

# **HOLY CROSS HOSPITAL**

**Haslemere  
Surrey  
GU27 1NQ**

## **STAFF HANDBOOK**

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## **A. INTRODUCTION**

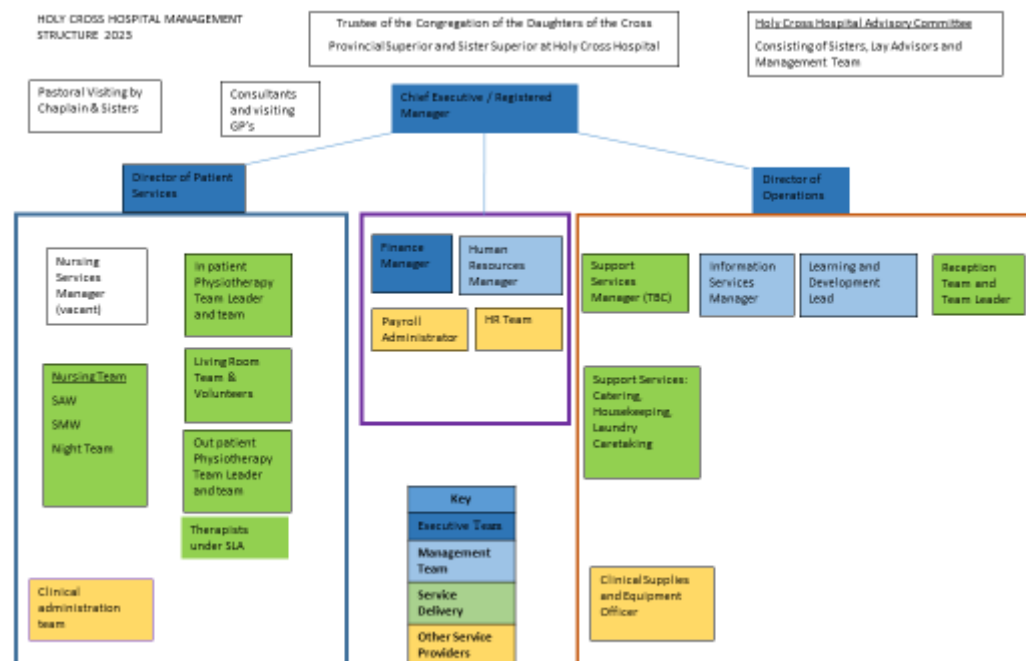
### **1 INTRODUCTION TO STAFF HANDBOOK**

On behalf of the Sisters and Management Team, I would like to welcome you to the staff of Holy Cross Hospital. You are one of about 150 people employed by the Hospital and Management places high value on the contribution that everyone makes to the work of the Hospital.

This Handbook is intended to provide you with the information that you are likely to need about your employment at Holy Cross. It should be read together with the “Statement of Main Terms and Conditions” that has also been sent to you. You will have opportunities to learn more about many of the policies in the early weeks of your employment. If you have questions about any part of the Handbook, please ask your immediate Manager for help or speak to Human Resources.

Holy Cross aims to be a friendly and homely place. To achieve this, we must all be committed to maintaining good standards in terms of showing respect for other people and accepting the responsibilities that come with our jobs. The policies in the Handbook provide guidance on these matters and I hope you find them helpful. Please make time to read it and then keep it safe for future reference.

Frances Campion-Smith  
Chief Executive



## 2 MISSION STATEMENT

### **Vision**

To challenge the limits of extreme neurological disability and physical impairment

### **Mission**

To improve the lives of people living with, and affected by, extreme neurological disability and physical impairment, through responsive and effective care, treatment and rehabilitation. This includes patients with prolonged disorders of consciousness.

### **Values**

Holy Cross Hospital will provide

a place of welcome, dignity and support  
a focus on rehabilitation, encouragement, and improvement  
a culture of high care standards, wise use of resources, and openness

We are a Catholic organisation serving people of all faiths and none

### **3 STAFF INDUCTION POLICY**

Starting a new appointment in a new organisation can, for some people, be a difficult time. New starters will need to be introduced to new colleagues, new surroundings and new ways of “doing things” before they can make an effective contribution. The way in which induction is carried out will help determine how quickly they settle in with their new responsibilities. Induction also provides staff with an understanding of the organisation they are joining, how they can contribute to the Hospital’s mission, aims and objectives, arrangements for all new staff are implemented as a matter of Hospital policy.

All new employees will have a structured induction programme which will normally be implemented over a two week period. The induction will cover all the mandatory training required before a new employee may commence their employment and will include induction to their departments working with a mentor.

**Mentoring Arrangements:** An individual checklist will be prepared. The Mentor is under the supervision of the Ward Manager or Head of Department and will ensure all aspects of the checklist are understood.

On conclusion of this process, completed checklists must be signed off by the mentor/head of department and returned to the H.R. office. All new employees will review the induction process with their manager and are required to complete their training record to confirm that they have been effectively inducted and understood the training provided. Arrangements will be made to hold a review with their manager one month from the end of the induction period.

All new employees will be requested to review their employment with their manager after 6 weeks and three months. On successful completion of the three month probationary period, employment will be confirmed at this time. On occasions it may be necessary to extend the probationary and this will be discussed with the employee.

## **4 STATEMENT OF PRINCIPLES BY ETHICAL COMMITTEE**

### **STATEMENT OF ETHICAL PRINCIPLES**

All activity and treatment in Holy Cross Hospital is guided by the basic principle that human life has a unique value and is to be accorded the respect which recognises this. This principle will guide all forms of treatment so that the total good of the patient, which includes both his or her spiritual, as well as his or her bodily welfare, is our primary concern. This basic principle of the respect owed to the human person also recognises the unique contribution of each member of the staff. No member of staff should be required to undertake procedures which conflict with his or her personal conscience, save for situations where not to act in that moment would put someone's life in danger.

It has been and will continue to be the tradition of this hospital that all consultation, diagnostic procedures or operative treatment or research must be consistent with the moral teaching of the Catholic Church.

#### **1. CARE OF THE SICK**

Every patient, regardless of the extent of his or her physical or mental disability, has a right to be treated with a respect consonant with his or her dignity as a person. Consultation with all key parties is a necessity, when there is doubt concerning the morality of some procedure and also with interventions which could involve serious consequences.

#### **2. CARE OF THE DYING**

Everyone has the right and duty to prepare for the moment of death. Life is of value but, in the constant teaching of the Catholic Church, physical life is not the supreme value. Hence it is morally questionable to undertake procedures which merely delay death when the process of dying has started. Even though it may shorten life, it is compassionate to give a dying person sedatives and analgesics for the alleviation of pain, when such measures are judged necessary.

#### **3 CLINICAL RESEARCH AND EXPERIMENTAL TREATMENT**

Experimentation on patients without informed consent is morally objectionable. The patient may not, for any reason, seek or be offered treatment which is incompatible with the moral teaching of the Catholic Church.

#### **4. RELIGIOUS CARE OF PATIENTS**

Patients who come to this hospital share a variety of faiths and commitments. It is imperative that patients receive appropriate spiritual care which will include being able to receive Holy Communion as often as they wish. The co-operation of all the staff is essential in enabling this to happen. Similarly, the present discipline regarding the Anointing of the Sick, is also to be observed.

#### **5. WITHDRAWAL OF NUTRITION AND HYDRATION**

The Hospital will recognise the 2018 Guidance on decisions surrounding the Withdrawal of Nutrition and Hydration for patients with prolonged disorders of consciousness who lack capacity, and will facilitate Best Interest meetings (relating to the withdrawal of nutrition and hydration) where requested/required. Where a decision has been reached to withdraw

nutrition and hydration, Holy Cross will discharge a patient to another setting (such as a hospice).

## 6. RESPONSIBILITY TO THE FAMILY

The health of the individual patient is our primary concern. We must also give attention to the effect of treatment or therapy on immediate family members, especially if there is a possibility that a patient's decision may make an irreversible change in their family responsibilities.

## 7. THE STAFF

The unique contribution of each member of the staff, medical or otherwise, is essential for the work of this hospital. A well-motivated and contented professional team will enhance the care of our patients. The needs of each member of staff in relation to acquiring necessary skills and knowledge are to be promoted. The obligation of professional confidentiality must be carefully fulfilled if the work of the hospital is to continue.

Mutual support of each member of staff is vital for those engaged in the care of the sick. Managers will take particular care to ensure adequate support for all staff who could be vulnerable, by reason of age, sex or status, to psychological disturbance arising directly from their experience at work.

This statement provides a framework in which the work and activity of this hospital can be conducted. It is an attempt to draw attention to the basic and, at the same time, important values which must be respected if human life, in all its stages and forms, is to flourish.

## 5 COMPLIMENTS AND COMPLAINTS POLICY

### **Statement of purpose:**

This policy sets out how hospital staff should take note of compliments offered by patients, visitors or the general public and also how staff should deal with a complaint about services provided or a related matter that is brought to its attention. The policy aims to give clear guidance to those who deal with complainants. The procedure is made available to patients, visitors and the general public to give guidance on how to make and follow-up a complaint.

### **Policy Statement:**

All feedback from patients, visitors or the general public about the services provided by the Hospital is to be valued as evidence to inform external assessment by bodies such as the Care Quality Commission and to inform internal quality review procedures.

It is Management's intention to ensure that any cause for complaint or dissatisfaction is investigated promptly and thoroughly, that corrective action is taken where appropriate, that lessons are learned and that the complainant is given full information about the process and apologies or other redress as appropriate.

## 1. Recording Compliments

Although it is not sensible to attempt to record every “thank you” given by patients or visitors, it is considered to be very helpful that note is taken of positive feedback offered by those who come into contact with the hospital’s services. Staff are instructed to put a manager in touch with any person who seems to be offering to do this so that a written note can be made and passed to the relevant senior manager. A record will be made in the database and a report given to the Advisory Committee at its next meeting and made available to external regulators such as the Care Quality Commission or representatives of NHS purchasers.

## 2. Recording Complaints

The Complaint procedure is published in leaflet form and is made widely available in the Hospital with the intention of giving clear and easily followed instructions to all concerned. It is Management’s intention that all expressions of dissatisfaction or concern are given prompt and careful attention and that the person making the complaint has confidence that this is the case. Management also wishes to ensure that if anyone needs assistance in this process, that they receive it from an appropriate member of staff.

Complaints may be made orally or in writing. Staff are required to make a written record of an oral complaint and should use the Complaint Report Form to record the details and to inform Management. The Senior Manager receiving the complaint should provide a written record of the complaint to the complainant.

### Scope of Policy

Management recognises that many concerns that are raised in the normal course of the Hospital’s work are settled on the spot or within the following 24 hours at most by an appropriate response by a member of staff. There is no requirement to record every such event. However a Report Form should be completed if the matter is felt to be serious or if there is any doubt that the matter has been resolved. Any member of staff should seek advice from a more senior staff member if there is any question about this.

This Policy is not intended to be used in connection with complaints by a member of staff. Staff should use the Grievance Procedure or the Public Interest Disclosures Policy to bring matters to the attention of Management. However people other than employees such as Consultants and Medical Staff, contractors or staff from other organisations working on the Hospital site may use this Policy.

### Management Responsibility

The Chief Executive is the designated Complaints Manager and is responsible for ensuring that this Policy is implemented on all occasions. Responsibility for the initial investigation and response is usually undertaken by a senior manager, the Director of Patient Services with regards to matters concerning clinical staff or services and by the Director of Operations for matters concerning non-clinical staff or services. Complaints from or specifically about medical staff or treatment will be handled by the Chief Executive from the start in conjunction with the relevant consultant or doctor.

## Responsibilities of All Staff

Every member of staff is required to bring a complaint or potential complaint to their immediate manager's attention at the earliest opportunity and to co-operate fully and openly in any investigations, making available any relevant records or documents. This includes medical staff or others who work in association with the Hospital. The Hospital will make explicit in contracts or service level agreements that it is a requirement to co-operate fully in the Complaints Procedure.

In the absence of the relevant senior manager, matters should be referred to another member of the Executive Committee.

All employees are required to attend a training session about the Complaints Policy in the course of induction. Refresher training may be arranged from time to time.

## Appeal Procedure

In the event that the complainant remains dissatisfied following the completion of the above process, the Procedure provides that the matter may be reviewed. The formal line of appeal is to the Chief Executive.

The Chief Executive will arrange for the complainant and the investigating manager to present information to assist in establishing the facts of the case. The Chief Executive may involve colleagues in considering the facts if that appears necessary to achieve a fair settlement of the matter. If the Chief Executive believes that the complainant has not been satisfied with the outcome of the appeal, a report will be given to the Trustees of the Charitable Company who will make the final decision on the matter.

All patients funded by the NHS will be made aware that they have the right to bring their complaint to the attention of the funding Clinical Commissioning Group and to the Health Service Commissioner (Ombudsman) if dissatisfied with the Hospital's response.

Complaint resolution is outside the remit of the Care Quality Commission. The Commission is only likely to investigate if it considers that the Hospital may be in breach of regulations.

Telephone 03000 616161

## Compliment and Complaint Register

The Hospital maintains a register of compliments and complaints received, whether orally or in writing, and records in it the action taken and the outcome, when known, as far as the complainant is concerned. Information will be given on progress of resolving complaints as soon as appropriate.

## **PROCEDURE FOR HANDLING COMPLIMENTS AND COMPLAINTS FROM PATIENTS OR VISITORS**

The Chief Executive is responsible for implementing the Compliments and Complaints Policy and ensuring that all the Hospital's employees are aware of it. Responsibility for investigating and where possible resolving complaints may be delegated to other managers.

### **Our Services**

- 1 We plan to deliver services as they are described in our literature and in ways that are appropriate to the recipient's needs and timely.
- 2 We intend to maintain high standards of professional competence in all aspects of our work.
- 3 We aim to bring qualities of understanding and compassion to all our work.

### **Our Principles**

- 1 We value all feedback given by those who have direct experience of our services and will record compliments and complaints to provide us with evidence to share with others and to help us assess the quality of our work.
- 2 We recognise that what we do may also give rise to a complaint from time to time.
- 3 We undertake to listen carefully to anyone who is pointing out what they believe to be a mistake and to make a written record if the matter is not readily and immediately resolved.
- 4 We aim to learn from the complaint, putting matters right whenever it is in our power to do so and doing what is necessary to prevent a recurrence of the problem.

### **Patients' Rights and Responsibilities**

- 1 You have the right to receive services that we have undertaken to provide and to enjoy courtesy and respect from all staff.
- 2 You have the right, through making a complaint, to have any alleged shortcomings from this standard investigated by management and any concerns addressed.
- 3 You are responsible for ensuring that you communicate your needs in a clear and courteous manner to appropriate staff as far as possible. If you so request, we will give you support in using this Complaints Policy.
- 4 You are responsible for understanding the limits to the service that you can reasonably expect of us.

### **Instructions to Staff**

- 1 If a patient or a relative or visitor acting with permission on the patient's behalf, expresses particular appreciation of a service provided or of the Hospital's services in general, you should ensure that a manager is informed and that a record is made of the nature of the compliment, the time and date it was given and who gave it.
- 2 If a patient or a relative or visitor acting with permission on the patient's behalf, expresses concern about the services being provided, you must give careful attention to

find out what is considered to be unsatisfactory and to determine if you can deal with the matter or whether it should be reported to a more senior member of staff.

3 All staff must be prepared to listen to concerns expressed whether the matter is related to their work area or not. If not immediately resolved, a complaint must be brought to the immediate attention of an appropriate senior manager. A report form is available for this purpose.

4 All matters are to be dealt with promptly. Speed of response demonstrates our commitment to providing a good service.

5 For purposes of this procedure senior managers are the Director of Patient Services, Director of Operations and the Finance Manager. Senior managers must acknowledge the complaint and seek to communicate directly with the complainant to determine as precisely as possible what is found to be wrong, what outcome the complainant is looking for, to agree on the steps to be taken to investigate and to set a time limit for preparing the response.

6 An investigation may be conducted into the matters raised in the complaint. All staff are required to be open, honest and constructive in providing information to the senior manager carrying out the investigation or the manager delegated to do this on the senior manager's behalf.

7 These instructions may be summarised as:

Listen	Report	Record	Investigate
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#### Arrangements to investigate and respond to complaints

The hospital management gives an undertaking to investigate any complaint brought to its attention. It is preferred but is not essential that a complaint be put in writing by the complainant if early attempts to resolve it have failed. The appropriate senior manager will make arrangements with the complainant to do this. An acknowledgement of a written complaint will be given within 3 working days and an offer made to discuss the matter of the complaint and how to proceed in resolving it. Subject to the outcome of a discussion, investigations will be carried out carefully and discreetly and a response prepared within the time limit agreed. Information on how to take the matter further will be included in the reply. All complaints will be reported to the Advisory Committee. A report will also be provided to any public body funding the patient or to regulatory bodies as required.

When a complaint is about a clinical matter, the consultant responsible for the care of the patient will be notified at the earliest opportunity, will be asked for comments and may be involved in the response.

If the investigation results in management identifying the need for action to be taken to prevent a recurrence, the response will include reference to this.

#### If the response from the investigating manager is not considered satisfactory

If desired and following a response from the senior manager, an appeal may be addressed to the Chief Executive. The complainant should notify the Chief Executive of an appeal by letter, email or telephone at the earliest opportunity and agreement will be reached with the complainant on arrangements for a hearing.

### **NHS Patients**

Many patients receive treatment at Holy Cross Hospital as NHS patients. In their cases, if a complaint is not resolved satisfactorily by the local procedures, they may ask for the problem to be considered by the Funding PCT and/or by the Health Service Ombudsman. The Chief Executive will provide information on this.

HOLY CROSS HOSPITAL, HASLEMERE, SURREY GU27 1NQ

Telephone Haslemere 01428 643311 Fax 01428 644007 e-mail: [info@holycross.org.uk](mailto:info@holycross.org.uk)  
internet: [www.holycross.org.uk](http://www.holycross.org.uk)

**HOLY CROSS HOSPITAL  
COMPLAINTS REPORT FORM**

**Section 1** to be completed by staff member who received complaint or immediate Manager

Complaint: Written / Oral      Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_

Complainant Name: \_\_\_\_\_ who is Patient / Visitor / Consultant or other

Complaint made to : \_\_\_\_\_ Department / Ward : \_\_\_\_\_

Details of Complaint :

Details of Action taken:

Is further Action required? YES / NO

Section 1 completed by : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Once Section 1 has been completed, the form should be passed immediately to a Senior Manager**

**Section 2** to be completed by Senior Manager (unless complaint concerns medical staff, then pass to CEO)

Record of Action Taken noting dates and times: (3 days maximum from receipt to meeting with complainant or written acknowledgement. Full response within 20 days)

Section 2 completed by : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PTO**

**Section 3 to be completed before passing to Chief Executive and registered on database**

Complainant name, address, telephone number

Date Complaint Acknowledged : \_\_\_\_/\_\_\_\_/\_\_\_\_

Lead Person undertaking investigation : \_\_\_\_ :

Findings (attach separate sheets if necessary)

Response letter reference

Summary of Action in response to complaint

Recommendations of action to prevent recurrence

**Section 4 to be completed by CEO**

Name of Hospital Policy / procedure revised as a consequence of this  
complaint \_\_\_\_\_ or Not Applicable

Risk Management Assessment revised \_\_\_\_\_

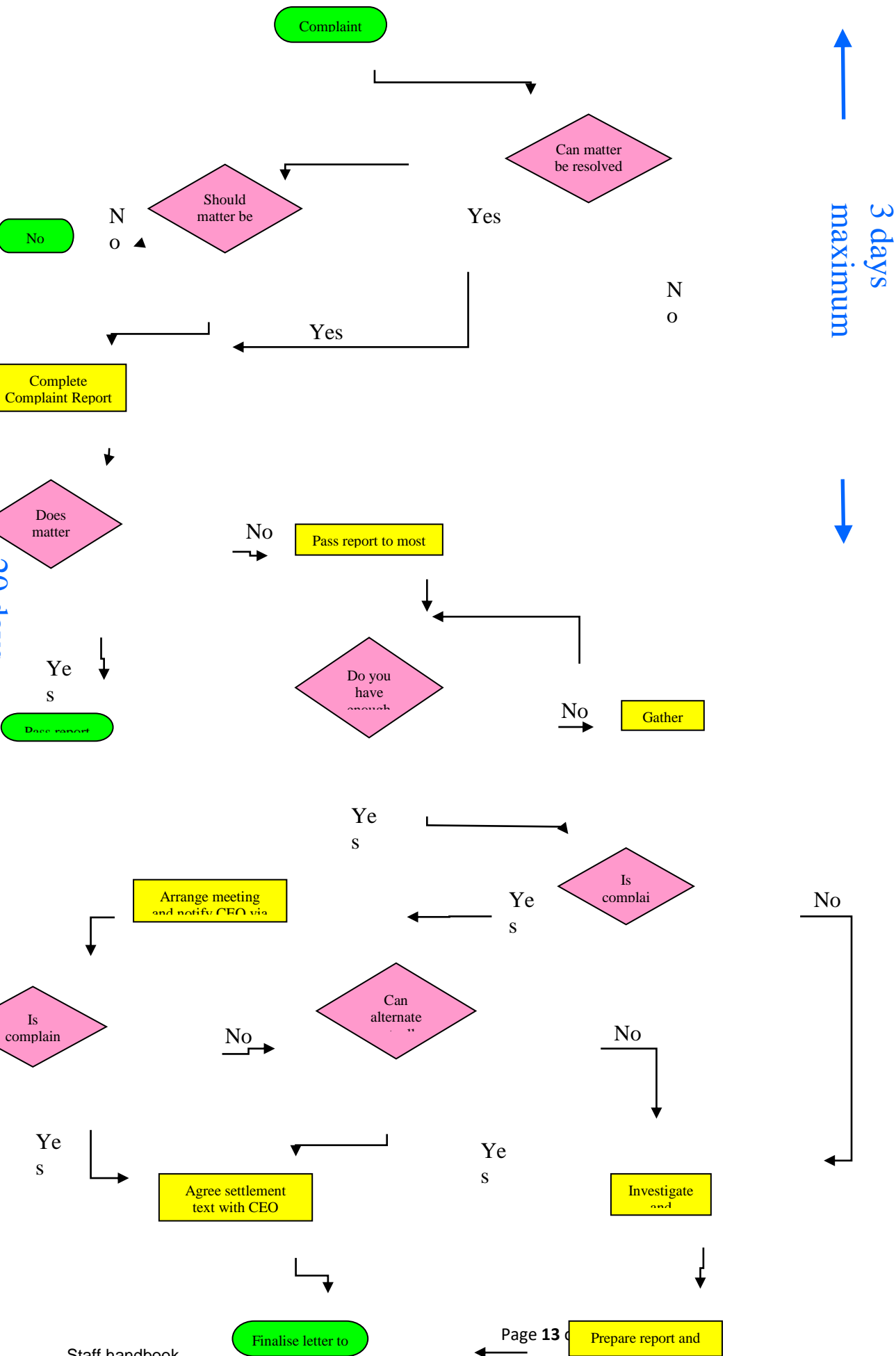
PCT notified (name, date and reference) \_\_\_\_\_

Advisory Committee notified: \_\_\_\_\_

Database entry made by \_\_\_\_\_ Date: \_\_\_\_\_

Date of notification to Care Quality Commission (immediate or in annual summary) \_\_\_\_\_

Date all action complete: \_\_\_\_\_ Signed: \_\_\_\_\_



## **6    TRAINING**

Holy Cross' mission statement states that the Hospital will “value the unique contribution of each member of staff and aim to develop their full potential through a commitment to training and education”. The learning & development policy outlines a set of procedures and rules in order to achieve this aim.

The Hospital Management Team will review each year, the extent to which the totality of training provided has contributed to the overall business objectives.

The Hospital acknowledges the statutory duties placed on it relating to training and will consider all requests for additional training.

Holy Cross has a tailor made E-Induction programme and E-Learning sessions, these can be found on our intranet site, where possible this site should be referred to for training related information and materials.

## **B. ATTENDANCE**

### **1 WORKING HOURS**

The present working hours are as detailed in your Statement of Main Terms and Conditions of Employment. The Hospital reserves the right to re-arrange working hours in order to meet special conditions, subject to normal discussion and agreement with you.

Requests by a member of staff to swap a shift with another member of staff of the same grade, must be made in advance and agreed by the Ward Manager.

## **2    TIME RECORDING**

If you are required to record your working time you must do so as instructed. It is an offence to falsify a time record or to record another person's working time and such action renders you liable to dismissal without notice.

If you are required to complete a timesheet showing the time spent on each job, you should complete this daily and it should be available to your Manager in the event of your sickness or unexpected absence. Once authorised by your Manager it forms the basis of calculating wages, subject to agreement with the time recorded.

### **3 MOBILITY**

You may be required to work at other locations, which will be the subject of normal agreement and discussion.

You may be required to work from your home or elsewhere subject to normal discussion and agreement.

Authorised expenses necessarily incurred on legitimate business activities will be reimbursed provided the appropriate VAT receipts are submitted.

#### **4 LEAVE OF ABSENCE** (subject to your statutory rights to Time Off)

If you wish to leave work during working hours, you must obtain permission from your immediate Manager.

When personal circumstances prevent you from attending work, you must notify your Manager at the earliest possible opportunity to discuss the reasons for the absence. Your Manager may exercise discretion in authorising a specific period of absence with or without pay, or agree to annual holiday being taken at short notice to cover the absence required. Where the circumstances are of a private and confidential nature, such confidentiality will be respected.

Any appointments should be made outside working hours if possible, however, if you must attend during work time please ensure the appointment is made for the start or end of the day to ensure minimum disruption to your work.

## 5 **TIME OFF FOR DEPENDANTS**

You have the right to take a reasonable amount of unpaid time off during your working hours to deal with unexpected or sudden problems affecting your dependants and to make any necessary longer-term arrangements for their care.

It is expected that in most cases the amount of leave will be less than one day or one or two days at the most. You may be able to take longer periods of leave under other arrangements with the Hospital.

The situations where leave may be applicable are as follows:

- To care for a dependant who falls ill or has been involved in an accident or assaulted.
- When your partner is having a baby.
- To make longer-term arrangements for a dependant who is ill or injured.
- To deal with the death of a dependant.
- To deal with an unexpected disruption or breakdown in care arrangements for a dependant, e.g. when the childminder or nurse fails to arrive.
- To deal with an incident involving your child during school hours.

### Advising the Hospital

You must advise the Hospital as soon as possible about your absence and for how long you expect to be away from work. There may be occasions when you return to work before it is possible to contact the Hospital – however on such occasions you must advise the Hospital of the reason for the absence immediately upon your return to work.

### Who is a Dependant?

For the purpose of the right to time off a dependant is defined as follows:

"A partner, child or parent of the employee. It also includes someone who lives with the employee as part of their family, e.g. elderly aunt or grandparent"

This does not include boarders, lodgers or employees - i.e. live-in housekeepers or nannies".

In cases of illness or injury or where care arrangements break down, a dependant may also be someone who reasonably relies on you for assistance. This may be where you are the primary carer or the only person who can help in an emergency.

## 6 ABSENCE AND SICKNESS

### Reporting sickness absence

You must notify your manager (or the Nurse in Charge of the Hospital outside of their hours) and Human Resources as soon as possible of your absence from work on the first day and at least 2 hours before the start of your shift, where possible. You must also keep in daily contact if the duration of your absence is uncertain.

Individual employees must contact the Human Resources Department in person during the following hours: 8.00am – 5.30pm Monday – Friday at the earliest opportunity at the beginning of your absence that you will be off work. Outside of these hours, a message can be left on the H.R. voicemail service – providing you have notified your manager/nurse in charge. **Only in exceptional circumstances** will calls reporting sickness, or any other type of absence be taken from a third party.

#### 1.1 You are required to give the reason for your absence and how long you expect to be off.

The absence from work notification (usually a telephone call) will be recorded in the Human Resources Department and a Declaration of Incapacity to Work (self-certificate) Form will be completed in the case of sickness absence. The Human Resources Department will be responsible for notifying your department head and arranging cover as necessary. Outside of the Human Resources department hours, the hospital Bleep Holder (day or night) will be responsible.

If your absence lasts eight days or more, you must provide a doctor's certificate (fit note) from the eighth (calendar) day. Thereafter, further Certificates must be submitted covering all the absence until you resume work. Do not delay seeing your doctor if you need medical advice or treatment, whether or not you need a G.P certificate.

### Reporting sickness absence outside of the HR Department hours

You must contact the hospital bleep holder (senior nurse in charge of the hospital) to report your absence following the same procedure as detailed above.

Outside of the HR department hours, you must also telephone the HR department before 10am on the same or following working day to confirm that you have contacted the Hospital Bleep Holder to report your absence. If the following working day is a Saturday, Sunday or Public Holiday, a message may be left on the HR voicemail service - in addition to notifying the Bleep Holder of your absence – together with the expected duration of the absence and/or return to work date.

### Compulsory Sickness Absence

Any member of staff who is absent from work with any contagious medical conditions for example Diarrhoea and/or Vomiting, must refrain from attending for work for at least 48 hours after the last symptoms. Catering staff must refrain from work for 72 hours after the last symptoms. Further information about specific, contagious medical conditions and length of absence from work can be obtained from the Director of Patient Services in the first instance.

### Sickness absence whilst on Annual Leave

An employee can choose to change a period of annual leave during which they are sick to sick leave. This would occur if:

- they become sick while on annual leave
- have a period of sick leave that continues into a pre-arranged period of annual leave

The employee can make arrangements to take the annual leave they 'have 'missed' at a later date providing they inform the Hospital as soon as reasonably possible that they are sick and provide medical evidence of the sickness, if requested.

### Return to work

If the period of absence, due to sickness or injury is for 7 continuous days or less you must report to the HR Office immediately on return to work and complete a Self-Certification Form during the return to work interview.

You must contact your manager or the senior nurse in charge and the HR Department, following the same procedure as above to notify your intention to return to work at least one day before the date of return.

On your return to work, you must report to the H.R. Office and complete a Declaration of Incapacity to Work (self-certificate) Form. If your absence has been for less than eight days, you do not need a medical certificate. The HR Department will notify the Payroll Department of all dates of sickness absence and whether they were self or GP certified.

All employees will have a return to work interview following a period of sickness absence regardless of the duration, to ensure they are fit to return to work and to try to identify any underlying problems that may have caused the sickness absence, where applicable. Employees with high levels of sickness absence, frequent short term or any patterns of sickness absence will be seen by a senior manager to agree how these can be reduced.

Any entitlement to Hospital Sickness Benefit is discretionary and subject to Management approval.

You must not have lost eligibility to Hospital sickness benefit because of unsatisfactory conduct or performance.

Failure to notify the Hospital on the first day of absence and to satisfactorily complete a Self-Certification Form could result in non-payment from the Hospital's Sick Pay Scheme, if relevant, and the Statutory Sick Pay Scheme, being withheld.

Failure to notify the Hospital of absence and the reason for that absence, in accordance with the above rules, will be regarded as unauthorised absence. Unauthorised absence may be considered to be misconduct and could result in disciplinary action.

Failure to complete the Hospital's Self-Certification Form, or provide false information, or fail to supply Medical Certificates for any absence exceeding 7 continuous days, could result in disciplinary action being taken against you.

If the reason for your absence is of a highly confidential nature and you do not wish to state this in writing to your Manager, you may request to see HR Manager.

All absence from work, including sickness absence, is monitored by HR and the levels are regularly reported to the Management Team.

The Hospital reserves the right to refer an individual to Occupational Health if they have concerns about their level or frequency of sickness. Please refer to the Occupational Health section below (6.24)

The Hospital reserves the right to obtain a medical report from your GP in order to ensure that you are fit to continue to undertake your job, subject to the Access to Medical Reports Act 1988, or to require you to undergo a medical examination by an independent Medical Examiner. The Hospital will pay for any medical examination or report.

Should you be absent for more than four weeks for any reason, the hospital reserves the right to suspend accrual of any holiday in excess of the minimum conferred by the Working Time Regulations (this clause will not apply to the Ordinary Maternity Leave period)

### **General**

Sickness absence is monitored by the Human Resources department and the levels are regularly reported to the Management Team.

All employees will have a “return to work” interview following a period of sickness absence regardless of the duration, to ensure they are fit to return to work and to try to identify any underlying problems that may have caused the sickness absence, where applicable.

Employees with high levels of sickness absence, frequent short term or any patterns of sickness absence will be seen by a senior manager to agree how these can be reduced.

The Hospital reserves the right to refer an individual to Occupational Health if they have concerns about their level or frequency of sickness. Please refer to the Occupational Health section below

The Hospital reserves the right to obtain a medical report from your GP in order to ensure that you are fit to continue to undertake your job, subject to the Access to Medical Reports Act 1988, or to require you to undergo a medical examination by an independent Medical Examiner. The Hospital will pay for any medical examination or report.

### **Occupational Health**

The hospital has access to an Occupational Health service and may refer an employee who is causing a concern with excessive absence, (long or short-term), or a concern over work issues that may be health related. Other reasons for a management referral to the Occupational Health department may include:

- employees who have been off sick for more than four weeks;
- staff considering early retirement on ill health grounds
- an employee who may after an injury or serious illness require rehabilitation advice back into work role or deployment.

An employee will be requested to agree to such a referral, however they may choose to refuse. The HR department will be responsible for contacting the occupational health provider and arranging for further advice or a referral to an occupational health physician.

### **Life Insurance**

Holy Cross Hospital does not provide Group Life Insurance Cover (sometimes called a Death in Service Benefit Scheme).

Employees who wish to have insurance in place in the event of their death will need to arrange this privately. Please note that Holy Cross cannot provide advice on this.

## **7 INCLEMENT WEATHER POLICY**

In the event of extreme adverse weather conditions, e.g. heavy snow, flooding, hurricanes etc., you are expected to make every attempt to arrive at work at your normal starting time.

If you decide that the weather conditions will prevent you from travelling to work you must opt for one of the following:

- take the day(s) as holiday, or
- take the day(s) as authorised unpaid leave of absence,
- agree with your manager to make up the time lost

If this is the case, you must telephone your Manager at least 30 minutes before the normal starting time and inform him/her of the option you wish to take. If your Manager is not available, you must ensure that one of the following is notified of your absence - Director of Clinical Services, Director of Nursing Services, Chief Executive or Human Resources Manager.

In the event you decide to travel to work and then subsequently find that the weather conditions prevent you from completing your journey, you must telephone your Manager as soon as possible and inform him/her of the exact circumstances. In this case, the Hospital at its discretion, and in light of the circumstances, will decide whether or not you will qualify for full pay.

In any event, absence from, or lateness to work due to extreme adverse weather conditions will not be subject to the Hospital's disciplinary procedure, provided you notify your Manager in accordance with the above policy.

## **8 COFFEE/TEA BREAKS**

The Hospital operates an informal coffee/tea break system and arrangements will be explained to you by your Manager.

## **9 COMPASSIONATE LEAVE**

Up to a maximum of 5 days' compassionate (paid) leave may be granted by the Chief Executive or a member of the Management Team in cases where a close relative of a member of staff dies and time off is required by them to take care of personal/family arrangements, e.g. executor responsibilities, attending the funeral including travel; taking care of spouse or dependants of deceased.

Compassionate leave may also be approved for staff wishing to attend the funeral of someone who is not related to them.

## **10     JURY SERVICE**

Staff who are summoned for Jury Service must inform their manager at the earliest opportunity. Claims for attendance must be made from the court and the amount paid advised to the hospital. Any payment from the Hospital in respect of Jury Service will be discretionary.

## **C. BENEFITS**

### **1 HOLIDAYS AND HOLIDAY PAY**

#### **Entitlement**

All annual leave must receive management approval before being taken. Any employee who takes annual holiday which has not been previously approved may be subject to disciplinary action, which includes dismissal.

The annual leave year runs from 1st April to 31st March. Employees have the right to request annual leave but not to demand and receive it.

Employees are entitled to a minimum of 30 days holiday per year inclusive of public and statutory holidays. This entitlement is pro-rated for part time employees.

For the purposes of calculating holiday entitlement, only complete weeks worked are included.

Where employees join the Hospital part way through the holiday year, their entitlement to annual leave will be proportionate to the amount of time left in the holiday year (with fractions of days rounded up to whole days). No service with any other employer will count for the purposes of assessing entitlement to annual leave.

Paid holiday will not be granted during the first four weeks of employment.

Holiday commitments made before joining Holy Cross Hospital, which can be supported by travel documents, will be honoured.

If, for any reason, employees know that they will be late returning from holiday they must contact the Hospital and notify their late return as soon as possible. Failure to do so will render the employee liable to disciplinary action for unauthorised absence. Such disciplinary action may include dismissal.

Holy Cross recognises the loyalty of its employees in helping to provide stability within the workforce and continuity of care, by providing an additional days leave after 5 years continuous service.

#### **Obtaining Approval**

All holidays must be applied for using the Absence Request Form, which must be submitted to the relevant Senior Manager. The application will be considered with regard to the needs of the department and the rules on annual holiday set out in this policy.

Holiday requests of one week or more should be normally submitted at least four weeks in advance.

Employees should not commit themselves to any holiday plans until they have received a signed copy of the form approving their holiday request. No responsibility will be taken for any holiday deposit paid or other losses incurred as a result of a failure to comply with this aspect of the procedure.

All applications for holiday are considered with regard to the needs of the department. Where an employee requests holiday but is refused and is subsequently absent, this will be treated as a conduct issue and may result in disciplinary action being taken.

All annual leave will be recorded in H.R. & Payroll.

### Untaken Holiday

Subject to agreement by their senior manager, employees may be allowed to carry over untaken holiday at 31 March into the following holiday year, but only up to a maximum of one normal working week, subject to compliance with the Working Time Regulations. Such carried over holiday must be taken by 31<sup>st</sup> May in the following holiday year or it will be lost. In exceptional circumstances, and again subject to senior management agreement, payment in lieu of untaken holiday may be made, again up to a maximum of one normal working week per year, subject to compliance with the Working Time Regulations. This untaken holiday may include leave carried over to be taken before 31<sup>st</sup> May, but which then cannot be taken for operational or other reasons. Payment in lieu of leave will be paid by 31<sup>st</sup> May in each year in either the employee's April or May pay.

Employees on maternity leave will continue to accrue holiday entitlement.

An employee can choose to change a period of annual leave during which they are sick to sick leave. Please refer to sickness absence policy.

Employees who are unable to take all of their statutory (5.6 weeks) annual leave entitlement within a leave year because of illness may be entitled to carry forward the unused statutory entitlement to the next leave year.

The hospital reserves the right to suspend accrual of any holiday in excess of the minimum conferred by the Working Time Regulations (this clause will not apply to the Ordinary Maternity Leave period) when an employee is absent for more than four weeks for any reason.

Employees who leave the Hospital, for whatever reason, will have their full entitlement to paid holiday calculated on a pro-rata basis per completed week of service less any holiday entitlement taken during the holiday year. If the holiday taken exceeds your holiday entitlement, the Hospital has the right to deduct payments made in excess of holiday pay entitlement from any money owing to the employee at the time of their leaving.

Annual leave is not normally allowed during the notice period; however this may be permitted subject to the agreement of a member of the Hospital Management Team.

Outstanding holiday, which has been accrued but not taken by an employee on termination, will be paid in lieu in the final salary.

### Extended Leave

Extended leave is defined as 3 or more consecutive weeks of an employee's normal working week.

A maximum of 3 weeks annual leave will be paid in advance when taking extended leave, unless more than 3 weeks leave have been accrued by the employee on the date of return.

Leave over and above 3 weeks taken during the same period of extended leave will be paid on return.

Employees away on extended leave will remain under contract during their absence and will continue to accrue continuous service.

Employees granted extended leave must provide details of their travel arrangements, including travel documents, and an address/addresses and contact telephone numbers where they can be contacted while away.

If, for any reason, employees know that they will be late returning from holiday they must contact the hospital and notify them of the reason as soon as possible. If the reason for the late return is illness, medical certificates covering any overdue period must be forwarded to the Hospital as promptly as possible. Employees suffering from minor illness will be expected to return to the UK, and if necessary, receive treatment here.

Employees going on extended leave will be entitled to return to the jobs they left, provided they return on or before the agreed date. The failure of an employee to return on the due date after extended leave will be treated as unauthorized absence, which constitutes gross misconduct. There will be an investigation into why the return was delayed, which could lead to disciplinary action, which may include dismissal.

## **D. WORKING POLICIES & PRACTICES**

### **1 EMPLOYEE'S PROPERTY**

The Hospital does not accept any liability for the loss of or damage to your property brought onto the Hospital's premises, whatever the cause, although investigations will be carried out on matters brought to the Hospital's notice.

If you bring a motor vehicle or cycle onto Hospital premises, it must be parked in the authorised parking places provided. Any vehicle or cycle is parked entirely at your risk and the Hospital accepts no liability in respect of damage to or loss from such vehicle or cycle.

## **2 RIGHT OF SEARCH**

To safeguard you and to ensure that there is no abuse with regard to the removal of Hospital property or equipment, the Hospital reserves the right to search any employee or the contents of parcels or vehicles entering or leaving the premises.

You will be notified of the grounds for carrying out a search; however, you have the right to refuse. If this happens you will be required to remain in the presence of a Senior Manager whilst awaiting the Police.

Any search will be conducted in private, by someone in authority and in the presence of a third person.

In order to ensure fairness to all concerned, you will be offered the right to be accompanied before any search is carried out.

Wherever possible, all persons involved in this procedure will be of the same gender.

### **3 INVENTIONS**

The law relating to inventions is governed by the Patents Act of 1977 as modified by the Copyright, Design and Patents Act 1988, and if you make an invention then you are protected by a statutory scheme of compensation detailed in that Act. However, there are circumstances in which such an invention will be regarded as belonging to the Hospital:

- if it is made in the course of your normal duties under such circumstances as an invention might reasonably be expected to result from these duties,
- if it was made outside the course of your normal duties but during the performance of duties specifically assigned to you when an invention might reasonably be expected to result from these duties,
- if it was made during the course of your duties and at the time you had a special obligation to further the Hospital's interests arising from the nature of such duties and your particular responsibilities.

If the invention was not made under any of these circumstances it is taken as between you and the Hospital to belong to you. If the invention properly belongs to someone other than you in the first place then none of the above rules affect that ownership.

#### **4 USE OF HOSPITAL COMPUTER EQUIPMENT**

In order to control the use of the Hospital's computer equipment and reduce the risk of contamination, the following will apply:

- The introduction of new software must first of all be checked and authorised by the Information Services Manager before general use will be permitted.
- Only authorised staff should have access to the Hospital's computer equipment, following training by the Information Services Manager and completion of the Hospital's Computer User Agreement.
- Only authorised software may be used on any of the Hospital's computer equipment. Only software that is used for business applications may be used.
- No software or data may be brought on to or taken from the Hospital's premises without prior authorisation.
- Unauthorised access to the computer facility will result in disciplinary action. Unauthorised copying and/or removal will result in disciplinary action. Such actions could lead to dismissal.
- Computer users will be issued with a confidential password which will be changed at irregular intervals. Access to any part of the Hospital network using another employee's password without prior authorisation is likely to result in disciplinary action. If concerned, please ask the Information Services Manager for a change of password.
- You must not share passwords or password security with any other person.
- Monitoring tools are in use to protect the security and integrity of Hospital systems. Information recorded by the monitoring systems can be used to identify an individual user and show, for example, a website or document that a user has been viewing and the time spent browsing. On databases that handle personal information, such as patient or HR systems, all user actions are logged, including the user's individual logon, computer, time, date, and activity. These logs are regularly audited for unusual activity.

**Because of this, staff must not assume privacy in their use of the Hospital's systems, even when accessing systems in their personal time i.e. out of paid working hours.**

The Information Services Manager periodically monitors network activity for the purposes of system security and performance. The Information Services Manager will also conduct an investigation into user(s) activity if authorised to do so by Human Resources/senior manager, who has credible grounds to suspect misuse and authority to instigate the disciplinary action that might follow.

The Hospital reserves the right to carry out detailed inspection of any IT equipment without notice, where inappropriate activity is suspected.

Any inappropriate use of the Hospital's IT resources detected, either incidentally during routine monitoring or through audit activities, will be reported to the Human Resources Manager, who will be responsible for co-ordinating an appropriate and proportional response and, if necessary, instigating action under the Hospital's disciplinary policy.

For further information, refer to the following policies:

- Information Governance Policy
- Acceptable Use Policy for Wi-Fi
- Mobile Computing and Social Media Policy

## **5 INTERNET**

Where appropriate and duly authorised, staff are encouraged to make use of the internet as part of their official professional activities.

Staff must not publish any information concerning the business of the Hospital on any Internet site.

The availability and variety of information on the Internet has meant that it can be used to obtain material reasonably considered to be offensive. The use of the Internet to access and/or distribute any kind of offensive material or non-related employment issues, will leave an individual liable to disciplinary action which could lead to dismissal.

Monitoring tools are in use to help to prevent Internet misuse, for example, by blocking access to inappropriate sites or materials. Information recorded by monitoring systems can be used to identify individual users and show, for example, a website or document that a user has been viewing and the time spent browsing. Access to websites categorised as pornography, hate and racism, and cult/occult are blocked at a network level. Interceptions of these websites are visible to network administrators and may result in further investigation and disciplinary action.

## **6     E-MAIL POLICY**

### **Policy**

Inappropriate use of email may cause many problems, including distractions, time wasting and legal claims. This policy sets out the Hospital's position on the current use of the e-mail system, both on computers and voicemail on telephones.

### **Procedure**

#### **Authorised Use**

The e-mail system is available for communication on matters directly concerned with the legitimate business of the Hospital. If you use the e-mail system you should pay particular attention to the following points:

- All e-mails must comply with Hospital communication standards.
- E-mail messages and copies should only be sent to those for whom they are particularly relevant.
- E-mail should not be used as a substitute for face-to-face communication. "Flame-mails" (e-mails that are abusive) must not be sent. Hasty messages, sent without proper consideration, can upset and cause concern or misunderstandings.
- Virus hoaxes and chain letters should not be forwarded. Email messages that warn of a new unstoppable virus that will immediately delete everything from the computer are usually hoaxes. These warnings should never be passed on without checking with the IT department first. This also applies to chain letters. Even if the content seems to be genuine, the senders usually are not. Since it is impossible to find out whether a chain letter is real or not, it should be deleted.
- E-mail should not be used to discuss confidential information.
- Offers or contracts transmitted via e-mail are as legally binding on the Hospital as those sent on paper.
- The various Laws of the land relating to written communication also apply to e-mail messages, including the laws relating to defamation, copyright, obscenity, fraudulent misrepresentation, freedom of information, and discrimination.
- E-mails containing frivolous, libellous, abusive, defamatory, offensive, racist or obscene remarks should not be sent or forwarded, even if they are meant to be a joke. Apart from being discourteous or offensive, they may break the law. A message might even end up in someone else's hands.
- Unsuitable e-mail or attachments should not be sent, especially anything of a sexual nature.

- Replies to spam (junk e-mail) should not be sent. Replying to spam or unsubscribing confirms that an email address is 'live', which will only generate even more spam. Therefore it should just be deleted.
- External messages or attachments should not be copied without permission. Copyright laws might be infringed if permission is not received first.

Any failure on your part to observe these guidelines could result in disciplinary action, including summary dismissal.

### Unauthorised Use

The Hospital will not tolerate the use of the e-mail system for unofficial or inappropriate purposes, including:

- a message that could constitute bullying, harassment, give offence or other detriment.
- on-line gambling.
- accessing or transmitting pornography.
- posting confidential information about other employees, the Hospital or its customers or suppliers.

Any unauthorised or inappropriate use of e-mail may result in disciplinary action being taken against you, which could include summary dismissal.

### Implementation of the Policy

Regular monitoring of e-mail messages will be carried out on a random basis. Hard copies of e-mail messages will be used as evidence in disciplinary proceedings.

The Information Services Manager is responsible for the e-mail system and is able to advise on all aspects of the e-mail policy.

Unknown files or messages should never be introduced into the system without first being checked for viruses.

Induction into the use of e-mail will be run regularly on an in-house basis. Managers are required to ensure that all new employees attend IT induction prior to using the e-mail system.

Critical information must not be stored solely within the e-mail system. Hard copies must be retained and it is the responsibility of the individual issuing the e-mail to ensure the hard copy is filed. If necessary, documents must be password protected.

Users are reminded that the mere deletion of a message or file may not fully eliminate it from the system.

If you have cause for complaint as a result of e-mail communications you should raise the matter initially with your Manager and/or the Human Resources Manager. If appropriate, the complaint can then be raised through the Hospital's Grievance Procedure.

## 7. **CONFIDENTIALITY OF INFORMATION**

You must not directly or indirectly disclose to any unauthorised person any knowledge or information relating to the Hospital's business, or the business of any of the Hospital's patients or customers without first obtaining permission in writing from the Hospital.

You must not use for your own purposes or profit or for any purposes other than those of the Hospital, any information which you may acquire in relation to the Hospital's and/or its customers' business.

The rules concerning disclosure of information apply both during and after your employment with the Hospital.

Unauthorised access to Hospital information, whether computerised or manual, may lead to disciplinary action being taken against you. In the case of computerised information "hacking" will be considered a dismissible offence.

Staff seeking a reference on behalf of a perspective employer may only do so by requesting this from the H.R. department, who will arrange for a member of senior management to provide this. No other employee is permitted to provide a reference on behalf of the Hospital. Staff who are approached to provide a reference for a colleague should forward this to the H.R. department.

At the time of leaving the Hospital, for whatever reason, you are required to return all products; documentation or any other information related to the Hospital and, if requested, confirm compliance of the same in writing. In addition, the Hospital reserves the right to request such information to be returned during any period of notice should it deem it possible that there could be a risk, intentional or otherwise, of Hospital or commercially sensitive information being made available to other parties.

Users of Hospital computers, internet & email are required to be familiar with the requirements of the **General Data Protection Regulation (GDPR)** and other relevant legislation and to ensure that they operate in accordance with the requirements of the Regulation. Please ask your Manager for details.

No reference to patients or confidential information should be made on any form of social media. Please refer to the Mobile Computing and Social Media Policy for further information.

## **8. ASSOCIATED WORK**

If you choose to take up additional employment outside your normal working hours, this will be accepted by the Hospital unless such additional employment is felt to have an adverse effect on the performance of your normal duties with the Hospital. It is your responsibility to notify the Hospital in writing of other employment.

## **9. ....USE OF EMPLOYEES' MOTOR VEHICLES ON HOSPITAL BUSINESS**

If you need to use your own car on Hospital business, you should only do so with the prior approval of a member of the Management Team, and you should ensure that the vehicle is appropriately insured, taxed, and where applicable MOT'd, and that you hold a current, valid driving licence.

Any travelling expenses incurred in undertaking Hospital duties in your own motor vehicle will be reimbursed by the Hospital, according to the number of miles travelled. Such expenses must be claimed in the Hospital's travel expense claim form as set out in the Transport Policy.

## **10. MOBILE PHONES IN VEHICLES**

The Hospital's policy on the use of mobile phones in vehicles, whether the vehicle is provided by the Hospital or is privately owned, is as follows:

- The use of handheld phones is not permitted whilst driving. This includes phones with microphones and earpieces.
- Handheld phones must only be used when the vehicle is properly parked and the engine switched off.
- If you have a hands free facility, which conforms to the Department of Transport guidelines, you must not touch your phone whilst controlling your vehicle.
- Employees and Managers should avoid calling staff when it is known or suspected that they may be driving.
- The use of handheld mobile phones whilst driving is illegal. The Hospital will not accept any liability for any fixed penalty payments or fines as a result of staff being convicted.

Any staff who do not comply with this policy will be subject to disciplinary action.

## **11. EQUALITY AND DIVERSITY POLICY**

### **Statement of Policy**

Please ensure you are familiar with the Hospital's equality and diversity policy, the policy details Holy Cross Hospital's approach, and commitment to tackling discrimination and promoting equality and diversity in the workplace.

### **Introduction**

Holy Cross is a foundation of the Catholic Church. No preference will be given to people of the Catholic faith, however, all employees are required to show their respect to the teachings of the Church and to conform to the published Statement of Principles.

The Hospital aims to be an equal opportunities employer and undertakes to apply objective criteria to assess merit and ability. It aims to ensure that no job applicant, employee or worker receives less favourable treatment on the grounds of a protected characteristic, that is: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

We strive to give all employees equal opportunity in all areas of their work, such as recruitment, training, management and pay, to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

The Hospital is committed to a programme of action to make this policy effective in order to minimise the possibility of discrimination, and to remedy its effects whenever it arises.

All applicants will receive and be encouraged to complete the Equal Opportunities Monitoring form as part of the application process (appendix 1). Information received will be recorded by the H.R department and will be regularly reported to the Hospital Management Team and other statutory bodies requiring this information.

### Definitions

**Direct discrimination:** when a person treats, or proposes to treat, someone unfavourably because of a personal characteristic protected by law.

**Indirect discrimination:** when a condition, rule, policy or practice applies to everyone but disadvantages people who share a protected characteristic. Indirect discrimination can be justified if it can be shown that it is a proportionate means of achieving a legitimate aim.

### The Hospital's Responsibility as an Employer

The Chief Executive Officer is responsible for enforcing the Equality and Diversity Policy. All Managers and supervisory staff must actively promote equality of opportunity within their own programmes and spheres of responsibility.

The Hospital will take disciplinary action against any employees who are found to infringe the Equality and Diversity Policy.

### What the Hospital expects from its Employees

While the responsibility for providing equal opportunities lies with the Hospital Management Team, individual employees at all levels have responsibilities too. Eradicating discrimination depends on everyone's collaboration.

Employees should co-operate with measures introduced by the Hospital to make sure there is equal opportunity and no discrimination. Employees must not victimise individuals on the grounds that they have made complaints or provided information about discrimination or harassment. Employees should not harass, abuse or intimidate other employees on any grounds whatsoever.

### **Equal Opportunities Grievance Procedure**

The Hospital has established a separate procedure for handling complaints relating to equal opportunity, which includes nominating specific Managers or employees to offer confidential advice and support.

If you have a grievance, a problem or concern, of a serious personal nature, or the problem involves an individual who is a part of the grievance procedure, it should be raised with the CEO. If this is not possible the matter should be raised formally, in writing, within one week of the alleged offence occurring, with Sister Trustee at Holy Cross Hospital, Haslemere, Surrey GU27 1NQ. You have the right to be accompanied by a colleague or a Trade Union Representative at any resultant meeting.

You must be able to demonstrate that you have reasonable grounds for wishing to bypass stages of the procedure in this way.

Each stage of the procedure will be implemented as promptly as is reasonably practicable and shall not be subject to undue or wilful delay.

## **12.ANTI-HARASSMENT AND VICTIMISATION POLICY**

The Hospital requires all employees to respect each other and to understand that behaviour that they may find acceptable may not be regarded as such by others. The Hospital also expects that all other persons involved in the Hospital work, including patients and their visitors, should conform to normal standards of courtesy. Should there be any concerns that this is not the case; appropriate action will be taken in line with this Policy.

The Hospital declares itself opposed to harassment or victimisation in any form. The experience of harassment is acknowledged as a valid ground for a person making complaints under the Grievance Procedure.

The Hospital will not condone harassment or victimisation of any employee within the Hospital whether these acts are committed by members of the public or by colleagues. Nor will the Hospital condone any acts of harassment by employees against members of the public.

Individuals suspected of harassment or victimisation will be liable to disciplinary action which may lead to dismissal.

### **Definitions**

**Harassment** is when an individual is subjected to unwanted conduct related to a relevant protected characteristic which has the purpose or effect of violating the individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

It is also applicable to unwanted conduct because the individual is thought to have or associates with someone who has a protected characteristic.

It should not be overlooked that harassment can take many forms, e.g. age, religion, skin colour, sexual preference, disability – even dialect or accent – can all form the basis of unwanted aggression and attention. Victimisation in the widest sense of the word is also a form of harassment and those exposed to or subject to such action need protection.

**Victimisation** is when an individual is subjected to a detriment in response to bringing legal proceedings (protected acts) against the employer and/or one or more of its officers or where the employer/officers thereof believes the employee has or intends to bring such proceedings.

Harassment and victimisation for whatever reason – including a person's age, ethnic background, religion, sexual preference, accent or dialect, disability etc. are entirely unacceptable and may be regarded as gross misconduct.

Managers and Supervisors are required to act and react to all employees (and any other persons with whom they may be in contact) with respect and dignity.

Managers and Supervisors are also required to ensure those under their control act in a similar way in their relationships with each other. They should immediately investigate and take appropriate action, when faced or notified of any unacceptable behaviour.

Managers and Supervisors are expected to familiarise themselves with and apply the Hospital policy to ensure the Hospital procedure is known to all, in the event of an employee wishing to raise a complaint. Such complaints must be dealt with immediately, objectively and fairly.

Managers and Supervisors should:

- Encourage genuine concerns to be raised rather than be hidden.
- Endeavour to eradicate harassment and victimisation.
- Make employees aware that under the Criminal Justice Act 1994, harassment was made a criminal offence punishable by a substantial fine and/or a prison sentence of up to six months and under the Protection from Harassment Act 1997 to unlimited fines and imprisonment of up to five years.

## **Procedure**

If an incident is reported the following procedure should be followed:

- Make a note of the time, date, place and any other relevant data.
- Make a note of any witnesses, or persons in the immediate neighbourhood who may not have witnessed the event but may at least be able to corroborate that the persons involved were at the location at the time stated.

If the person generating the alleged harassment or victimisation is:

- An employee of the same or junior status: the matter should be reported to the superior of the employee suffering the harassment or victimisation, with an indication of the required action.
- Senior to, but not the immediate superior of the employee suffering the harassment or victimisation: the matter should be reported to that immediate superior; with an indication of the required action.
- The immediate superior of the employee suffering the harassment or victimisation: the matter should be reported to the senior person of their choice with an indication of the required action.

Whenever possible, the anonymity of the employee complaining of harassment or victimisation should be maintained.

The person to whom the complaint is made should record in writing as many details as possible regarding the complaint, including details of any witnesses etc.

Within no later than five working days and sooner if possible, the person receiving the complaint must report back to the complainant with details of action taken and any resolution achieved. A resume of the action taken and any resolution must be given to the

complainant in writing and a copy held with the notes regarding the complaint. If the solution is satisfactory to the complainant, the matter should be concluded. Any notes relating to the case will be held under confidential control.

If the solution is not satisfactory to the complainant, the matter should be discussed further and an alternative solution attempted to be agreed. This may require the person receiving the complaint to make further investigations and to take the matter to a higher authority.

If the matter is referred to a higher authority (i.e. someone not involved in any way with the matter previously), then the investigation by that person and subsequent decision will be made known to the complainant within five working days. This decision will be binding and conclude the enquiry internally.

If in the course of the investigations at whatever level, it is proved, or it is admitted that harassment or victimisation did take place, the matter will be referred to the superior of the person responsible for the harassment or victimisation. Since harassment and victimisation may be regarded as gross misconduct (please refer to Disciplinary Policy), it is mandatory that the person responsible is given a formal warning. Depending upon the seriousness of the act this may be a final written warning stating that should there be a repeat, dismissal could follow. In extreme cases dismissal may be the only solution.

If the victim and harasser normally work in close proximity, consideration should be given to relocating one or the other.

## 13 **DISABILITY DISCRIMINATION POLICY**

In line with the Disability Discrimination Act 2010 it is Hospital policy not to discriminate against persons whether in, or applying for, employment, who have protected characteristic of disability. The principles, responsibilities and steps to be taken are outlined in the Equal Opportunities and Diversity Policy, but the following specific aspects also apply.

**Disability** is where a person has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.

**Direct Discrimination** occurs where a person has less favourable treatment because of their disability. This form of direct discrimination is wide enough to also embrace associative discrimination (where the person is associated with someone else who has a disability) and discrimination by perception (where they are thought to have, or are treated as if they have, a disability, even though they may not)

**Indirect Discrimination** occurs where a condition or requirement in the workplace leads to a disabled person suffering a disadvantage where the condition or requirement cannot be justified.

### **Procedures**

Job advertisements will provide equal opportunity to all applicants and will not discriminate in any way

Prior to offering a job, any questions relating to an applicant's health will be limited to those permitted under the Equality Act. i.e. to decide if adjustments are needed to enable the applicant to be assessed fairly; to establish if a person can carry out a function which is essential and 'intrinsic' to the job; to monitor diversity of applicants; to take positive action to assist disabled people.

Applicants for employment who have a disability will not be considered less favourably than those without disabilities. If appropriate, reasonable adjustments will be considered and made to enable the candidate to be assessed and/or interviewed fairly compared with non-disabled candidates.

Consideration will be given to making reasonable adjustments, where practicable, to the workplace and to methods of working, to accommodate disabled employees to enable them to overcome any disadvantage resulting from an impairment. In order to be able to do this, there is a responsibility on employees to make the Hospital aware if they have any impairments/conditions, which may constitute a disability under the terms of the Act.

Appointments of disabled people will be made on the same terms and conditions as other comparable employees without disabilities.

Disabled employees will be given equal opportunity in applications for training and promotion and will not be considered any less favourably because of their disability.

Any acts of discrimination or harassment on the grounds of disability should be reported to the appropriate senior management

Allegations of discrimination or harassment on the grounds of disability will be investigated and disciplinary action will be taken against anyone found to have acted in any way which is in breach of this policy.

## 14 **REDUNDANCY**

The Hospital hopes that it will not have to make redundancies but should there be a downturn of business or re-organisation, for whatever reason, that requires jobs to cease or diminish, then the Hospital reserves the right to select employees on the grounds of:

retaining necessary expertise/skills to allow the Hospital to continue operating efficiently;

retaining employees whose overall performance, attendance and behaviour is in keeping with the Hospital's expectation.

Your Manager will explain the process of selection, consultation and the opportunity to question the decisions regarding redundancy.

If you are selected for redundancy (dismissal), you have the right to be accompanied by a work colleague or Trade Union Official at the final meeting. In the event that your dismissal is confirmed, you have the right to appeal against your selection. Your appeal must be lodged in writing with the Chief Executive by no later than 5 working days after you have been notified of your selection. You have the right to be accompanied by a work colleague or Trade Union Official at the appeal hearing.

## **15. MATERNITY RIGHTS**

### **Statutory Maternity Pay**

If you are to stop work because of pregnancy and have been employed by the Hospital for at least 26 weeks, ending with the Qualifying Week (QW), the 15<sup>th</sup> week before the expected week of childbirth (EWC), you will be entitled to receive Statutory Maternity Pay (SMP), provided your earnings are more than the lower earnings limit for the payment of National Insurance contributions. You must notify the Hospital of when you expect our liability to pay you SMP will commence and provide a copy of your Maternity Certificate as soon as you have this. This notice must be given at least 28 days before that date or, if this is not reasonably practicable then as soon as is reasonably practicable.

You will be eligible to receive SMP for up to 39 weeks commencing at the start of maternity leave which can start any time after the 11<sup>th</sup> week before the EWC. The first six weeks will be paid at the higher rate, which is 90% of your weekly earnings (calculated at an average of the eight weeks preceding the Qualifying Week). The remaining 33 weeks will be paid at the lower rate of SMP as determined by the Department of Social Security, or 90% of your average earnings (calculated as above), whichever is the lower.

If you have under 26 weeks' service at the Qualifying Week (QW), you will be issued with a form SMP1, which you should forward to the local Social Security Office who will pay Maternity Allowance.

### **Time off for Antenatal Care**

Regardless of length of service, all pregnant employees are entitled to reasonable paid time off to attend pregnancy related medical examinations, within working hours. This may also include reasonable time off for parent craft and/or relaxation classes.

Fathers/partners (including same sex) of expectant mothers are entitled to attend up to 2 ante-natal appointments with the expectant mother during working time. This right extends to surrogate parents. The maximum time off is 6.5 hours and such leave is unpaid.

### **Ordinary Maternity Leave**

You are entitled to take 26 weeks' ordinary maternity leave, two weeks of which must be taken immediately after the birth of your child. On or before the 15<sup>th</sup> week before your EWC you must notify the Hospital of:

- The fact of your pregnancy
- The expected week of childbirth, supported by a medical certificate
- Written notice of the date on which you wish to start your leave (if you subsequently wish to change the date on which you start your leave you must notify the Hospital at least 28 days before the amended date).

The Hospital will write to you within 28 days to confirm the date your entitlement to maternity leave will end (expected return date).

You can postpone your chosen start date by informing the Hospital at least 28 days before the proposed date, or if that is not possible, as soon as is reasonably

practicable. You may bring forward the revised date in the same way. The Hospital will write to you to confirm the revised return date within 28 days of the start of your maternity leave.

### Additional Maternity Leave

The additional maternity leave follows on immediately after the 26 weeks ordinary maternity leave period and lasts for 26 weeks.

Fathers of children due (or matched for adoption) on or after 3 April 2011 have an entitlement to Additional Paternity Leave (APL), this is detailed in the Annual & Other leave policy, section 7 – Statutory Paternity Leave and Statutory Paternity Pay.

### Returning to work and keeping in touch

If you wish to return before the expected return date you must give at least 8 weeks' notice of your intention. You may work for up to 10 days during your maternity leave without bringing your maternity leave to an end.

### Ante-natal for fathers/partners

Fathers/partners (including same sex) of expectant mothers are entitled to attend up to 2 ante-natal appointments with the expectant mother during working time. This right extends to surrogate parents. The maximum time off is 6.5 hours and such leave is unpaid.

## **16. SHARED PARENTAL LEAVE**

Employees may be entitled to Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) subject to eligibility. They can start SPL if they or their partner end their maternity or adoption leave or pay early. The remaining leave will be available as SPL. The remaining pay may be available as ShPP.

SPL and ShPP must be taken between the baby's birth and first birthday (or within 1 year of adoption).

To qualify for SPL, the child's mother (or adoptive parent) must be eligible for either maternity leave or pay, Maternity Allowance or adoption leave and pay. They must also:

- have worked for the Hospital continuously for at least 26 weeks by the end of the 15th week before the due date (or date they are matched with their adopted child).
- still be employed by the Hospital while they take SPL.
- give the Hospital the correct notice including a declaration that their partner meets the employment and income requirements which allow them to get SPL.

If they are eligible and they or their partner end maternity or adoption leave and pay (or Maternity Allowance) early, then they can:

- take the rest of the 52 weeks of leave (up to a maximum of 50 weeks) as Shared Parental Leave (SPL) (A mother must take a minimum of 2 weeks' maternity leave following the birth or 4 if she works in a factory).
- take the rest of the 39 weeks of pay (up to a maximum of 37 weeks) as Statutory Shared Parental Pay (ShPP).

ShPP is paid at the current statutory weekly rate or 90% of an employee's average weekly earnings, whichever is lower.

For Shared Parental Leave (SPL) to start, the mother or adopter must do one of the following:

- end their maternity or adoption leave by returning to work.
- give the Hospital 'binding notice' (a decision that can't normally be changed) of the date when they'll end their maternity or adoption leave.
- end maternity pay or Maternity Allowance (if they're not entitled to maternity leave, e.g. they're an agency worker or self-employed).

The mother must give the Hospital notice (at least 8 weeks) to end her maternity pay, or Jobcentre Plus to end her Maternity Allowance. Adopters must give the Hospital notice to end adoption pay.

SPL can start for the partner while the mother or adopter is still on maternity or adoption leave if she's given binding notice to end her leave (or pay if she's not entitled to leave).

They must give the Hospital written notice of their entitlement to SPL and ShPP, including:

- their partner's name.
- maternity leave start and end dates.

- the total amount of SPL and ShPP available and how much they and their partner intend to take.
- that they're sharing childcare responsibility with their partner.

The written notice must also include a signed declaration from the partner stating:

- their name, address and National Insurance number.
- that they satisfy the qualifying requirements for your employee to take SPL and ShPP.
- that they agree to your employee taking SPL and ShPP.

After receiving this notice, within 14 days the Hospital may ask them to provide within 14 days:

- a copy of the child's birth certificate.
- the name and address of their partner's employer.

They must give at least 8 weeks' notice of any leave they wish to take. If the child is born more than 8 weeks early, this notice period can be shorter.

The mother or adopter may be able to change their decision to end maternity or adoption leave early if both:

- the planned end date hasn't passed.
- they haven't already returned to work.

One of the following must also apply:

- it's discovered during the 8-week notice period that neither partner is eligible for either SPL or ShPP.
- their partner has died.
- it's less than 6 weeks after the birth (and the mother gave notice before the birth).

They can work up to 20 days (in addition to the 10 KIT days) during SPL without bringing it to an end. These are called 'shared parental leave in touch' (or SPLIT) days and are optional - both the Hospital and the employee must agree to them.

Employees can take SPL in up to 3 separate blocks. They can also share the leave with their partner if they're also eligible. Parents can choose how much of the SPL each of them will take. If both parents are taking SPL then they can take their leave at the same time as each other or at different times.

They must give the Hospital at least 8 weeks' notice before a block of leave begins. They may request to split blocks of leave into shorter periods of at least a week, however this is subject to agreement by the Hospital.

## 17. STATUTORY PATERNITY LEAVE (SPL) AND STATUTORY PATERNITY PAY (SPP)

### The Entitlement

You are entitled to choose to take either one week or two consecutive weeks' paternity leave (not odd days), subject to the following conditions:

You must have 26 weeks continuous employment by the end of the 15<sup>th</sup> week before the expected week of childbirth (EWC).

You must be, or expected to be, responsible for the upbringing of the child.

You must be the child's biological father or married to or the partner of the child's mother.

The leave must be taken for the purpose of caring for the child or supporting the mother.

The leave, of either one week or two weeks, can start on any day of the week on or following the child's birth but, must be completed within a period of 56 days beginning with either the child's birth or the first day of the EWC, whichever is the later.

### Notice and Evidence Requirements

You must give notice of your intention to take paternity leave in or before the 15<sup>th</sup> week before the EWC (or, in cases where this is not reasonably practicable, as soon as is reasonably practicable). **Note:** If, after providing this notice, you have a change of mind as to the commencement date or the amount of leave to be taken, further notice of at least 28 days must be provided (or, in cases where this is not reasonably practicable, as soon as is reasonably practicable).

You must provide a self-certificate stating the EWC, the date upon which paternity leave is anticipated to begin and whether one or two weeks leave is to be taken.

As part of the above certificate you must sign a declaration that the conditions of entitlement to statutory paternity leave and statutory paternity pay are fulfilled.

### Statutory Paternity Pay (SPP)

If you are entitled to SPL you will also qualify for SPP provided that your normal weekly earnings are not below the lower earnings limit applying to NI contributions, and, you give at least 28 days' written notice of the date liability to pay SPP is expected to begin.

SPP will be at the rate determined by the Department of Social Security or 90% of your weekly earnings (calculated at an average of the eight weeks preceding the Qualifying Week), whichever is the lower.

## **18. STATUTORY ADOPTION LEAVE AND STATUTORY ADOPTION PAY**

If you adopt a child you have the right to take Statutory Adoption Leave (SAL) and be paid Statutory Adoption Pay (SAP).

### **Statutory Adoption Leave**

You are entitled to 26 weeks' Ordinary Adoption Leave and a further 26 weeks' Additional Adoption leave. Within the context of joint adoptions one parent must opt for Adoption Leave and the other is entitled to Statutory Paternity Leave as outlined above.

Ordinary Adoption Leave commences

- either on the date on which the child is placed with the adopter up to 14 days before the date the child starts living with you (UK adoptions)
- when the child arrives in the UK or within 28 days of this date (overseas adoptions)
- the day the child's born or the day after (if you've used a surrogate to have a child)

Additional Adoption Leave starts from the date Ordinary Adoption Leave ends.

Only 1 person in a couple can take adoption leave. The other partner could get **paternity leave** instead.

If you get adoption leave, you can also get paid time off work to attend 5 adoption appointments after you've been matched with a child.

Your rights to return and to your contractual benefits are the same as for Maternity Leave.

### **Statutory Adoption Pay**

You will be eligible to receive SAP for up to 39 weeks commencing at the start of adoption leave. The first six weeks will be paid at the higher rate, which is 90% of your weekly earnings (calculated at an average of the eight weeks preceding the Qualifying Week). The remaining 33 weeks will be paid at the lower rate of SAP as determined by the Department of Social Security, or 90% of your average earnings (calculated as above), whichever is the lower.

## **19. PARENTAL LEAVE**

### **The Entitlement**

If you have completed one year's continuous qualifying service by the time you want to take the leave you are entitled to Parental Leave.

The objective of Parental Leave is to enable employees with parental responsibility time off to spend time with and to look after a child or to make arrangements for the child's welfare.

Parental Leave, which is unpaid, is for a maximum of 18 weeks for each child and can be taken by both mothers and fathers. Leave taken with a previous employer counts towards the maximum entitlement.

### **When Leave may be taken**

You must normally take leave in blocks of one week or more, up to a maximum of four weeks in a year for each child. However, parents of disabled children can take leave in blocks or multiples of one day.

You can choose to take Parental Leave at any time up until the child's 18<sup>th</sup> birthday.

### **Making Application for Leave**

You must give 21 days' notice of your request for Parental Leave. Such an application should be addressed to your Manager.

If you wish to take Parental Leave immediately after the birth or adoption of the child, you must give 21 days' notice before the beginning of the expected week of childbirth. In the case of adoption, you must give 21 days' notice of the expected week of placement, wherever possible.

### **Postponement of Leave**

Except in the circumstances set out in the paragraph immediately above any leave you request may be postponed by the Hospital for up to six months from the date requested where it is considered that your absence would unduly disrupt the business. Examples of such situations are:

- Seasonal peak work requirements
- Where a significant proportion of the workforce applies for Parental leave at the same time
- Where the absence of a key employee at a particular time would unduly harm the business.

### Evidence of Entitlement

The Hospital reserves the right to request sight of evidence that you are the parent of a child or have parental responsibility for the child. Examples of what might be suitable evidence are:

- Information contained on the child's birth certificate
- Papers confirming a child's adoption or the date of placement in adoption cases.
- In the case of a disabled child, the award of disability living allowance for the child.

### Right to return to the same or similar job

At the end of any Parental Leave of up to four weeks duration, you are guaranteed the right to return to the same job as before.

If the leave is for a longer period than four weeks, you are entitled to return to the same job, or if that is not reasonably practical, to a similar job, with similar or better conditions.

If Parental Leave follows **additional** Maternity Leave and it would not have been reasonably practical for the woman to return to her previous job, and it is still not reasonably practical at the end of Parental Leave, she is entitled to return to a similar job which has the same or better status, terms and conditions as the old job.

## **20. FLEXIBLE WORKING**

### **Right to Request Flexible Working**

All employees, subject to service criteria, have a statutory right to request flexible working. This can involve a change in working hours, working times or workplace. The procedure should take no more than three months.

If the change is agreed it becomes a permanent variation to the employee's terms and conditions of employment and without any right to revert back to the previous terms.

Employees wishing to apply for flexible working must have at least 26 weeks continuous employment and may only do so once in any twelve month period.

All requests for flexible working will be seriously considered. The request must be made in writing, specifying that it is a statutory request and providing the date of any previous request, detailing the flexible working which is requested and from when and proposing how any consequential effect on the company could be dealt with.

The Hospital will respond to requests as follows:

- Arrange a meeting to discuss the request as soon as reasonably possible
- Provide a written confirmation of the outcome within a reasonable period, detailing the reasons if rejected
- Provide a right to appeal within 14 days and arrange it, if requested
- Provide the right to be accompanied by a fellow worker or trade union official.

If the request is to be declined, it must be on one or more of the specified grounds, i.e. cost, customer service, the effect on other employees, recruitment difficulties, quality and performance difficulties, work levels at the times requested or planned structural changes.

This is a very brief summary and if you need further information about the Scheme, such as the eligibility criteria, the scope of the request, the application procedure or any other aspect, this may be obtained by contacting Human Resources.

## **21. RETIREMENT**

The Hospital does not operate a mandatory retirement age. However, it recognises that employees may have their own retirement plans and actively encourages them to discuss these with their manager, to both assist the Hospital in planning its future staffing needs and to identify any steps that might assist both them and the Hospital in achieving a smooth transition.

## **22. DISCIPLINARY ACTION**

### **About the Procedure**

The purpose of the procedure is to ensure the fair treatment of individual employees who become liable to disciplinary action. All Managers, Ward Sisters and Departmental Heads are responsible for the proper enforcement of discipline and correct use of the procedure.

The stages below describe what steps will be followed when disciplinary action is deemed necessary. The Hospital reserves the right to use or omit any step in the Procedure should it consider it appropriate, thereby having a flexible yet fair standard of disciplining employees if required. They do not apply to staff with less than two year's continuous service.

### **Informal Warnings**

Minor breaches of discipline, misconduct, failure to maintain job performance standards, poor time keeping, etc. will result in an informal warning given by the immediate superior. A note of this warning will be held on the employee's personnel record.

It is hoped that any other further action will not be necessary as in most cases an informal warning will resolve most difficulties.

### **Formal Warnings**

Where there is a more serious breach of hospital discipline or misconduct or an employee fails to improve and maintain that improvement in relation to conduct or job performance formal disciplinary action will be taken.

### **Initiating an Investigation**

Alleged misconduct or unsatisfactory performance will be considered by the employee's manager in order to establish whether or not there is a case to answer.

The employee will be informed of the concerns, the nature and seriousness of the allegations and that an investigation is to be carried out. The results of the investigation will be presented in the form of a written report. If there is no evidence to substantiate the allegations, the employee will be informed, if appropriate, in writing and no further disciplinary action will be taken.

### **Suspension during Investigation**

At any stage of the disciplinary procedure a member of the Senior Management Team may decide that the employee be suspended with pay, normally for up to five working days, or longer if required, whilst the circumstances of any complaints are being investigated. This does not constitute disciplinary action.

### **Preparing for a Hearing**

If after appropriate investigation the manager responsible is satisfied that a case exists, he/she will arrange a formal disciplinary hearing. The employee will be given advance notice of no less than 24 hours, of any disciplinary hearing.

Prior to the hearing the employee will be sent a copy of this procedure and told the following in writing:

- The date time and place of the hearing
- The nature of the allegations (including supporting documentation)
- The right to be accompanied by a colleague and Trade Union Representative
- The right to call witness(es) and to produce documentary evidence
- Any report from the manager to be used as evidence at the hearing
- Who will attend the hearing.
- The potential outcome e.g. formal warning

### **Disciplinary Action**

The issues of concern will be explained at the hearing and the employee will be invited to respond, presenting any supporting information.

Once the concerns have been discussed, in most instances there will be an adjournment, which may vary in length of time, to allow consideration of the matters. The hearing will be reconvened for the decision taken to be confirmed. In certain cases, it may be appropriate to confirm the decision in writing without the need to reconvene the hearing.

### **First Written Warning**

If a disciplinary warning is deemed necessary, the employee will be given a First Written Warning and a record of this will be kept on the personnel file and will not be considered spent until 12 months has elapsed.

### **Final Written Warning**

Where, following the issuing of a First Written Warning, misconduct continues or there is a failure to improve to agreed levels or within an agreed time frame, or where the misconduct is considered to be of a more serious nature, a Final Written Warning may be issued.

A record of this will be kept on the personnel file and will not be considered spent until 12 months has elapsed. In exceptional circumstances, an indefinite final written warning may be given.

### **Outcome of Disciplinary Hearings**

At each stage of the disciplinary procedure, the employee may be told verbally but will receive written confirmation of the outcome of the disciplinary hearing. Where formal disciplinary action is being taken, the employee will be advised:

- Of the details of the misconduct, poor performance or other matter that has occasioned the warning;
- Of the necessary action to remedy the situation, outlining what standard is required and any period of review, extra training, etc., decided on;
- That any further misconduct, or expiry of the review period without significant and sustained improvement, may result in further disciplinary action, according

to the level of warning issued or the seriousness of the misconduct or performance.

## **Dismissal**

The decision to dismiss can only be taken by a member of the senior management team or a nominated manager. The employee will receive a letter detailing the reasons why he/she has been requested to attend a disciplinary meeting together with any supporting documentation and advising of the time, date and place of the interview and of the right to be accompanied.

The employee will be interviewed and given an opportunity to explain his/her case.

If disciplinary action warranting dismissal is deemed necessary, notice of termination will be served. In the case of gross misconduct the employee will be summarily dismissed without notice and without the necessity of issuing warnings.

In considering the penalties where dismissal is an option some alternatives short of dismissal may be considered. They are as follows:

1. suspension without pay up to a maximum of seven days;
2. demotion and associated loss of pay to a more suitable job, if available.
3. transfer to another department.

## **Examples of misconduct**

- Absenteeism or lateness
- Failure to follow absence reporting procedures
- Poor effort or sub-standard work
- Misuse of Hospital equipment or failure to follow instructions given for use of equipment
- Failure to comply with health and safety requirements
- Damage to plant, equipment or material caused by carelessness
- Failure to report damage to or loss of Hospital or Patient's property or equipment.
- Misuse of Hospital's E-mail, Internet or internal mailing facilities
- Failure to comply with a reasonable management instruction
- Being under the influence of alcohol or illegal drugs while on duty or consumption of alcohol while on duty unless during a function organised by management
- Smoking within Hospital grounds except in the designated smoking shelter
- Sleeping whilst on duty
- Foul or abusive language
- Disorderly conduct
- Wilful or excessive wastage of Hospital time or materials
- Providing dishonest information
- Non-intentional, non-serious breach of administration of drugs procedure
- Careless talk likely to lead to confidential information being disclosed improperly
- Bullying or consistently poor conduct towards other persons at work
- Inappropriate conduct likely to cause offence or nuisance
- Giving unauthorised favours to patients, visitors or colleagues
- Failure to attend mandatory training

## **Examples of Gross Misconduct**

- Absenteeism
- Sleeping on duty which may lead to serious neglect
- Negligence or neglect of duty which might expose the Hospital to a serious claim
- Deliberate misuse of Hospital equipment which incurs risk of harm to persons or property
- Serious breach of or non-compliance with health and safety instructions likely to put self or others directly at risk of harm
- Malicious damage to Hospital property
- Malicious misuse of Hospital's E-Mail, Internet or internal mailing facilities likely to cause harm or distress to other person(s)
- Deliberately accessing Internet sites containing pornographic, offensive or obscene material.
- Refusal to carry out reasonable management instructions
- Supplying, possessing and/or taking illegal drugs and/or alcohol on Hospital premises or being unable to work safely as a result of taking alcohol or drugs, or attending for work under the influence of illegal drugs and/or alcohol.
- Smoking within any building of the Hospital
- Neglect of professional duties likely to put other persons at risk of harm
- Intentionally abusive or threatening behaviour towards other person(s)
- Fighting or physical assault
- Theft of others' possessions from the Hospital's premises, whoever the owner
- Fraud, bribery or falsification of records
- Deliberately disregarding the of administration of drugs procedure and/or the wilful mal-administration of drugs
- Unauthorised release of confidential or commercially sensitive information relating to the Hospital's business
- Harassment, bullying or discrimination
- Gross immorality or indecent behaviour
- Solicitation and/or acceptance of money, gifts, services or other inducements for personal gain or the gain of family or friends
- Deliberate lying leading to a serious breach of confidence
- Breach of professional duty of candour.
- Obstruction of another in exercising their duty of candour

Both lists identified as misconduct and gross misconduct above are not intended to be exhaustive or restrictive. Other issues not previously identified may also be considered as warranting disciplinary action being taken.

## **Making an appeal**

If you have two or more years' service you have the right to appeal against any disciplinary/dismissal decision being made by the Hospital. Any appeal should be put in writing within five days of confirmation of the disciplinary action and submitted to the appropriate Senior Manager. Appeals should normally be submitted to a level of management senior to that which carried out the original disciplinary or dismissal decision.

In the absence of a Senior Manager to whom an appeal can be submitted, then the appeal should be lodged in writing to Sister Trustee at Holy Cross Hospital, Haslemere, Surrey GU27

1NQ within five working days of the date of receiving notice of disciplinary action or termination of employment, or within a reasonable period thereafter.

## **23. GRIEVANCE PROCEDURE**

The Hospital acknowledges that during the course of their employment some employees may have concerns, problems or complaints which need addressing. These are known as grievances. If such grievances cannot be resolved informally, then the formal procedure, set out below, must be followed.

The purpose of the procedure is to allow the Hospital to deal with grievances fairly, consistently, confidentially and speedily. To this end, every endeavour will be made to resolve any grievance within 5 working days, at each stage.

### **Stage 1**

You must set out, in writing, details of your grievance(s) and submit this to your immediate Supervisor or Manager.

### **Stage 2**

You will then be invited to a meeting and must take all reasonable steps to attend.

You have the right to be accompanied at this meeting by a colleague who is either a fellow worker or an official of a Trade Union.

The purpose of the meeting is to consider and try to resolve the grievance(s) you have set out in writing.

The outcome of the meeting will be confirmed to you in writing, as will your right of appeal.

### **Stage 3**

If you are not satisfied with the outcome at Stage 2, you will be given the right to an appeal meeting with the Chief Executive who has not previously been involved in the procedure.

You will be expected to take all reasonable steps to attend the appeal meeting and have the same rights to accompaniment as applied at Stage 2.

The purpose of the appeal meeting is to consider and try to resolve the grievance(s) you have set out in writing.

The outcome of the appeal meeting will be confirmed to you in writing. This is the final stage in the procedure.

## 24. **RULES OF CONDUCT**

### About the Rules

The safety and well-being of all at Holy Cross is the responsibility of Management. It is achieved by securing the co-operation of all employees and maintaining good conduct at all times. The Disciplinary Rules describe the minimum standards expected of all employees.

### You are required to protect patients and hospital facilities: -

Smoking is prohibited in any of the buildings and grounds, except in the designated smoking shelter, of Holy Cross. Warning notices are displayed and failure to comply with this instruction may lead to disciplinary action.

Do not carry any form of weapon, explosive or inflammable substance on to the Hospital premises.

You are required to follow safe, normal work procedures and use only the equipment, which you are authorised and/or trained and assessed as competent to use.

Always be aware of your responsibilities under the Health and Safety Policy in your work.

In the event of fire, follow the fire procedure and instructions given by the Fire Team or the Fire Brigade.

You must take care to keep shut all external doors and not to reveal to anyone the key number of the Staff Entrance door.

### You are required to be punctual in observing times of work: -

You are required to report punctually for work at the time stated in your terms and conditions of employment (shift rota posted in the various departments).

You must observe the stated lunch and tea breaks.

It is a requirement that you do not leave your workplace before the finishing time stated in your offer letter and written statement or per your work roster without prior authorisation.

Your working times can only be varied with the authority of your immediate Supervisor.

When unwell or unable to come to work for other good reason, you must report the circumstances at the earliest opportunity as described in the Sickness Benefits Policy.

### You are required to respect patients, visitors and fellow employees: -

Holy Cross Hospital supports diversity in the workplace but requires, in the interest of patients, their family & visitors and staff, that English should be the spoken language

Do not intimidate, threaten or coerce patients, visitors and fellow employees by using threats of or actual physical violence, improper language or other disorderly conduct.

Maintain changing rooms in a clean and tidy condition and keep your workplace tidy.

Do not distribute unauthorised pamphlets or literature.

Do not place unauthorised documents on the Hospital notice board or remove or deface those documents placed with the authority of Management.

Do not gamble on Hospital premises.

You must follow all reasonable instructions of Management, Ward Sisters and Heads of Departments.

You must maintain high standards of personal hygiene and clothing, and observe the uniform policy. Protective clothing must be worn at all times as required.

You are required to respect the property of the Hospital, the patients and your fellow employees: -

Theft in any form is regarded as a most serious offence and may result in summary dismissal.

Do not abuse, deface or wilfully damage Hospital property.

Do not use Hospital telephones for personal calls except in case of emergency and do not accept personal telephone calls except in cases of emergency. The use of personal mobile phones is not permitted whilst working.

Hospital vehicles may only be used by authorised persons.

Use Hospital property only for hospital activities. Do not take Hospital property for personal use either on or off Hospital premises.

Use your work time only for Hospital responsibilities. Do not use work time for personal projects or activities.

You may not accept personal gifts from patients, visitors or business contacts. All offers of or presentations of gifts must be reported to Director of Clinical Services or the Chief Executive.

Staff are not permitted to enter a patient's room without good reason to do so.

All staff having a locker must use it to store handbags, shopping bags etc., during working hours. Such baggage must not be taken to the wards or departments.

Entry to the following rooms is restricted to staff working in them or having specific reason to enter: Main kitchen, Laundry, Stores, Maintenance, Workshop and all Plant rooms, staff residence areas of St Joseph's Convent and the Staff Accommodation are out of bounds to non-resident staff except by invitation of resident and when off duty.

Do not bring personal visitors on to the premises without the agreement of an appropriate Manager.

Do not order goods or services for the Hospital unless you have been expressly authorised to do so by a member of Management Team

You are required to be free from the influence of alcohol or drugs: -

Do not bring alcohol on to the Hospital premises or consume alcohol except in the case of organised occasions previously authorised by the Chief Executive.

Do not use, be under the influence of or bring to the Hospital premises any form of narcotic other than those prescribed for your personal use by a registered physician.

You may not drink alcohol if you may be required to drive a Hospital vehicle and you must not drink for eight hours before coming on duty.

No staff member may give any type of drug to another staff member. Contact Senior Nurse on duty if a request arises.

You are required to be truthful and accurate when completing Hospital documents and records: -

This requirement includes completion of all personnel forms, medical records, leave requests and other Hospital forms.

It is contrary to Hospital rules under all circumstances to falsify the time or attendance records of a fellow employee or encourage a fellow employee to take such action on your behalf.

You are required to comply with the Hospital's policies and procedures: -

You should be aware of any written procedures relevant to your work duties e.g. Clinical Procedure Manual.

You are required to treat information acquired during the course of your job as confidential:-

No information about a patient may be disclosed to anyone outside the Hospital, without proper authority to do so. Staff must be very careful to maintain confidentiality both through spoken word and of written material.

Do not fill in or discuss any trading, marketing or financial surveys of any nature unless authorised in writing by the Chief Executive.

Do not discuss any matter of a personal nature concerning another member of staff without their permission.

Do not make use of or in any way interfere with any computer in the Hospital that you have no authority to use.

If authorised to use a computer do so within the policies laid down by the Hospital.

Breaches of these requirements will be dealt with under the Hospital's disciplinary procedure as the circumstances require.

## **25. DISCLOSURE OF PUBLIC INTEREST MATTERS**

Should you, in the course of your employment with the Hospital, believe that:

A criminal offence has been committed, is being committed or is likely to be committed

A person has failed, is failing or is likely to fail to comply with any legal obligations

A miscarriage of justice has occurred, is occurring or is likely to occur

The health and safety of any individual has been, is being or is likely to be endangered

The environment has been, is being or is likely to be damaged

or any malpractice is being deliberately concealed

you should disclose such matters to an appropriate Manager immediately.

The Hospital will investigate such matters and you will be informed of the Hospital's findings.

Wherever possible, your identity will remain confidential should you expressly wish this.

Failure to make such a disclosure by using the above procedure prior to making the disclosure to another person or organisation outside the Hospital could render you liable to disciplinary action which may lead to your dismissal.

## **26. PERSONAL MAIL**

You should note that any personal mail which uses the Hospital address, irrespective of being designated “Strictly Private and Confidential”, can and will legitimately be opened by the appropriate employee of the Hospital, e.g. Senior Manager, Chief Executive etc. Such actions are considered essential to safeguard the interests of the Hospital and to ensure that the only mail received is of an official nature and the issues contained within relate to its business. This rule does not apply to resident staff.

## **27. PRIVATE TRANSACTIONS AND THE ACCEPTANCE OF GIFTS**

It is natural for patients or their families to become friendly with staff and to feel grateful for the services given by staff and sometimes to wish to recognise them in some way. Similarly some staff may get to know suppliers or contractors quite well. However the hospital expects all staff to respect and abide by rules of conduct as set out in the policy.

### Private Transactions

#### With Patients

Staff may not enter into private transactions with patients or their family members, unless authorised to do so by the Chief Executive.

#### With Hospital Suppliers and Contractors

Staff should avoid personal dealings with any Hospital suppliers or contractors if such activity is likely to compromise them in carrying out their work. If in doubt, staff should seek authorisation in advance from the Chief Executive.

### Acceptance of Gifts

#### Gifts by way of inducement or reward

Staff will not solicit or accept gifts of any kind from suppliers and contractors, or from patients or their family members, as an inducement or reward for carrying out their normal duties. The only exception is where the gift is of low value (see Gifts of low value section below), in which case it may be accepted.

#### Gifts of Low Value

Gifts of low value, such as calendars, diaries, biscuits and other food items (for example, at Christmas time) are not subject to this policy. In case of doubt about such gifts the chief Executive should be consulted. Where appropriate, the gift should be shared with other staff, or passed on to a senior manager who will arrange for this to happen.

#### Gifts of Money

Staff must not accept gifts of money for their services under any circumstances. If a member of staff is offered a gift of money, then this must be declined and then reported to their manager. This does not include donations to the hospital, which may be accepted on behalf of the Hospital and then must be reported to the Chief Executive.

### Hospitality

Staff should exercise care in accepting offers of hospitality, and be aware that acceptance could compromise their independence and impartiality. If in doubt, staff are advised to seek advice from Chief Executive before accepting any offers of hospitality.

## Declaration of Financial Interests

If a member of staff has a financial interest in a proposed or existing contract, and are involved in any way in its promotion or negotiation, they must inform the Chief Executive. This duty extends to their connected persons, being their spouse, partner, adult children or other family members.

A member of staff shall not place, or be involved in placing, an order with any supplier or business in which they, or their connected persons, have a material financial interest without first disclosing the fact to the Chief Executive and obtaining his authorisation.

## **28. SAFEGUARDING VULNERABLE ADULTS**

### **POLICY STATEMENT**

Holy Cross Hospital is strongly committed to defining and implementing practices that protect adults at risk, whether patients or visitors, from abuse, neglect or significant harm or distress. Staff recognise and accept their responsibility to develop an awareness of the risks and issues involved in safeguarding. The hospital also recognises that it has a responsibility to protect staff from unfounded allegations of abuse. The hospital is committed to working with local safeguarding agencies to ensure the safeguarding of adults at risk using or visiting the service.

Holy Cross Hospital operates a zero tolerance policy with regards to abuse. Any allegations or cases of suspected abuse will be fully investigated without prejudice. Whenever appropriate the Multi Agency Safeguarding Hub will be contacted via the call centre on 0300 470 9100. If the case is considered to be an emergency the police will be contacted by dialling 999.

### **INTRODUCTION**

An adult at risk is defined as a person over the age of 18 years who is in need or may be in need of care services by reason of mental or other disability, age or illness and who is unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. Adults at risk may be victims or perpetrators of abuse.

The term abuse can be open to wide interpretation. It is defined in the Department of Health guidance document No Secrets as 'A violation of an individual's human and civil rights by any other person or persons'. There are other factors to consider:

- Abuse may be a single act or a number of repeated acts
- It may be an act of neglect or an omission to act
- It may occur when an adult at risk is persuaded to enter into a financial or sexual relationship to which he or she has not consented or cannot consent
- Abuse can occur in any relationship
- It may result in significant harm to or exploitation of the person subjected to it

The main forms of abuse are:

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect or acts of omission
- Discriminatory
- Self-Neglect
- Domestic violence or abuse
- Modern slavery
- Organisational or institutional abuse

Patterns of abuse may include:

- Poor care standards including rigid inflexible routines
- Some treatment programmes e.g. behaviour management programmes, which apply sanctions
- Failure to access services e.g. dentistry
- Fraud or intimidation with respect to wills, property or assets

### ACCOUNTABILITY AND RESPONSIBILITY

The Chief Executive, Director of Clinical Services, Director of Nursing and the Night Sister are the designated Safeguarding Officers at Holy Cross. Incidents or concerns are reported in the first instance to the senior nurse on duty who will report to one of the Safeguarding Officers.

Holy Cross Hospital will work cooperatively and in collaboration with other relevant agencies such as the Multi Agency Safeguarding Hub, the Police and Independent Mental Capacity Advocates (IMCAs). The Safeguarding Officers are responsible for monitoring and managing incidents or concerns and liaising with safeguarding agencies.

The responsibilities of the Safeguarding Officers include:

- Ensuring the safeguarding policy is implemented
- Conducting audits, reporting results and acting on recommendations
- Ensuring all staff receive appropriate training in the protection and safeguarding of adults at risk
- Maintaining own training to ensure awareness of best practice and access to up to date guidance
- Making the decision to notify external agencies i.e. Multi Agency Safeguarding Hub (MASH) or the Police when an allegation is made or a concern raised
- Liaising with external agencies as above
- Notification of any safeguarding issues to Care Quality Commission and funding authorities
- Ensuring records are factual and accurate
- Reporting any safeguarding issues to the Advisory Committee
- Providing information about Safeguarding to patients and relatives

### CONFIDENTIALITY

All staff members will respect rules of confidentiality and not divulge information given in confidence unless justified by assessed risk to the adult at risk.

### RECORDING

Staff must ensure that recording of facts, incidents, assessments, referrals and case discussions are accurate, concise, up-to-date, legible, dated and factual. Records must be stored in an individual file and stored securely in a manner that safeguards the right to privacy and security of all individuals concerned. An MDT discussion form (Appendix 1) will be used as a discussion tool when staff are unsure if an issue needs to be discussed with MASH.

## STAFF SUPPORT AND TRAINING

Holy Cross Hospital has a duty to promote safeguarding issues and measures to staff and volunteers to ensure that they:

- Reflect on their own practice and assess risk to ensure their practice would be likely to protect them from false allegations
- Recognise their responsibilities and report any concerns (Code of Conduct)
- Follow guidelines for staff and volunteers (Safeguarding adult at risks and children – a quick guide)
- Undertake training every 3 years with an annual update to raise awareness of current issues and legislation
- RNs and registered Therapists and managers will attend Enhanced safeguarding training every 2 years
- Various safeguarding information sessions and problem solving sessions (opportunistic) will be organised as needed.

Any staff member involved in dealing with instances of abuse will be provided with an appropriate level of support. Staff will be dealt with in a fair and equitable manner. The Public Interest Disclosures policy sets out the measures in place to protect staff who report an allegation of abuse or raise a concern. The Grievance Procedure provides a framework for staff to raise concerns about unfair treatment by a Manager or colleague.

Staff directly involved will be kept informed of action that has been taken and its outcome.

## STAFF EXPERIENCING DOMESTIC ABUSE AT HOME

Staff who are experiencing domestic abuse at home (abuse could be financial, physical, emotional, sexual) can speak in confidence to the Head of HR or to the Head of Department they work in. This will allow the staff member to speak to a senior colleague and provide the hospital with an awareness of their situation. The Hospital cannot intervene directly in these situations (unless they occur on hospital premises), but we will be able to direct you to organisations which can provide a range of advice, expertise, and help (we will make a file note of the 'sign-posting' information provided). Please note that staff can also contact police on 999 (emergency) or 101 (non-emergency call) or contact the Surrey domestic abuse helpline at 01483 776822

## DISCLOSURE AND BARRING SERVICE (DBS)

DBS checks are undertaken for all personnel who are required to have one prior to commencing employment. Those working in Regulated Activity will have an Enhanced disclosure including barred list checking (Vulnerable Adults & Children). Those whose work involves the individual having "access to patients in the course of their normal duties" (CQC DBS checks, 2013) will have a Standard disclosure undertaken. DBS checks are repeated 3 yearly unless the individual has signed up to the DBS Subscription update service, in which case an annual status check is done. This includes employees and those who are on Service Level Agreements with the Hospital. A risk assessment will be undertaken for bank staff if there is a gap of 3 months or more in their attendance at the hospital.

## ASSESSMENT AND INTERVENTION

Any allegation which could be interpreted as abuse will be taken seriously bearing in mind that the extent or seriousness of the abuse may not be clear initially. An objective assessment will be made taking into account the following factors:

- Vulnerability of the individual
- Nature and extent of alleged abuse
- Length of time it has been occurring - if known
- Impact on the individual
- Risk of repeated or increasingly serious acts involving the individual and/or any other adult at risk

## PROCEDURE TO BE FOLLOWED IF ABUSE IS SUSPECTED

- **Listen, Observe, Record and Report** – listen carefully and make observations; inform the nurse in charge immediately. The nurse in charge will inform the senior nurse in the hospital without delay. A written report will be required which may be used in evidence later. Staff will not be penalised for reporting mistaken or misplaced concerns (but will be disciplined for making knowingly false accusations).
- **Ensure the adult at risk is safe and receiving appropriate care** -the adult at risk must be safeguarded as necessary from any possibility of further harm from the alleged perpetrator and should receive any immediate attention needed
- **Preserve evidence** - Instances of abuse will be investigated and may constitute a criminal act. Evidence of the abuse must be preserved to assist investigations

The decision to notify Multi Agency Safeguarding Hub will normally be taken by the lead Safeguarding Officer. However any individual can make a report. The Police should be contacted at once if there is evidence of a criminal offence. The Care Quality Commission and relevant Primary Care Trust will be informed by the Safeguarding Officer.

### Contact numbers

- In an emergency 999
- Surrey Police 0845 125 2222
- Multi agency safeguarding hub (Adults and Children) 0300 470 9100 out of office hours 01483 517898

### **How will we ensure if the staff is fit to resume work after a safeguarding allegation?**

The results of the investigation will be used to ascertain if the staff member is fit to return to work and an appropriate risk assessment will be carried out. Advice will be sought from external agencies e.g. MASH.

## RISK ASSESSMENT

It is recognised that anyone with prolonged, regular unsupervised access to adults at risk could pose a risk. The following table summarises individuals who may visit the hospital for any reason and the measures in place to minimise the risk.

A patients' own visitor/s	<ul style="list-style-type: none"> <li>• Information gathered from previous service provider at time of pre-admission assessment</li> <li>• Assessment of vulnerability of individual patient at time of admission and preparation of care plan</li> <li>• Visitor registration scheme for people visiting patients in low awareness states</li> <li>• Visitors to sign in and out</li> <li>• Patients' room doors left open during visits by irregular visitors allowing staff supervision</li> </ul>
Other patient's visitors	<ul style="list-style-type: none"> <li>• Visitors to sign in and out at Reception</li> <li>• Visitors informed they are not authorised to enter rooms of other patients</li> </ul>
Potential patients' relatives visiting prior to admission	<ul style="list-style-type: none"> <li>• Appointment made in advance of visit in agreement with Director of Clinical Services or Director of Nursing Services</li> <li>• Sign in and out at Reception</li> <li>• Accompanied at all times whilst on premises</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• DBS checks every 3 years</li> <li>• Formal safeguarding training on induction and every 3 years with self-assessment questionnaires every year</li> <li>• Enhanced safeguarding training for staff with professional accountability</li> <li>• Code of conduct re safeguarding issued to all staff</li> <li>• Guidance issued to all staff on safeguarding</li> <li>• All staff sign to say they have read and understood policy re safeguarding</li> <li>• Staff are advised to carry out intimate care tasks in pairs for both male and female patients and for female patients at least one staff member should be female.</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• DBS checks every 3 years</li> <li>• Safeguarding training on induction and every 3 years</li> <li>• Code of conduct re safeguarding</li> <li>• Guidance issued to all volunteers on safeguarding</li> </ul>
Contractors	<ul style="list-style-type: none"> <li>• DBS checks on regular contractors with unsupervised access</li> <li>• Other contractors must be escorted at all time when working in patient areas</li> <li>• Contractors to sign in and out at Reception</li> </ul>
People hiring the pool or other facilities	<ul style="list-style-type: none"> <li>• Issued with rules excluding access to inpatient areas</li> <li>• Supervised to ensure compliance</li> <li>• Noncompliance may lead to suspension of hiring agreement</li> </ul>
Outpatients and/or people accompanying them	<ul style="list-style-type: none"> <li>• Appointment booked in advance</li> <li>• No access to inpatient areas</li> <li>• Private clinicians treating outpatients responsible for ensuring they do not enter inpatient areas</li> </ul>

CCG or Social service representatives or other official visitors conducting patient reviews	<ul style="list-style-type: none"> <li>• Appointments must be made in writing in advance of reviews</li> <li>• Identification checked on arrival</li> <li>• Escorted at all times whilst on premises</li> </ul>
Visiting priests or Sisters providing pastoral care	<ul style="list-style-type: none"> <li>• Disclosures from the Disclosure &amp; Barring Service (DBS) every 3 years for all known persons acting in this capacity.</li> <li>• Visiting persons previously unknown to the Hospital and for whom no DBS disclosure has been obtained will either be continuously supervised during their visit or asked to rebook having submitted the relevant evidence.</li> </ul>

## FILING SAFEGUARDING INCIDENTS

A brief summary of the incident will be kept with the Compliments and Complaints Register (irrespective of whether the incident was linked to a complaint or not). This will provide a quickly accessible reference for purposes such as CQC or CCG enquiry.

The documents compiled in the course of the investigation will be scanned and saved in the Safeguarding folder in the m: drive.

Hard copies of the documents will be retained with the patient's health record in the archive store. Documents should not be kept in the ward office with active healthcare records.

If in the event a section 42 enquiry is initiated for a patient residing at the Hospital, the lead Safeguarding Officer will be the liaison person between Holy Cross Hospital, the Multi agency Safeguarding Hub and other external agencies.

## Appendix 1 – safeguarding decision making tool

### Safeguarding discussion form

Talk to a Safeguarding officer (Rasheed Meeran ext 1241, Gina Guo ext 1255, Marsada Myrie-Chambers Ext 1334) before completing this form to ascertain the urgency of the response from Holy Cross staff. In an emergency call 999 or Surrey Police 0845 125 2222. Multi agency safeguarding hub (Adults and Children) 0300 470 9100 out of office hours 01483 517898

If you have a concern (that you are unsure about) about an adult safeguarding issue, please describe it below. If you are certain there is abuse taking place, contact a Safeguarding officer ASAP or talk to your line manager.

**Describe the safeguarding issue you want to talk about:**

### Please answer the following questions

- Does the adult have needs for care and support (whether or not the local authority is meeting any of those needs) **Yes/ No**
- Is the adult experiencing, or at risk of, abuse or neglect **Yes/ No**
- As a result of their care and support needs, is the adult unable to protect themselves from either the risk of, or the experience of abuse **Yes/ No**

### Has anything been done about this?

Describe: Discussion held with MDT and Management team

### Does the patient have capacity? Was an assessment carried out:

Principle	Tips to apply the principle	Patient's view	Comments by MDT members
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Empowerment	Presumption of <b>person led decisions</b> and informed consent	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."	
Prevention	It is better to take <b>action before harm occurs</b>	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."	
Proportionality	Proportionate and <b>least intrusive responses</b> appropriate to the risk presented	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed. I understand the role of everyone involved in my life."	
Protection	<b>Support and representation</b> for those in greatest need	"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"	
Partnerships	<b>Local solutions</b> through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."	
Accountability	<b>Accountability and transparency</b> in delivering safeguarding.	"I understand the role of everyone involved in my life and so do they."	

## Appendix 2 - Safeguarding contact details

### In an emergency

Dial **999** for the police.

### During office hours

- Telephone: 0300 470 9100
- Email: [ascmash@surreycc.gov.uk](mailto:ascmash@surreycc.gov.uk)
- Secure email: [ascmash@surreycc.dcsx.gov.uk](mailto:ascmash@surreycc.dcsx.gov.uk)
- Or completed the MASH referral form <http://www.surreysab.org.uk/concerned-about-an-adult/> and email to Adults MASH
- Out of hours: Call the Adult Social Care Emergency Duty Team on: 01483 517898

The MASH telephone number connects you to adult and child social care only. You can contact the police using the non-emergency number, 101, or in an emergency where the safety of a child, young person or adult is at immediate risk, dial 999.

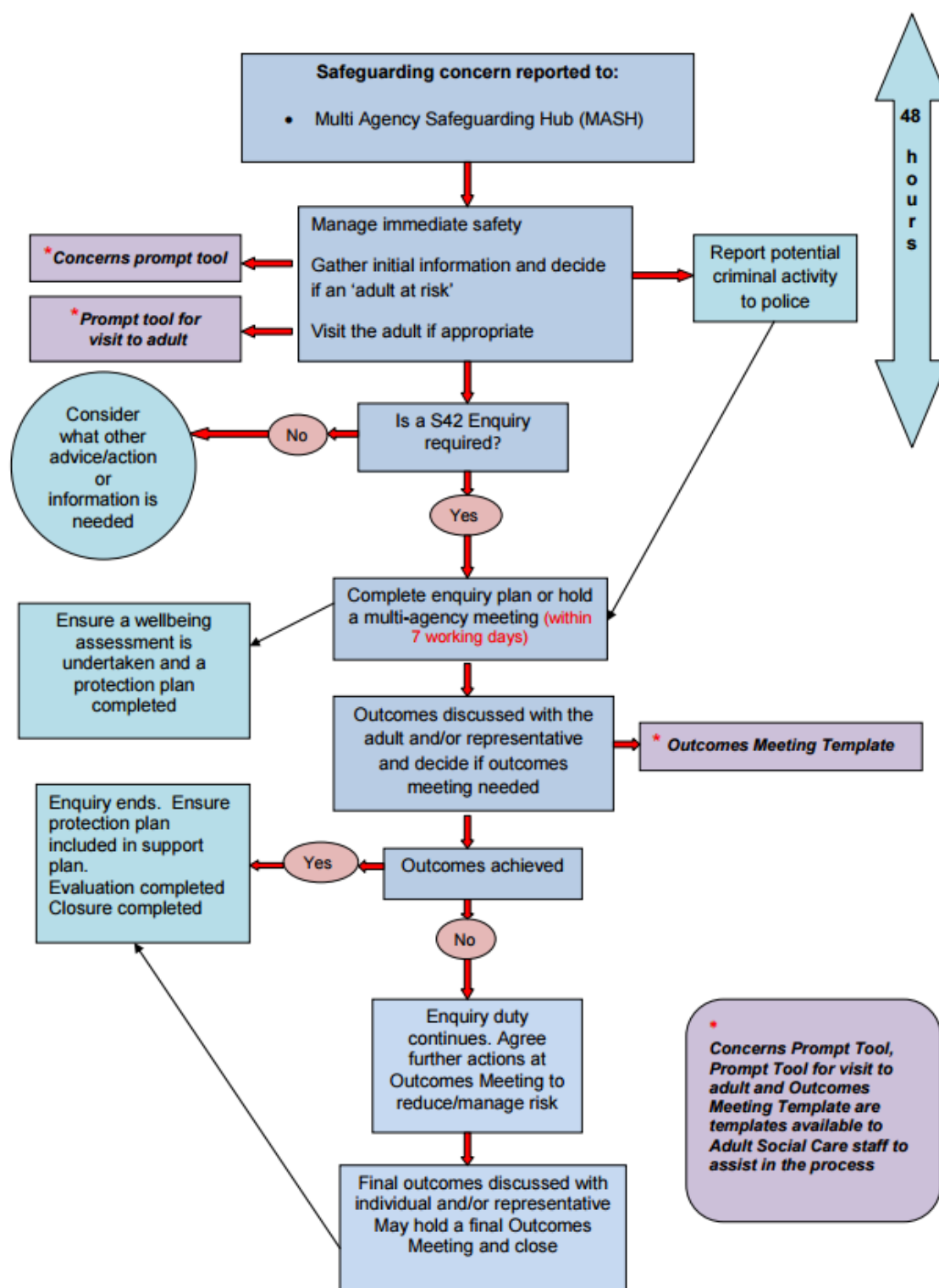
The team of multi-agency staff will be based at Guildford Police Station, with the social care staff working 9am to 5pm Monday to Friday. The police staff in the MASH operate a 7-day service (excluding bank holidays), working 8am to 5pm Monday to Friday and 8am to 4pm Saturday and Sunday.

MASH team  
Surrey Police  
PO Box 101  
Guildford  
Surrey  
GU1 9PE

### Out of hours

Outside these hours, if you would like to contact adult or child social care, please call the emergency duty team on 01483 517898. If you wish to report a concern to the police you can contact them directly by dialling 101 for non-urgent situations or 999 in an emergency.

# Appendix 3 - SSAB Safeguarding Flowchart (October 2016)



## **29. USE OF HOSPITAL AND PERSONAL PHONES**

Hospital phones should be used for Hospital business only and private calls may only be made for urgent reasons in agreement with your manager.

Personal mobiles and mobile computing devices, may not be used during your normal working hours except for urgent reasons in agreement with your manager. They may be used during break times away from working areas and subject to not causing annoyance to others.

## **E. HEALTH AND SAFETY**

### **1 HEALTH AND SAFETY POLICY/PROCEDURES**

You must comply with the Hospital Safety Policy and Safety Procedures as posted on the Hospital Notice boards. These procedures may be changed from time to time by Management or because of the requirements of Health and Safety Legislation.

You are reminded that you are responsible for ensuring that you act in a safe and sensible manner whilst at your place of work and failure to do so will lead to disciplinary action by the Hospital and possibly criminal proceedings under the Health and Safety at Work Act 1974.

In the case of fire, you must act in accordance with the Hospital's Fire Policy.

You must use and operate equipment and machinery in the appropriate manner prescribed and in cases of gross negligence, disciplinary action will be taken.

The Hospital recognises that it has a duty, under the Health and Safety at Work Act, 1974 to safeguard as far as is reasonably practicable, the health, safety and welfare of all staff at their place of work.

## **2. CLOTHING AND PROTECTIVE EQUIPMENT**

When instructed to do so you must wear the clothing and protective equipment provided. Failure to comply with such an instruction may be regarded as an act of misconduct and dealt with through the Hospital's disciplinary procedure.

The Hospital supplies uniforms/overalls free of charge and it is your responsibility to ensure that they are regularly laundered and maintained. Nurse's uniforms must be laundered following the Hospital's policy on uniforms.

All employees are provided with a name badge and are required to wear it at all times whilst on duty. Replacement name badges are available from Human Resources.

If you leave the Hospital you will be required to return your uniforms/ overalls; failure to do so will result in the costs of the uniforms/overalls being deducted from any monies outstanding to you at the time of termination.

### **3.ACCIDENTS AT WORK**

You must report any accident, or 'near miss' immediately to your Manager and have any injuries treated as appropriate. An Accident, Incident or Concern report form must be completed immediately or as soon as reasonably possible.

The senior nurse in charge/bleep holder should be contacted for First Aid.

#### **4. SMOKING**

Smoking is prohibited in any of the buildings and grounds, except in the designated smoking shelter, of Holy Cross. Warning notices are displayed and failure to comply with this instruction may lead to disciplinary action.

The prohibition on smoking applies also to visitors to the workplace and to all forms of tobacco, other substances and “e-cigarettes”, except in the designated smoking shelter.

## **F. CONCLUSION**

### **1 ALTERATIONS AND ADDITIONS**

The provisions of this Handbook may be altered by the Hospital as occasion requires or as legislation demands. Such legislative changes as are mandatory on the Hospital will be deemed to take effect as at the effective date of the legislation. However, the terms of any other proposed alteration or addition will be discussed as appropriate and posted on the Notice Board.

## **5. BREACH OF PROVISIONS**

Any breach of these provisions or any misconduct not specifically mentioned herein may be dealt with by the disciplinary procedure. The taking of disciplinary action by the Hospital does not preclude the possibility of action in Civil or Criminal Court, whether initiated by the Hospital, the individual or the Civil Authorities.

## **6. NOTICEBOARDS**

It is your duty to read all notices on the official Notice boards, and to comply with their requirements insofar as they relate to the Main Terms and Conditions of Employment. Alleged ignorance of any notice will not be accepted as an excuse for non-compliance.

We hope that this Handbook helps you to understand the way in which the Hospital works and your role within it. However, if any of the above items should be unclear or you have any questions to raise, please do not hesitate to do so with your immediate Supervisor/Manager.