (apart from any responsibility of the mother) the main responsibility for the child's upbringing,

or

In an adoption situation, whether from within the UK or overseas, be married to or the partner (including same sex partners) of the child's adopter and have or expect to have (apart from any responsibility of the adopter) the main responsibility for the child's upbringing

or

In a birth situation if the child is born early you will still qualify for paternity leave if you would have had the required 6 months' service at the expected week of childbirth as is it this date that is the qualifying date not the actual date of birth. Likewise, in adoption leave it is the expected date of placement not the actual date that determines the right of the adopter's spouse or partner to take paternity leave.

Shared Parental Leave

Your partner may choose to end Maternity or Adoption Leave early and exchange it for Shared Parental Leave and Pay which they can choose to share.

Two weeks of paid Paternity Leave continues to be available, in addition, to qualifying fathers and the partner of a mother or adopter. (see also Shared Parental Leave)

Duration and Timing of Paternity Leave

Paternity leave may not be taken in blocks of less than a week and if you choose to take only one week you will not be able to take the second week at a later time.

Only one period of paternity leave is available regardless of the number of children born as a result of the same pregnancy or adopted under the same arrangement.

The chosen period of leave (1 week or 2 consecutive weeks') must be taken in full:

- Within 56 days of the child's birth or if the child is born prematurely, within the period starting with the actual date of birth and ending 56 days after the week in which the childbirth was due to occur
- In the case of a child adopted from within the UK, within 56 days of the date of which the child was placed with you
- In the case of a child adopted from overseas, within 56 days of the child's entry into Great Britain

Paternity leave can start on any day of the week.

Notification Procedure

If you wish to exercise your right to Paternity Leave or Shared Paternity Leave you must notify The Practice in writing using the Absence Notification Form:

- In a birth situation, no later than the end of the 15th week before the mother's expected week of childbirth, the date of expected birth or if the baby is premature the actual date of birth.
- In the case of adoption from the UK within 7 days of the formal notification that you have been matched, the date on which the child is expected to be placed with you for adoption, or if the placement has occurred the date on which it happened
- In the case of adoption from overseas, within 28 days of receiving official notification of acceptance the date on which the child is expected to enter the UK.

In all three of the above cases you must also advise the Practice of the dates of one week's paternity leave or two weeks' consecutive paternity leave or Shared Parental Leave and the date you want the leave to begin. Please, address such requests to your line Manager. You may change your mind about the date you wish your paternity leave to start but you must give us at least 28 days' notice of the revised date, wherever possible.

You must also sign a declaration confirming your relationship with the child and its mother (adopter) and asserting that you have or expect to have responsibility or joint responsibility for the child's upbringing.

The form you will have to complete is an HMRC form, SC3 "Becoming a Parent" or SC4 "Becoming an Adoptive Parent", depending on your circumstances.

Rights During and After Paternity Leave

You have the right to the continuation of all contractual terms and conditions of employment, except pay whilst on leave.

After returning from paternity leave you have the legal right to return to the same job you held immediately prior to that period of leave without any loss of seniority or pension rights or any other rights dependent on a period of employment. (see also Shared Parental Leave and Shared Parental Leave Pay which has replaced Additional Paternity Leave and Additional Statutory Paternity Pay ASPP)

Statutory Paternity Pay (SPP)

You will qualify for SPP if you have average weekly earnings equal to or greater than the current lower earnings limit for National Insurance contributions purposes and meet the criteria for Paternity Leave above.

PARENTAL LEAVE (UNPAID LEAVE)

Eligibility for Parental Leave – unpaid leave for the benefit of children

To qualify you must have at least one year's continuous service and must:

- Be the parent of a child who is under 18, or
- Have acquired formal parental responsibility under the Children Act 1989 a child under 18), or
- Be the spouse or civil partner of one of the parents of the child who is under 18 and have acquired formal parental responsibility for that child, or
- Have adopted a child under the age of 18

You must comply with any request from the Practice to produce evidence of your responsibility of that child if we so request. You must also give proper notice of any leave you intend to take.

Duration of Parental Leave

If you are eligible then you are entitled to take a total of 13 weeks' parental leave in respect of each individual child under 18. If you have a child who is disabled this entitlement is increased to 18 weeks. If you have parental responsibility for a disabled child you may take shorter periods of leave than a standard week and they will be recorded by the day rather than one occasion equalling a week whatever the length up to one week. If you have twins you have two entitlements, as it an entitlement per child not per birth. Parental leave may only be taken in blocks of a week. If you take one day that is classed as a week for recording purposes except for parents or care givers of disabled children who have parental rights.

Maximum period of parental leave

You may not take more than four weeks' parental leave in respect of any individual child during any one year period. Parental leave is unpaid and should not be confused with Shared Parental Leave.

Notice

You must give the Practice at least 21 days' notice of the date on which you wish a period of parental leave to begin and also what date you wish it to end. Please use the Absence Notification form.

Postponement

The Practice may postpone a period of parental leave if we feel that the operation of the service to patients would be unduly disrupted if you took leave on the dates you have requested. We will always try to accommodate you where possible and will only turn down any request for good reason. If we do have to turn down your request we will advise you within 7 days of your original request was received. We will advise you why we had to turn your request and will specify alternative dates for you.

Rights During and After Parental Leave

You remain employed during periods of unpaid parental leave. Certain elements of the contract remain in place during parental leave, although most contractual terms will be stopped, including pay. The terms that continue are:

- The mutual duty of trust and confidence
- Your duty of fidelity
- Notice periods as set out in your contract of employment
- Compensation in the event of redundancy
- Any terms and conditions relating to disciplinary and grievance procedures

PARTIES AND SOCIAL EVENTS

The Practice may hold parties and social events throughout the year, including Christmas. These events, whether held on or off any of our premises, are organised by the Practice and employees and guests may attend. At any work-related social event, you are expected to conduct yourself appropriately.

You may be representing the Practice at an event, or the event may be purely for fellow employees and whilst we want everyone to enjoy themselves and have a good time you should consider limiting the amount of alcohol you drink (or abstaining completely), particularly if you know a small amount has an adverse effect on you or if you are driving home afterwards. It is expected that you will either make arrangements to be driven home, in which case your driver should abstain from alcohol (or restrict the amount of alcohol within the legal limits), or you will limit your own intake in order to drive safely and within the confines and requirements of the law.

Any person who becomes violent or breaches the code of normal, social conduct will be refused entry or required to leave. You should also conduct yourself appropriately at all times with reference to our harassment policy and be aware of what constitutes unacceptable behaviour under such policy. Disciplinary action may be taken against anyone whom it is believed has committed an offence at a work-related event, however organised, where it impacts on relationships or work.

PENSION SCHEME

You will automatically be enrolled into the NHS Pension scheme unless you choose to opt out. Further details of auto enrolment and your Pension scheme contributions please speak to the Practice Business Manager or Finance Lead.

PERSONAL PROPERTY

The Practice is not responsible for any personal property you bring onto the premises and we would never recommend that you bring anything valuable into work. You should make sure that personal property such as handbags and mobile telephones are stored away to minimise any possible thefts. No personal belongings should ever be left out in the open unattended, especially in areas which are accessible by the public but including on desks or offices. A number of lockers are available for storing personal property on both sites for daily use.

PERSONAL DETAILS/NEXT OF KIN

You are required to inform the Practice of all of your personal details pertinent to your employment including your current address and a contact telephone number. We also require you to provide contact details for a nominated next of kin/ close friend who we should contact in case of emergency. These details will be kept confidential and will only be used in emergency situations. Please ensure that if any of these details change that you notify your line manager as soon as possible. Please refer to the Practices GDPR Privacy Notice for Staff.

PERSONAL MAIL AND PARCELS

You should not normally receive personal mail or parcels at the Practice's address. There may be some delay in passing such mail on to you and there is also the possibility that it may be opened along with the business mail. If the delivery of mail to the Practice's address is unavoidable then you must collect it from the reception area at the earliest opportunity, once you have been notified of its arrival. The Practice will not accept responsibility for the loss of, or damage to any personal mail or parcels delivered to its premises.

PRACTICE STAFF MEETINGS

You are required to attend and participate in relevant meetings within the Practice and also external meetings if requested by your line Manager, this includes home workers and part time workers. If this

involves working outside your normal hours then the Practice will agree with you to either pay you for the hours at your normal hourly rate or allow you to have time off in lieu. (TOIL)

PROFESSIONAL REGISTRATIONS AND INDEMNITY

You are required to produce evidence to the Practice of your ongoing professional registrations, if it is a requirement of your job. This must be in the form of the original documentation:

- Full registration with your appropriate professional body/bodies
- Full indemnity cover with an appropriate medical insurance provider
- Revalidation/ Renewal documents including DBS
-

You will be required to submit evidence of renewal of these as required.

Failure to renew or maintain your memberships and registrations may result in your suspension from duties and if it is found that you are no longer able to continue the duties for which you were employed may ultimately lead to your dismissal. (see also the Recruitment Policy)

PUBLIC DUTIES/TIME OFF TO ATTEND COURT

If members of staff are called up for jury service, they are allowed to take time off for this. Staff serving on a Jury are expected to recover salary expenses from the court. Ordinarily we would expect you to do that, which enables us to divert your salary towards providing cover in your absence. Jury service will therefore be in the form of unpaid leave. Staff should advise their line Manager as soon as a notice of jury service has been received from the Court this is usually 8 – 12 weeks in advance.

You should let the Practice know how long you'll need off and what arrangements need to be made for cover in your absence and provide a copy of the Confirmation of Jury Service letter you receive from the court to your line Manager.

Staff attending court or similar as a witness will normally be required to take annual leave unless this is related to your employment with the Practice. Unpaid leave may be considered as an alternative if it is not work related and your line Manager should be advised as soon as the arrangements are known.

If the Practice, at its discretion, agrees to pay you as normal for attending court then it will expect you to obtain recompense for this from the specific court and pay the Practice back.

A form from the Court will need to be completed by your Manager to confirm your normal rate of pay to the court to enable the claim to be made via the court system.

RECRUITMENT AND SELECTION

It is the intention of the Practice to ensure that no candidate should be discriminated against and that all recruitment and selection processes are based on equal and fair treatment for all applicants. To this end all applicants will be treated in the same way at each stage of the recruitment process. All job selections will be on the basis of suitability for the post and interviews will be competency based. Pre-employment checks will be carried out in a systematic way to ensure safe recruitment.

All vacant positions which could offer a development opportunity will, where possible, initially be advertised internally, and any member of staff may apply. If there is no suitable candidate internally the position will be advertised externally by use of the most appropriate media for that role. Where a change management process is, underway suitable posts will not be advertised until the change management process has been completed.

All posts will have a clear job description and person specification. Please refer to the Equalities and Diversity Policy and the Practice Recruitment Policy.

RELIGIOUS OBSERVANCES

The Practice recognises that some employees will need time off for religious observance at certain times of the year not covered by holidays, or for prayer.

We aim to be as flexible as we can to permit this. The procedure for booking “time off for religious observance” is the same as booking holiday at any time. However, as you will know in plenty of time, the date(s) of the particular festivals you need to attend, you should speak to your Manager as early as possible to request your leave. The procedure you will need to follow will therefore be to:

- a) advise your Manager as early as possible of important festivals and their dates;
- b) complete your holiday request form and ask your Manager to authorise your leave; and
- c) be aware that all absence does still need to be authorised.

There is no additional leave for religious observance. Any time taken will need to come from annual holiday entitlements. Although the Practice aims to be as flexible as possible in allowing “time off for religious observance”, if it is a particularly busy time, the request may not be granted. However, as with all leave requests, it is advisable to book the leave as early as possible.

Due to the nature of many of the services that the Practice offers, shift working may be required as part of the role. The Practice requires flexibility in respect of this from staff and working patterns may be required to be altered following appropriate consultation in line with the needs of the service.

The Practice will comply with the ACAS guidance on religious observance within the workplace. Where possible, facilities and arrangements will be made whereby staff can observe their religious practices such as prayer and consider requests around shift working and annual leave to fit in with religious festivals. The overriding factor in considering and responding to any request of such a nature will be the needs of the service so it may not be possible to agree what is asked for. Each request will be fully considered taking into account the relevant factors at the time.

Time off for Prayers during the Working Day

Should you wish to take a prayer break during the working day, please discuss this with your Manager. Any time would need to be made up through shorter lunch breaks or later working.

RESERVE FORCES DUTIES

If you are a reservist or become a reservist you must tell us. You must let us know as soon as possible if you are called up (mobilised). The Practice may ask you to delay or cancel this if your absence would seriously harm the business.

You must write to the Practice as soon as you know when you can return to work. This must be no later than the third Monday after your last day of service.

You are entitled to return to the same type of job you were doing before you were mobilised, on the same terms and conditions. If the job no longer exists, you are entitled to a reasonable alternative.

If you have up to 13 weeks' service before mobilisation you have the right to be employed for at least 13 weeks after your return.

If you have at least 13 weeks' but less than 52 weeks' service before mobilisation you have the right to be employed for at least 26 weeks after your return.

If you have at least 52 weeks' service before mobilisation you have the right to be employed for at least 52 weeks after your return.

The Practice will not pay you for this time off as you are able to claim financial support from the Ministry of Defence during this time.

SABBATICAL LEAVE

From time to time members of staff may request sabbatical leave. Sabbatical leave is defined as a time period in which a person does not report to their regular job but who remains employed with the Practice. The Practice is open to considering any requests for sabbatical leave (up to a maximum of a year with a minimum three monthly review that can be extended by agreement) from staff. The Practice reserves the right to request the staff member at such reviews to return to work with a two-week notice should the needs of the service require it or in cases of business continuity.

Any request will be considered on its merit dependent on the needs of the Practice at the time.

Any sabbatical leave must be mutually agreed in writing with the Practice and will be on an unpaid basis for its duration. Pension contributions employer and employee will cease during sabbatical leave and it is recommended financial advice sought before putting in a request.

SAFEGUARDING

All staff have a responsibility to safeguard and promote the welfare of children and adults. Employees will undertake the appropriate level of training for their post and are responsible for ensuring that they understand and work within the safeguarding policies of the organisation, all staff are responsible for reporting any safeguarding concerns immediately in line with Practice Protocols and Procedures. Notices confirming the safeguarding lead(s) are displayed in the Practice common rooms.

SECONDARY JOBS

Members of staff must not take up other employment in their spare time, whether on their own account e.g. freelance or for another employer, without seeking permission from the Practice. Taking up a second job without permission will be considered to be a disciplinary offence.

To seek permission, the member of staff should inform their line Manager in writing of the nature and extent of the work in question at least two weeks before the proposed start date of the secondary employment. When considering whether to consent to the member of staff taking up the second job, the Practice will not unreasonably withhold their permission. This includes work for voluntary organisations as working additional hours may impact your health and safety and work performance.

Consent will therefore invariably be refused where the proposed work:

- creates a conflict of interest; or
- is likely to bring the Practice into disrepute
- is likely to affect the employee's ability to carry out their principal job in a satisfactory and wholehearted manner; or
- will impinge on the employee's working hours with the Practice, to the extent that any additional hours worked in secondary employment will cause the employee to exceed any limits set by the Working Time Regulations 1998. (and impact on Health and Safety)

SHARED PARENTAL LEAVE

Shared Parental Leave is designed to give parents more flexibility in how to share the care of their child in the first year following birth or adoption. Parents are able to share a single pot of leave, and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after their child.

To qualify, the mother or adopter must be entitled to some form of maternity or adoption entitlement, have given notice to curtail it and must share the main responsibility for caring for the child with the named partner.

For a parent to be eligible to take Shared Parental Leave they must be an employee and they must pass the continuity of employment test. In turn, the other parent who is going to share the leave must meet the employment and earnings test:

Continuity of employment test: the person must have worked for the same employer for at least 26 weeks at the end of the 15th week before the week in which the child is due (or at the week in which an adopter was notified of having been matched with a child or adoption) and is still employed in the first week that Shared Parental Leave is to be taken.

Employment and earnings test: the person must have worked for at least 26 weeks in the 66 weeks leading up to the due date and have earned above the maternity allowance threshold in 13 of the 66 weeks.

Where both parents satisfy the tests, they will both be able to share the leave.

The mother or adopter decides whether to keep taking their maternity or adoption entitlement or to

use Shared Parental Leave. If they choose to use Shared Parental Leave, they can end their entitlement or give advance notice to curtail it. This advance notice means their partner could begin to take Shared Parental Leave while the mother or adopter is still on maternity or adoption leave. Shared Parental Leave may be taken at any time within the period which begins on the date the child is born/date of the placement and ends 52 weeks after that date.

An employee is entitled to submit three separate notices to book leave. Leave must be taken in complete weeks and may be taken either in a continuous period, which The Practice cannot refuse, or in a discontinuous period, which the employer can refuse. If a request for discontinuous leave is refused then the total amount of leave requested in the notice will automatically become a continuous block unless it is withdrawn. The period of compulsory maternity leave cannot be shared.

Shared Parental Pay (SPP)

Statutory Shared Parental Pay is as confirmed at the time or 90% of your average weekly earnings (whichever is lower). If the mother or adopter curtails their entitlement to maternity/adoption pay or maternity allowance before they have used their full entitlement then Statutory Shared Parental Pay can be claimed for any remaining weeks. To qualify for Statutory Shared Parental Pay a parent must pass the continuity of employment test and have earned an average salary of the lower earnings limit for the 8 weeks prior to the 15th week before the expected due date or matching date. The other parent in the family must meet the employment and earnings test.

Shared Parental Leave In Touch Days (SPLIT)

Like Keep in Touch (KIT) days are available on Maternity Leave there are up to 20 SPLIT days available during Shared Parental Leave (Shared Parental Leave In Touch) The same rules apply to taking SPLIT days as to KIT days.

SICKNESS REPORTING, ATTENDANCE MANAGEMENT POLICY

Introduction

The purpose of this policy is to provide a fair and consistent way to dealing with sickness absence and sick pay.

Employees have a duty to attend for work unless prevented by genuine illness and the Practice acknowledges that some staff will suffer periods of ill health. Each case of sickness absence will be different and will be considered on an individual basis but following the basic principles as laid down in this policy. In doing so however, we will ensure that all staff are treated fairly, sensitively and consistently and that no employee is discriminated against. Any absence from work can cause disruption to other members of staff too and the management at The Practice need to be mindful of this and look after the welfare of all members of staff.

Sickness Absence Reporting

If you are unwell and unable to attend work, you must verbally notify your line manager or in their absence Practice Business Manager as soon as you are aware you will be absent, the reason for your absence, if it is as a result of an injury at work and the likely date you will be able to return. This must be done by calling 01628 854160. Text messages, Whats App messages or e-mails will not constitute informing your Manager of sickness absence.

If you are going to be off for a long period of time i.e. more than a couple of days you should keep in regular contact with your line manager to keep us up to date on your progress. If you are going to be off work on long term sickness both parties should endeavour to keep in regular contact with to ascertain if there is any support or assistance that can be provided and also make plans to ensure there is adequate support for other staff whose workload is affected by your absence.

You will be required to complete an absence notification form if you are away from work because of illness between 1 and 7 days inclusive. This is calendar days and includes weekends. If you are absent due to illness for 8 days or longer you will need to obtain a Fitness to Work Certificate from your GP or if you are in hospital an in-patient certificate from the hospital. If you are absent for a long period of time you should ensure any medical certificates are submitted on a regular basis as soon as possible and within any event within 2 days of the expiry of the previous note, where practical.

Sickness Monitoring

Any sickness policy is based on mutual confidence and trust between the employer and the employee and we accept that the vast majority of illnesses are genuine. Absence from work due to illness however, can cause a great deal of disruption and impact on the service we offer to our patients and also workload implications for the whole staff. It is therefore in the interests of both the service, our staff and our patients to make sure we properly monitor sickness absence.

The Practice will keep accurate records of all periods of sickness for all members of staff. Copies of absence notification forms and medical certificates will be kept on your personal file.

On your return to work from sickness absence we will ask you to attend a return to work interview. There are a number of reasons for this interview:

- to address any issues which may be affecting your ability to attend work
- to identify support mechanisms that may be beneficial following a return to work
- to consider whether or not it would be beneficial to involve another body such as an Occupational Health provider or to obtain a medical report from your General Practitioner
- to review your attendance record over the previous 12-month period
- to make an assessment of whether any further action is necessary and an indication of what such action might be

In some circumstances, it may be felt that it would be beneficial to obtain a medical report from your GP or to ask you to undergo a medical examination. To measure your health capability in such cases you should not unreasonably withhold to such information being obtained. If you do The Practice may have to consider disciplinary action against you. Should you fail to allow access to medical information that may help manage your attendance at work, the Practice reserves the right to make a decision based on the information that it has and will consider your future capability to undertake your job in line with the disciplinary policy.

The Practice will assess and monitor all absences:

- long term periods of sickness – over 4 weeks at a time
- a number of periods of short term absence over a rolling year
- patterns of sickness such as regular Monday and Friday absences or at the end of a holiday period or regular half days or coming in late.

Triggers for action are any following:

- More than a total of 8 working days off per annum,
- 4 periods of absence, of any duration, per annum
- Period of absence over 4 weeks (long term sickness)
- Patterns of ad hoc absence, regularly leaving work early, absence after annual leave or public holidays, other identified patterns of absence.

In cases of long term absence, we will continue to monitor your absence and will maintain regular contact with you either by letter, phone or face to face meetings. Home visits to discuss your progress

can be considered as part of this process. However, if we do this we will agree with you a mutually convenient time for the appointment. We will work with you to investigate ways of how we can facilitate your return to work, possibly by phasing you back to your normal working hours or by identifying if there is alternative work you are able to do. If it is identified there is no possibility in the foreseeable future of you being able to return to work following investigation with you and any health records that may inform this process, we may have to discuss with you, dismissal or early retirement on the grounds of ill health. The process for dismissal on the grounds of health capability will be managed in line with the Disciplinary policy. Should an individual consistently fail to attend meetings this policy action may be taken in their absence at scheduled meetings. In cases such as this the member of staff will be notified in writing that this will be the case.,

If any abuse of the Sickness Policy is identified disciplinary action will be taken.

At any of the formal stages (not including return to work interviews) of this policy the member of staff will have the opportunity to be accompanied by a trade union representative or work place colleague should they wish.

Statutory Sick Pay and Occupational Sick Pay Scheme

In addition to Statutory Sick Pay, the Practice also has a 'Company' or Occupational Sick Pay scheme. All part time and fixed term and permanent employees are eligible for Occupational Sick Pay based on their length of service and contract of employment.

You will only receive sick pay in respect of the days you would normally work. These are known as qualifying days. Statutory Sick Pay underpins the payment any Occupational Sick Pay. (OSP) SSP is payable for up to 28 weeks and is not a separate payment, it is only paid to eligible workers where they meet the criteria laid out by the Government, based on a minimum weekly pay rate which is based on variable national insurance thresholds. SSP is not paid for the first three days of absence.

If you receive compensation from an outside source as a result of an accident or injury, you will be required to repay to the Practice the amount of occupational sick pay you received (not the SSP element) that may be covered by a compensation payment.

OSP will not be payable for injuries or absence caused by participating in hazardous sports or recovering from non-medically necessary, surgical procedures such as plastic surgery. Occupational sick pay entitlements are calculated over a rolling twelve-month period looking back 12 months from the first day of any current or last period of absence.

Supporting Attendance

If you do have any problems with sickness absence, we will do everything we can to help and support you and to enable you to continue with a normal working life. We will also do everything we can to help and support your team members who may be affected by your absence or if you are affected by another colleague's absence to help and support you. If you do feel you have an issue with sickness absence either directly or indirectly please advise your line Manager as soon as possible, so that we can try and rectify it without delay.

Requests for Annual Leave Whilst You Are Unfit to Attend Work

Should you wish to be considered for annual leave whilst you are absent from work and covered by a GP fit note, or if you have requested leave prior to your sickness absence, you should contact your line Manager as soon as possible to arrange this or to confirm that you will be taking your leave as previously planned. Please note any planned annual leave that cannot be taken as a result of injury or illness needs to be evidenced by a GP Fit Note. Any annual leave entitlement is given at the discretion of your line Manager and in line with the guidelines for annual leave as indicated in this handbook

While on sick leave you are expected to be available for meetings or appointments with your Manager and / or an Occupational Health provider. Where you wish to go on leave during sickness absence this should be requested and discussed with your line Manager to ensure it is appropriately recorded. Where sick pay has been exhausted, your Manager may allow you to take accrued leave to prevent any financial hardship. This does not include taking annual leave which has not been accrued.

Phased return to work

Particularly in cases of long term sickness absence, it may be advised by your GP or an Occupational Health Provider for you to return part time or in a phased manner. This may be phased in terms of reduced hours at work or in respect of the reduced duties that you undertake. The Practice are keen to support employees back to work and you will receive pay at your normal hourly rate for hours of work undertaken during a phased return, whether at home or on site. Any additional contracted hours **not worked** will be recorded as sick leave in the normal way, or alternatively unpaid leave as appropriate. Accrued (paid) annual leave may be taken as an alternative to unpaid leave, where this is preferred. This may be desirable where Sick Pay has ended.

Where a member of staff requests a phased return to work without the direction of their GP via a fit note or an occupational health provider with whom we have consulted, these will be considered on their own merit. Phase return to work is discretionary and based on circumstances and suitability.

SOCIAL MEDIA POLICY

Social media is the term commonly used for websites and apps which allow people to interact with each other in some way by sharing information, opinions, knowledge and interest. As the name implies, social networking involves the building of online communities and networks encouraging participation and engagement, sharing information.

For the purposes of this policy, social media and social networking are used interchangeably. Lines between work and social interaction have become more blurred in recent times. Social media is defined as interactive online technology tools that allow individuals to exchange and share information and opinions, resources and pictures instantly via the internet or telephone. This includes online blogs, personal websites, discussion boards, email groups, instant messaging and also participation on forums such as Facebook, Instagram, Twitter and LinkedIn.

The term social media also covers video sharing sites including YouTube. This list is not intended to be exhaustive as this is a constantly evolving area. Employees should follow this policy in relation to any social media that they use and reference made to the confidentiality policy, IT and Email policy. Social Media Profiles are advised to be set at the highest possible privacy settings. You should avoid 'liking', sharing or making a comment or photo where there is any potential link to your role with the Practice or to team members or patients.

Detrimental comments regarding the work place, patients or team members or contractors may be viewed as an extension of your work and make you liable to disciplinary investigation and potential disciplinary action and could be seen as a breach of trust. There is an increasingly common area of concern as lines between work and home become less distinct.

While it is recognised that all employees are entitled to privacy in their personal life, the Practice is committed to maintaining confidentiality and safety at all times whilst also maintaining the reputation of the Practice and that of the relevant profession by exhibiting acceptable behaviour at all times in relation to staff, its services and the use of confidential information.

All members of staff need to be aware that, even if they believe that they are using these sites with enhanced privacy settings applied, this does not exempt them from the guidelines that are outlined in this policy. If a member of staff has concerns about the online conduct of any other employee, this should be raised with an appropriate Manager.

PURPOSE

The purpose of this Policy is to set out the clear expectation that, if a member of staff identifies an association with the Practice, discusses their work and/or team members, or comes into contact, or is likely to, with patients or their carers or private clients on any social media sites, they will behave appropriately and in a way which is consistent with the Practice 's values and those of the NHS and where relevant, with their professional code of conduct.

This policy sets out the principles which employees are expected to follow when using social media in their personal lives. The use of the internet involves fast moving technologies and it is therefore impossible to cover all circumstances.

The intent of this policy is not to stop employees from conducting legitimate activities on the internet, nor to stifle constructive criticism, but serves to highlight these areas in which problems can arise for both individual employees and the Practice and to be aware that poor conduct on line may lead to dismissal.

SCOPE

This policy applies to all employees who are directly employed by the Practice. The policy also applies to any agency workers, locums, students and volunteers whilst on placement at the Practice.

RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Managers

It is every Manager's responsibility to ensure that employees are aware of this policy and the parameters that are outlined within it. Managers are expected to react in an appropriate manner when informed of instances where behaviour is not in accordance with this procedure and investigate any reports of misuse.

Employees

Employees must ensure that they are complying with the expectations of this policy to support the reputation of the Practice and where relevant, their profession. Employees must make sure that they conduct themselves online in the same manner that would be expected of them in any other situation. The general rule is not to say anything on line you would not say in person.

PROCEDURE/IMPLEMENTATION

Summary of Principles

When any employee has identified their association with the Practice when using any social media site, it is expected that they behave in a manner which acknowledges the duty of care that they owe to their team members and the Practice. Once information has been published on the internet it is no longer considered to be private and thus the employee will be held account able for any information posted which is challenged on the basis that it compromises themselves, their work team and/or the Practice. Reports of misuse often include screenshots of information and sources of comments and statements are clear and where they have come from and what profile.

If an employee has a mobile telephone which has a camera facility this must not be used in the workplace to then upload photographs onto social media.

This includes pictures of other staff members, patients or building layout.

Pictures of patients where there is an intention to share information about a condition or presentation, with health professionals for medical advice or referral must have the patient or guardians signed permission a) before taking and b) before sharing and these images can only be shared on secure networks.

Use at Work

Employees are not allowed to access social media sites from the Practice 's computers. However, employees who are able to access such sites as part of their role, are reminded that they must comply with all aspects of this policy. The Practice understands that employee's may wish to use their own devices such as mobile phones, to access social media websites while they are at work, during their allocated break times. Staff are expected to limit their use of their own devices so not to interfere with their working day and this must be limited to their allocated break times only.

Given the increasing use of Facebook and Twitter to promote our services and engage with clients the Practice may permit specifically named employees to access Practice Facebook and Twitter accounts. This will clearly be authorised by the relevant Partner or Practice Business Manager and in this instance employees are free to use Facebook and Twitter during their normal working hours for official Practice business.

Personal Use

While using social networking sites in a personal capacity and not acting on behalf of the Practice it should still be recognised that employees' actions can still damage the Practice 's reputation and all communications that are made, even in a personal capacity must not:

- Behave in a manner that would not be acceptable in any other situation
- Bring the Practice into disrepute
- Breach confidentiality of patients, team members, Practice business, contractors, agency staff
- Make comments that could be considered to be bullying, harassment or discriminatory against any individual.
- Use offensive or intimidating language
- Pursue personal relationships with current patients or private clients*
- Use social networking sites in any way which is unlawful
- Post inappropriate comments about the Practice, members of the team, patients or clients
- Post remarks which may unwittingly cause offence and constitute unlawful discrimination in the form of harassment
- Comment on work related issues or policies

Examples of unacceptable posts would include but not limited to:

- Posting offensive or critical messages about the Practice policies or actions, a competitor or supplier or third party organisation, NHS or Practice sites.
- Posting derogatory, inappropriate or unprofessional pictures or comments about members of the team, patients or third parties.
- Reposting or sharing material of an offensive, sexual, political or religious nature and linking such content to the Practice by association or directly.
- Posts that could be seen to undermine or cause concerns regarding the work we do in the local or wider health community.

*Pursuing personal relationships with current patients or private clients is not acceptable under any circumstances. These actions will bring about possible disciplinary proceedings, which could result in dismissal.

Professionally qualified staff may also place their registration at risk if they fail to adhere to the above guidelines. All employees should be mindful of the personal information they disclose on social networking sites, especially with regards to identity theft. Making information such as date of birth, place of work and other personal information publicly available can be high risk in terms of identity theft. Where employees associate themselves with the Practice they should also act in a manner which does not bring the Practice, the NHS or their profession into disrepute. This applies to both

open and private sections of a site if an employee has identified themselves as an employee of the Practice.

Where an employee is unsure about whether or not to post something on a social networking site then the most prudent action should be taken in line with their professional judgement, if in doubt don't do it.

Interactions Involving Different Affected Groups

Patients/Carers and Private Clients

Confidentiality must be upheld at all times and no information that could lead to a patient/carer or private clients being identified should be disclosed through this media. Employees should not accept or make contact with any patient/carer or private client to ensure that professional boundaries can be maintained; in line with professional guidelines.

Other Team members

When interacting with other staff members online, members of staff should be mindful of their responsibilities to be polite, professional and courteous and never use these sites to attack or abuse other team members. When there is content that is being uploaded that includes other employees, for example pictures from a social event, then permission should be sought from those team members before they post such items and they should not post any items that they have been asked not to. Any item that a colleague or the Practice has asked to be removed should be removed immediately.

Within social media sites, individuals may post comments, pictures or phrases which other individuals can indicate their support/agreement to by clicking the 'like' button. This action is seen to be attaching the employee's name and implied support to the material. This can be seen as being equivalent to posting the comment originally and therefore this action may also bring the employees conduct into question. Members of staff should be aware of the consequences of using any social media site to post content of any kind that conflicts with information that they have already provided to the Practice. These actions could bring about disciplinary proceedings which could result in summary dismissal.

The Practice

In any instances where there are any comments, questions or observations which the employee wishes to raise in connection with their employment with the Practice, either positive or negative, these should be raised through the appropriate channels internally rather than these views being expressed on social networking sites.

Breaches of the Policy

If there is an instance where the guidelines set out in this policy appear to have been breached and the breach is brought to the attention of the Practice, which is increasingly the case then the matter will be investigated to ascertain the nature and the extent of the concerns that have been raised. The investigation will be carried out in accordance with the Disciplinary Procedures.

Complaints about the use of social networking sites or other online activity will be taken as seriously as 'real-world' events by the Practice. Consideration should be given to any professional boundaries that have been crossed; any breach of confidentiality; whether an association to the Practice has been identified and/or whether any of the material could be offensive or worrying to members of the team or patients/carers or private clients or, potentially damaging to the reputation of any party to whom the member of staff owes a duty of care to including the Practice itself.

If an employee is concerned about another employee's behaviour online then they should report this to their line Manager along with any supporting evidence of their claim, so that the appropriate action can be taken in accordance with this policy. Wherever possible the person reporting the issue will not be identified.

Failure to follow this policy may result in the instigation of disciplinary procedure and/or may constitute a breach of professional code of conduct. In serious cases, a breach may be regarded as gross misconduct and may result in the employee's dismissal.

SMOKING AT WORK

Smoking in all enclosed/indoor public places and workplaces is illegal in the UK. Members of staff therefore are not allowed to smoke inside or outside any of the Practice premises. Members of staff must not smoke in or near doorways or entry and exit routes under any circumstances.

Staff who smoke **are not entitled** to take additional smoking breaks. Advice regarding stopping smoking can be obtained from your line Manager.

STAFF AND THEIR FAMILIES AS PATIENTS

It is the policy of The Practice not to have staff as patients. This is regrettable but we do feel there can be a conflict both in terms of the employer: employee relationship and also with patient confidentiality. Where reasonably practical it is therefore a requirement for you to register at a practice other than your place of work. If this causes difficulties please contact the Practice Business Manager who will discuss it with you. Members of staff should not encourage family members to register at the Practice wherever possible. If family members, spouses, partners, children, parents, relatives or ex partners and their partners are registered the member of staff must ensure they **declare this relationship** and must not involve themselves in accessing their records or deal with any confidential information relating to them.

Where this rule is found to have been breached disciplinary action will be taken up to and including dismissal.

STRESS

The Partners of the Practice acknowledge that whilst, for some, an amount of stress can be healthy and desirable, we recognise that too much stress can cause problems in the workplace. We will try and provide support to you if you tell us you are suffering from stress, either as a result of non-work related pressures or where you have work concerns. Where those pressure is a result of work related issues the Partners will work with you to find solutions to resolve these. The Partners of the Practice are committed to helping staff who are suffering from stress and recognises individuals' stress levels are different. It should be noted it may not always be possible to eradicate certain levels of stress from some jobs where the stress is reported as being work related.

The ways in which we may try and help you deal with stress as a result of work pressures are:

- Workload rebalancing, role clarification and job redesign
- Evaluating communications and change processes
- Evaluating management and supervisory processes and ensuring you have the appropriate level of support
- Provide training and development opportunities to enhance job skills and confidence
- Evaluate the physical working environment
- Reviewing hours of work where this is feasible.
- Temporarily reducing hours (and pay) to allow time away from work where needed
- Consideration of unpaid leave to resolve issues outside of work.

It is the wish of the Partners at all times to create an environment and culture across the Practice that is conducive to a positive, supportive and efficient working atmosphere.

Should you feel that stress is negatively impacting on you this should be discussed with your line Manager in the first instance as soon as practical.

TIMEKEEPING AND PUNCTUALITY

The Practice is proud of the service we provide to our patients. To provide an efficient reliable and professional service we very much depend on our staff keeping good time and being in the right place at the right time and ready for work at your contracted start time. If, for any reason you are not able to attend work at the time when you should be attending, please verbally contact your line Manager as soon as possible to advise them of your delay (contact via text or e-mail is not acceptable in these circumstances). Obviously, situations can occur unexpectedly that can cause a problem with arriving or leaving work on time. If, however, there is a persistent problem with timekeeping or punctuality then the disciplinary procedure may be considered, or measures taken to ensure this no longer occurs, such as considering changing or reducing your hours where this is possible. Any change in hours may have an impact on your pay and can only be agreed where there is no impact on service delivery and with the agreement of the Practice.

Please note that should you be having any problems with attending work on time you are encouraged to discuss this with your line Manager at the earliest convenience rather than poor timekeeping becoming recognised as a problem.

TRAINING POLICY AND STUDY LEAVE

Your line Manager is responsible for ensuring that all staff fully understand their role and responsibilities. Managers are responsible for developing local induction processes for all new staff, which will include an analysis of the employee's initial learning needs to perform the duties of the role and to ensure they receive essential training and support.

Continued learning and development needs will be identified and highlighted through appraisal, which line managers are expected to complete with their staff members each year.

All staff are expected to participate in all mandatory or corporate training programmes, including local or organisation wide induction sessions and to actively participate in the PDP process.

Underpinning the Training and Study Leave Policy are a number of assumptions:

- The Practice aims to be a learning organisation, which supports individual and team development, to achieve the results needed to take forward a changing and leading edge primary care organisation.
- Through training and development, the Practice can nurture new ways of thinking and behaviours which are flexible, adaptive and productive; supporting people to continually learn.
- Provide access to high quality training and development opportunities prepares staff for future roles and responsibilities and to enable them to reach their full potential.
- Training and development is a key tool in recruitment and retention and is integral to the success of the Practice and developing an HR strategy with the aim of becoming a model employer.
- That staff should have equal access to relevant training and development opportunities to promote diversity at all levels in the workforce.

Types of Learning

Statutory and Mandatory Training

This is training required for all staff within the organisation and includes:

- Induction
- Health and Safety
- Fire Safety
- Confidentiality and Data Protection
- Safeguarding
- Infection Control

A number of these courses at the appropriate levels are available at e-Learning for Health and to which access will be provided to all members of staff.

Core Training

This training builds on previous experience and learning and will be different for each group of staff, but may include:

- IT skills
- Risk management
- Clinical or Corporate Governance
- Leadership skills
- Managing staff
- Communication skills
- Presentation skills

Criteria for Study Leave

Learning priorities should be discussed at appraisal between line Manager and employee and specific learning objectives agreed as part of all PDPs. These may be highlighted through the Job Description or Person Specification, Practice business plan, professional requirements or personal development needs.

Priority will be given to learning activities (including courses), which are relevant to the work objectives of the applicant's current post, or to maintain professional status.

Consideration will also be given to development opportunities to support promotion or succession planning, particularly where positive action initiatives will support the organisations aim of promoting wider diversity

Applicants should reflect on key areas of knowledge they wish to gain, what they will do differently as a result of the learning and how the organisation will benefit.

Applicants must be willing to undertake evaluation of their learning activities and share knowledge and skills gained, where appropriate, with team members once the training has been completed. Maximum study leave will be five full working days in any financial year (pro rata for part time staff).

What the Practice may provide

Applicants that meet the above criteria will usually be supported by a full contribution to the time required for attendance at one off courses, workshops, seminars or development activity during working hours.

Where the request is for a long-term course (e.g. to gain a professional qualification), requests for time off will be considered on an individual basis. All requests for time off must be discussed with the line Manager in the first instance. Funding will be identified each year for a Training and Development budget.

Mandatory training costs will be met in full

Funding or part funding for professional courses will be agreed with individuals at the time of application

Training or course fees will be at the discretion of the Practice's Clinical Lead

Payments for books and course materials will be at the discretion of the Clinical Practice Lead

Travel and subsistence expenses will not normally be covered

NB: Before any course/study/training is booked or undertaken the member of staff and line Manager will agree the parameters of any study leave and the Practice contribution (both in terms of time and finances) that each party will contribute towards it.

All costs must be signed off by the Practice Business Manager or Partner in advance.

The terms of an agreement will be followed up in writing for the avoidance of any doubt.

APPLYING FOR STUDY LEAVE

A study leave form is required to be completed for any course, event or period of study, regardless of whether a fee is to be paid. Staff are encouraged to source appropriate courses and identify proposed costs, prior to suggesting them, particularly at appraisals, but may request assistance from their line Manager.

Alternate funding sources (e.g. CCG, Frimley Training Hub funded) should be explored if suggested by the line Manager. The form should be completed in full and forwarded to your line Manager at least 4 weeks before commencement of external courses ideally 8 weeks.

If the course is not approved this will be fed-back to staff with reasons. Increasingly there are free training sessions on line and where only time is required to attend you should approach your Manager for the working time. Time will normally be agreed where the training is relevant to your work.

The Finance department will pay the organisers direct unless otherwise agreed.

APPLYING FOR FUNDING FOR PROFESSIONAL COURSES

To support staff that wish to study at a higher degree of postgraduate level or those who wish to obtain an occupational qualification, e.g. finance or management qualifications courses may be identified which are longer term and more expensive. The course should be relevant to the work objectives of the applicant's current post and career aspirations and should contribute to or improve the delivery of a service within the organisation.

The course request will often be agreed with the line Manager at the point of PDP submission.

Requests received outside of the PDP submission time period may have to be deferred to a future year, dependent on allocated monies available.

Where support for a professional course is agreed, the Practice may agree to fund up to 100% of the course fee up front but the staff member may be asked to contribute a percentage of the fee, dependent on annual monies agreed and the number and cost of applications to be deducted from pay on a monthly basis as agreed and as signed off by both parties.

Where financial support above the value of £1,000 pa on any course is agreed, the employee will be asked to enter into a Study Sponsorship Contract. This requires the employee to remain in employment for at least one year post completion of the course, or agree to repay some of the monies, on a sliding scale, as outlined in the agreement. Money owed at time of leaving will be taken from the final salary payment or where more than the final salary due an arrangement will be made for a monthly payment to be set up.

Continued financial support for training is also dependent on remaining an employee of the Practice. If the applicant does not complete the course they will be expected to repay the fee contribution dependent on the reason for non-completion. Members of staff who do not complete the course due to maternity leave; long term illness, disability or redundancy will be exempt from repaying fees.

STUDY LEAVE FOR EXAMS

Where attendance at a professional course has been agreed and there are examinations at the end, paid leave will be allowed for the day of the exams. Where there are more days of exams the member of staff is expected to take unpaid leave, or use annual leave.

EVALUATION

The employee and their manager should evaluate the training, assess whether it met the identified need and discuss and review and update the PDP.

APPEALS

Where an employee feels they have been unjustly denied access to training or development support they should consult with their line Manager initially to discuss. It should be recognised funding is limited and service development and service priorities must be met before additional training is agreed.

UNIFORM POLICY/ DRESS CODE

It is important for all of us to portray a professional image to the patients and users of the Practice 's services and for visitors to the Practice to easily identify certain groups of staff. To this end we will employ the following dress code.

Jeans/leggings /shorts /short skirts/ flip flops/ belly tops/ low cut tops /logo bearing T-shirts are not permitted to be worn at work.

Failure to present appropriately at work may result in the member of staff being sent home and asked to change. Pay will be withheld for the time to do this on that particular day/shift.

Repeated failure may also result in disciplinary action being taken against the individual concerned.

Reception, Secretarial and Administration staff

The Practice will issue a uniform top to all administration, secretarial and reception staff.

Minimal jewellery should be worn.

Tattoos should be covered as far as possible.

Footwear should be worn appropriate to the individual's role and workplace.

Practices Nurses, Paramedics, Physicians Associates and Health Care Assistants

You will be provided with a uniform which you should wear during patient consultations.

This will not only help patients identify your nursing role but will also help to deal with infection control issues. It is your responsibility to ensure that your uniform is properly laundered and kept in good order. For infection control you should only wear your uniform during working hours and should not wear it travelling to and from work where this is on public transport or out shopping before or after work.

Minimal jewellery should be worn.

Nail polish should not be worn and nails kept clean and short.

Hair should be kept clean and tidy and away from your face and arms.

Lockers are available for you to store your other clothes.

If you feel you are unable to wear a uniform for any reason, you should discuss this with your line Manager, explaining the reasons why.

Standard nursing uniform may not be expected to be worn by ANPs, nurse consultants and any other enhanced nursing roles as agreed by their line Manager. All of these groups should however wear clothing that provides adequate protection and be commensurate with the image of professionalism portrayed by the Practice and easily laundered for infection control purposes.

Personal Protective Equipment (PPE) and Clothing

Any items of protective clothing and equipment given to you for your protection because of the nature of the work you do must be worn at all times. This includes masks, gloves and aprons and visors as necessary. Failure to use PPE equipment when required in line with infection control procedures and training will result in disciplinary action being considered against you.

Name Badges

You will be supplied with a photo-card name badge and this should be worn at all times whilst on duty. Please advise your line Manager as soon as possible if this badge is lost.

Smart Cards will be issued dependent on your role and must be kept with you at all times and never shared. Your smart card should be removed when you are away from your desk. Report any lost or damaged smart cards to the Practice Business Manager as soon as possible.

USE OF PRACTICE RESOURCES

The resources of the Practice are purely for the use of the Practice and its operations. Please do not use any of the resources for your personal use. If you are unsure please contact your line Manager who will give you the appropriate advice. Please ensure stock is rotated to avoid wastage.

WHISTLEBLOWING POLICY

INTRODUCTION

Whistle-blowing is defined as:

The disclosure by an employee of confidential information, which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of a fellow employee(s) which is against the public interest.

A whistle blower is someone who comes to a decision that they need to express a concern after a great deal of thought. They will not be considered a sneak or troublemaker. The law only requires that there be a genuinely held concern. The individual is not expected to produce unquestionable evidence to support the concern.

Members of staff are expected to raise concerns at the earliest possible opportunity.

APPLICABILITY

The Policy applies to all employees and Partners, and also applies to other people who work at the Practice e.g. self-employed staff, temporary staff, agency staff and contractors.

PRACTICE POLICY

- The Practice has a duty to conduct its affairs in a responsible way
- The Practice encourages openness, freedom of speech and the voicing of concerns as a contribution towards maintaining and enhancing quality and ensuring high standards of governance and accountability
- The Practice wishes to encourage and enable employees to raise genuine and legitimate concerns internally, confidentially, and without being subject to disciplinary action or any other detriment
- The Practice wishes to provide an opportunity for those concerns to be investigated and for appropriate action to be taken to ensure that the matter is resolved effectively within the Practice wherever possible
- The Practice wishes to enable employees to raise concerns with appropriate outside bodies in the event that the concerns are not dealt with satisfactorily internally

Examples of Serious Concerns Covered by the Policy

- An offence under, or breach of, any statutory instrument or legal obligation.
- Fraud, financial irregularity, dishonesty
- Malpractice, corruption, bribery
- Unethical conduct
- Medical or prescribing errors or prescribing issues
- Breach of confidentiality
- Miscarriage of justice

- Danger to the health or safety of any individual or the environment
- The deliberate concealing of information about any such matter
- A person not complying with any legal obligation
- The use of deception to obtain an unjust or illegal financial advantage for business reasons or personally
- A danger to the health and safety of an individual or group
- Deliberate concealment of information relating to any of the above

PROCEDURE

If you identify a matter you believe is of serious concern, that meets one or more of the criteria above you should in the first instance notify the Practice Business Manager either verbally or in writing clearly setting out your concern and what you believe it is a breach of. Where the concern involves the Practice Business Manager directly or by association the matter should be raised in person or in writing with a Staff Partner. All instances of whistle-blowing will be reported to the Partners.

The Practice Business Manager /Partner will investigate the matter promptly and inform you of the findings in writing. Where the matter is potentially a criminal matter the Practice will consider reporting the matter to NHS Counter Fraud or the Police as appropriate.

Where the report relates to the Practice's potential liability or responsibilities arising under the Corporate Manslaughter and Corporate Homicide Act 2007 (also see Resources below) the matter should be raised with Senior Partner in the first instance. Where the employee considers that this route is inappropriate the disclosure may be made to an external "prescribed body" dependent on the nature of the disclosure. The ability to disclose to an external body applies to both the above Act and to whistleblowing in general, outside the scope of that Act.

The Practice's Disciplinary Procedure may be invoked if appropriate.

If you are dissatisfied with the Practice response or the outcome of an investigation the member of staff may choose to notify the local Clinical Commissioning Group, or other relevant outside body such as the Health and Safety Executive or HM Revenue and Customs, depending on the nature of the matter.

Any victimisation of an employee who raises a concern, or any attempts to deter them from raising a legitimate concern, will be regarded as a serious disciplinary offence.

The raising of false or malicious concerns or complaints will be regarded as a disciplinary offence.

RAISING A CONCERN WITH A REGULATOR

The Practice is registered with regulatory body the Care Quality Commission (CQC), Clinical and Professional staff are registered with their own professional bodies (see below) and you may wish to contact them to investigate an issue in circumstances where:

- You feel that the responsible person or local body is part of the problem you have concerns about
- Your concerns have been raised through local channels but you are not satisfied that adequate action has been taken by the responsible person/body
- You feel there is an immediate and serious risk to patients and a regulator (or a similar external body) has the responsibility to act or intervene

REGULATORY AND INVESTIGATORY BODIES

General Medical Council

Website www.gmc-uk.org

Phone 0161 923 6602

General Pharmaceutical Council

Website: www.pharmacyregulation.org	Phone: 0203 365 3400
Health Professions Council	
Website: www.hpc-uk.org	Phone: 0207 582 0866
Nursing and Midwifery Council	
Website: www.nmc-uk.org	Phone: 0207 637 7181
Care Quality Commission	
Website: www.cqc.org.uk	Phone: 03000 616 161
National Patient Safety Agency	
Website: www.npsa.nhs.uk	Phone: 0207 927 9500

The Practice is committed to a free and open culture and we recognise that effective honest and open communication is essential to maintain our values and to ensure that instances of business malpractice are detected and dealt with.

WORK PERFORMANCE/CAPABILITY

Introduction

It is important that all staff carry out their job effectively, otherwise there is likely to be an adverse effect on the overall performance of the individual team, or the Practice as a whole. Other team members are likely to feel under pressure and may have to increase their contribution to compensate. This can lead to anxiety and can sometimes cause resentment. It is therefore in everyone's interests that a procedure is established to enable underperformance to be identified and remedied.

The Practice values the contributions of its staff and accepts and acknowledges that it has a duty to train and to motivate them and get the best out of them and that staff do perform at different levels. We will however provide support to assist all staff to produce acceptable volumes and standards of work. The process of appraisal and review is key in managing your performance at work. If any problems are identified through that process the Practice is committed to work constructively to help you improve e.g. support, training and development.

It is only as a last resort that the formal capability procedure will be considered.

The Practice recognises the difference between:

- A deliberate failure on the part of an employee to perform to the standards of which they are capable, in which case the Practice will use its disciplinary procedure
- A case of capability, where an employee is lacking in knowledge, skill or ability and so cannot carry out the duties to the standard required, in which case the Practice will operate the capability policy in an attempt to improve performance.

The capability procedure applies to all employees, and although the principles will apply to newly appointed or probationary members of staff the process followed will be a much shorter, more condensed version of this process.

General Requirements

You are expected to:

- Comply with your contract and terms and conditions of employment
- Fulfil the duties of your post as reasonably required by your line Manager
- Observe relevant rules, procedures regulations and policies
- Comply with health, safety and data protection requirements

Advice, Support and Informal Warnings

It is the Practices responsibility to communicate, develop and motivate staff. This may be through regular feedback, performance review and appraisal and ensuring there is clarity about what is required of you. In cases of minor capability issues your line Manager will initially seek to advise and

support you on an informal basis with a view to affecting an improvement and thus avoid using the formal procedure, which will only be used when the informal route has not improved performance.

You will be advised in writing of the concerns, the standard expected of you in the future and of the possible consequences of further capability issues. Where necessary you may be given an informal warning under the capability procedure to reinforce this advice. Informal advice and support are not part of the formal capability procedure and you will be informed of this. However, a record of an informal warning will be kept on your personal file and may be used in future proceedings.

Principles of the Procedure

The procedure is based on the following principles:

- You will be offered every opportunity to give your views about why there is a problem and what might be done to remedy the situation
- The level of any formal action will be dependent on the seriousness of the poor performance, the consequences to the Practice and any mitigating circumstances presented by you, having regard to the need for fairness and natural justice
- Except for gross negligence, you will not be dismissed at a first formal hearing
- You have a right to be accompanied by your trade union representative or a work place colleague at every stage of the formal procedure.

The formal procedure may be invoked where:

- The competencies set out in your appraisal are not being achieved to the necessary standard
- Previous support or advice or warnings have not resulted in an improvement
- A number of minor complaints are made which taken together constitute a capability issue
- There is a more serious level of unsatisfactory work performance and there are risks to service delivery, reputation or patients

A formal record of any hearing will be given to you and any timescales mentioned below may be extended with the agreement of both parties.

Suspension

In serious cases, you may be suspended from work on full pay if your continuing presence at work could be prejudicial to the satisfactory operation of the Practice business, or, if serious or gross negligence capability has been alleged. Such a suspension however will only be imposed after careful consideration and will be reviewed to ensure it is not unnecessarily protracted.

Suspension is not a form of formal action nor does it follow that a capability hearing will be called. Suspension merely provides an opportunity for unhindered investigations to take place and remove risk to the member of staff, other team members, the Practice and/ or its patients.

Investigation

If an investigation is necessary a decision will be made as to the most appropriate person to conduct this. This will depend on the nature of the poor performance. An investigation will normally include an investigatory interview with you, any witnesses and others as necessary as well as the examination of any documentation and records. The investigation will include reference to previous relevant history.

A report will be written by the investigator, detailing their findings and recommendations as to further action. These will be considered and if there is a case to answer a formal hearing will be arranged.

Formal Hearing

Where the facts of a case appear to call for formal action a hearing will be called as soon as possible. You will be informed in writing giving at least 3 working days' notice that a hearing is to be held. You

may request an alternative date to allow up to an additional 5 working days to prepare your case or if your representative is unavailable. Any documents to be used by you in support of your response to the case must be submitted to the person holding the hearing at least 24 hours prior to the hearing. You are expected to confirm who will be accompanying you.

The letter to you will detail:

- The reasons for the hearing
- The date, time and location of the hearing and the person leading it
- Your right to be accompanied
- That the hearing may be suspended if further investigation is required
- That the hearing provides an opportunity for you to respond to the allegations but that it
- will be held in your absence unless a reasonable explanation of failure to attend is given
- The possible consequences of the hearing

Formal Action

The levels of formal action and the people involved in giving that action will be as set out in the Practice 's Disciplinary Procedure, i.e. written warning, final written warning and dismissal or summary dismissal (dismissal without notice).

Right of Appeal

You will have the right of appeal against the decision made at a formal hearing. The appeal process is as set out in The Practice 's Disciplinary Procedure.

OTHER POLICY DOCUMENTS AND FORMS FOR YOUR REFERENCE

Health Declaration Questionnaire

Confidentiality Statement

Induction Form

GDPR Privacy Notice (for Members of Staff)

Appraisal Form – Appraisal Meeting Record

Appraisal Form - Member of Staff (Preparation)

Study Leave Form

Fire Safety Policy

Violence and Aggression Guidance

Internal Communications Policy

Recruitment and Selection Policy

Business Continuity Plan

Disclosure and Barring Service Policy