



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 June 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Workforce Policies
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce & OD (Organisational Development)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Lisa Gostling, Director of Workforce & OD (Organisational Development)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the documents listed below.

**1. Revised Policies for approval**

- 447 - Staff Immunisation Policy
- 299 - Registration of Health Professionals Policy
- 125 - Re-evaluation of Pay Band Policy

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

**2. Policies yet to be presented for consideration**

PODCC has requested an update at each meeting on policies that are not on track and for a brief explanation to be provided.

A request for extension and details of these policies can be found in the next section. They have been sub divided into local and all Wales policies.

**Cefndir / Background**

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

All Workforce & OD policy reviews are reviewed by a Task & Finish Group which includes colleagues from, for example, Payroll, Workforce & OD, operational management leads and Trade Union (TU) representatives. The specific changes are listed as follows:

## Asesiad / Assessment

### **1. Policies for approval**

#### 447 - Staff Immunisation Policy

- The policy has been reviewed by the Head of Occupational Health.
- Whilst the overall content remains fit for purpose, minor changes have been made whilst transferring it onto the new template, including hyperlinks and referencing other policies.
- Global staff consultation was not required due to the minor changes made.
- The Equality Impact Assessment (EQIA) has been updated accordingly into the new template.

#### 299 - Registration of Health Professionals Policy

- Flow chart added in Appendix 5 to note how registration numbers/ PINs in the Electronic Staff Records (ESR) will be monitored.
- Table for renewal period taken from main body into Appendix 4.
- Other directors have been added into the 'Responsibilities' section to cover all professional bodies.
- Responsible officer or medical director has been added to the 'All Staff' paragraph to capture elements such as Medical & Dental where the team they need to link with are outside of their normal line management.
- Due to the minor changes made, global consultation was not required. Feedback requiring minor amendments has however been incorporated from the local partnership forums.
- The EQIA has been updated accordingly.

#### 125 - Re-evaluation of Pay Band Policy

- There are no significant changes to the previous policy, however it has been streamlined with links to relevant documents and forms added.
- The one key change to the policy is the addition of the responsibility of the manager 'for ensuring that applications are processed and submitted for re-evaluation within a reasonable timescale, generally within 3 months of the initial discussion with the postholder.' Timescales were not previously mentioned however the review panel felt it important that this was reflected in the new policy.
- The re-banding and review forms have been updated to include signatures from both line manager and budget holder (if different) to avoid situations where a budget holder approves without line manager knowledge, causing pay inequalities within the service.
- The EQIA has been updated.

N.B. Consensus has also been reached for an All-Wales Policy which will be developed in due course.

## **2. Policies yet to be presented for consideration – extension requests**

Listed below are the four policies that are outstanding in terms of the timetable for review, together with rational and proposed new policy expiry date.

### **2a Local Policy - Extension Requests**

Policy Lead Area	Policy Name	Rationale	Extend To
Workforce	Supporting Transgender Staff	This policy has been awaiting feedback from Stonewall. Meeting took place on 2 May 2023. Feedback now being included for consideration at next meeting.	31/08/23
Learning & Development	Volunteers	This policy has been awaiting lead to start in post. Significant review is now in progress to enable the new policy to be used as a vehicle for service development and improvement. This will be available for August 2023 meeting.	31/08/23
Corporate Nursing	Preceptorship Policy for Newly Qualified Nurses and Midwives	This policy is awaiting feedback from staff consultation process.	31/08/23
Corporate Nursing	Management of Nursing/Midwifery Medication Errors and Near Misses	This policy is awaiting feedback from Nursing colleagues.	31/08/23
Workforce	Flexi time	The final draft ready for consultation	31/08/23
Learning & Development	Eagle Strategy	The policy is at final draft stage – staff absence of lead officer has resulted in the delay.	31/08/23
Workforce	Uniform and Dress Code	This policy is still at working group stage due to work pressures.	31/08/23
Workforce	Study Leave Policy for Medical & Dental Staff	The policy review has not started due to work pressures.	31/10/23

## 2b All Wales Policy – Extension Requests

Proposed dates for extension are based on whether or not the All-Wales Task & Finish Groups have commenced their respective review.

Policy	Date to extend to
203 – Capability	31/12/23
348 – Reserve Forces Training & Mobilisation	31/03/24
786 - Menopause	31/03/24
389 – Expenses	31/03/24

The revised documents have been shared with the Local Partnership Forums and Staff Partnership Forum. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening EqlA has been updated for each policy reviewed on advice from the Corporate Policy Office.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

### Argymhelliad / Recommendation

PODCC is requested to:

- Receive assurance that the above documents have been reviewed in line with WCD Policy 190.
- Approve the following documents for publication and use within the Health Board:-  
  
447 - Staff Immunisation Policy  
299 - Registration of Health Professionals Policy  
125 - Re-evaluation of Pay Band Policy
- Extend the following policies in accordance with the dates outlined in the Assessment section above:-
  - Supporting Transgender Staff
  - Volunteers
  - Preceptorship Policy for Newly Qualified Nurses and Midwives
  - Management of Nursing/Midwifery Medication Errors and Near Misses
  - Flexi time
  - Eagle Strategy
  - Uniform and Dress Code
  - Study Leave Policy for Medical & Dental Staff Policy
  - Capability
  - Reserve Forces Training & Mobilisation
  - Menopause
  - Expenses

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	2b Employer of choice 2c Workforce and OD strategy Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	5. Offer a diverse range of employment opportunities which support people to fulfill their potential Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Included in each document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Local Partnership Forums Local Negotiating Committee  Staff Partnership Forum Sub Policy Group – 11 May 2023

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.
<b>Gweithlu: Workforce:</b>	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
<b>Risg: Risk:</b>	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
<b>Cyfreithiol: Legal:</b>	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
<b>Enw Da: Reputational:</b>	Failure to apply the appropriate entitlements under the legislation and policy framework effectively may lead to formal complaints which may have a reputational impact.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	A summary equality impact assessment has been undertaken for Policy Numbers 125, 299 and 447 and are attached.

# REGISTRATION AND RE-REGISTRATION OF HEALTH PROFESSIONALS POLICY

## Policy information

**Policy number:** 299

**Classification:** Clinical

**Supersedes:**

Previous versions

**Local Safety Standard for Invasive Procedures (LOCSSIP) reference:** N/A

**National Safety Standards for Invasive Procedures (NatSSIPs) standards:** N/A

**Version number:**

5

**Date of Equality Impact Assessment:**

*Detail date of EqIA*

## Approval information

**Approved by:**

*PODCC*

**Date of approval:**

*Enter approval date*

**Date made active:**

*Enter date made active (completion by policy team)*

**Review date:**

**Enter review date (normally three years from approval date)**

## Summary of document:

The purpose of this policy is to make explicit the responsibilities of Health Board employees in relation to the regulatory re-registration process whilst employed within this Health Board.

## Scope:

This policy applies to all staff who are required to register, and to maintain that registration, with a statutory regulatory body to enable them to practise in a registered professional role. The All Wales

Contract of employment also states that staff required to be registered to carry out their duties must maintain their registration

**To be read in conjunction with:**

[201 - Disciplinary Policy](#) – opens in a new tab

**Patient information:**

**Owning group:**

PODCC

Click or tap to enter a date.

**Executive Director job title:**

*Director of Workforce and Organisational Development.*

**Reviews and updates:**

- 1 – new policy 27.7.2012
- 2 – amended in line with the revalidation process 29.7.2016
- 3 – revised 18.5.2020
- 4 – amendment to section 7.4 midwives 24.5.2018
- 5 – full review

**Keywords**

Re-Registration, Revalidation, Registration

**Glossary of terms**

GMC - General Medical Council  
ESR - Electronic staff record  
DCP - Dental care professional  
GDC - General Dental Council  
PIN - Personal identification number  
HIW - Healthcare Inspectorate Wales  
HPC / HCPC- Health and Care Professions Council  
PSA – Professional Standards Authority  
WCD – Written Control Documents  
GPhC – General Pharmaceutical Council  
BPS – The British Psychological Society  
GOC – General Optical Council  
SCW – Social Care Wales  
NMC – Nursing Midwifery Council



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## Introduction

The main purpose of the regulators is to protect the public. They do this by holding registers of individuals who meet their standards of education, training, professional skills, behaviour and health. Scrutiny and oversight of the nine regulators is provided by the Professional Standards Authority (PSA).

The act of registration confers on individual registrants the legal right to use their protected title. Registration is a contractual requirement for employment within the Health Board as one of the professions listed in [Appendix 1](#).

From the point of initial registration, each registrant is subject to the appropriate professional Codes of Conduct and standards as set by the regulator.

If a practitioners registration lapses, they are not in a position to continue to practice using the protected title.

Appointing officers are responsible for checking that a person's registration allows them to be employed in a particular role before they start work, and that they maintain appropriate registration to practise.

## Policy statement

This policy sets out the requirements of the employer and the registrants in maintaining their professional registration.

## Scope

This policy applies to all staff who are required to register, and to maintain that registration, with a statutory regulatory body to enable them to practise in a registered professional role.

The All-Wales Contract of employment also states that staff required to be registered to carry out their duties must maintain their registration. This policy includes bank staff

## Aim

The aim of this document is to ensure all health care professionals are registered and maintain their professional registration.

The principles of this policy will apply to all staff groups and will be revised as necessary.

## Objectives

The aim of this document will be achieved by the following objectives:

- Ensuring all practitioners are aware of their obligation to maintain their professional registration.

# Health Regulatory Body

## Allied Health Professionals

The Health and Care Professions Council currently regulates 15 professions detailed in [Appendix 1](#). Each registrant is required to renew their registration every two years with The Health and Care Professions Council (HCPC).

It should be noted that the HCPC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

## Medical Staff

All doctors are required to register with the General Medical Council (GMC) by payment of fee and also an Annual Retention Fee to remain on the GMC's Register of Medical Practitioners.

All doctors must hold a licence to practise and in addition demonstrate that their registration is appropriate to the type of post or practice they will be undertaking.

It should be noted that the GMC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

There are four types of registration:

- **Provisional Registration**

Provisional registration with a licence allows newly qualified doctors to undertake clinical training needed for full registration. A doctor who is provisionally registered is entitled to work only in Foundation Year 1 (F1) posts in hospitals or institutions that are approved for the purpose of F1 service. The fee paid for provisional registration is for a two-year period.

- **Full Registration**

Full registration is required with a licence to practise for unsupervised medical practice in the NHS or private practice in the UK. Doctors who have undertaken a satisfactory period of experience under provisional registration may apply for full registration. An Annual Retention Fee is paid.

- **Specialist Registration**

All doctors working towards a consultant post (other than a locum appointment) in a medical or surgical specialty in the NHS are legally required to be included on the Specialist Register. All doctors will need to hold full registration and to pay an Annual Retention Fee.

- **GP Registration**

All doctors working in General Practice are required to be on the GP Register. All General Medical Practitioners are required to hold full registration and to pay an Annual Retention Fee.

## Dentists & Dental Care Professionals

A Dentist or Dental Care Professional (DCP) is required to be registered with the General Dental Council (GDC). Registration with the GDC is to be renewed on an annual basis. An Annual Retention Fee is required.

It should be noted that the DCP register interfaces directly with the Electronic Staff Register (ESR) for the NHS. For roles defined as Dental Care Professionals refer to [Appendix 3](#).

### **Opticians**

Registration with the General Optical Council (GOC) is required and must be renewed annually with the re-registration submitted by the deadline of 15 March each year. An Annual Retention Fee is required.

### **Pharmacists and Pharmacy Technicians**

Registration is required with the General Pharmaceutical Council (GPhC) and must be renewed annually.

The Professional Registration is on a rolling basis dependent on the date of initial registration. Pharmacy Technicians are also now required to be registered.

It should be noted that the GPhC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

### **Social Workers**

Registration with the Care Council for Wales (CCW) is required and must be renewed on a 3 yearly basis, with an Annual Retention Fee being payable.

### **Registered Nurses, Midwives and Specialist Community Public Health Nurses**

In order to maintain their status as a registered nurse or midwife every three years, all nurses, midwives and Specialist Community Public Health Nurses (SCPHN) are required to register with the Nursing and Midwifery Council (NMC). This requires payment of a renewal fee every year and revalidation every 3 years to maintain their professional status.

Requirements for revalidation are found at: <https://www.nmc.org.uk/revalidation/requirements>

- opens in a new tab

It should be noted that the NMC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

### **Other Professionally registered staff**

Registration with other professional bodies such as Accountancy bodies, Chartered institute of personnel and development, other non-statutory health bodies etc. are to be renewed on an annual basis. An Annual Retention Fee is required. Refer to [Appendix 2](#) for a list of non-statutory regulatory bodies.

### **All Agency Staff**

When a request is placed for agency staff, the relevant agency will be asked to verify the regulatory body registration of the individual who will be undertaking the duties.

### **All Staff Groups Working under contract with the Health Board**

Any registered staff contracted to provide a service on behalf of the Health Board, must be registered. Third party contracts (e.g. GP Co-ops).

In addition, as part of the contract the Health Board holds with an Independent Contractor, the contractor will be required to demonstrate that they have a robust system in place in order to verify the

regulatory body registration of each individual they employ providing a service on behalf of the Health Board. The Contractor will be expected to verify the validity of the registration of all professionals they employ (both permanently and as locums etc) both at the time of initial employment and at the time when periodic re-registration is due.

### **Work Placements and Trainees**

Any qualified professional staff attending the Health Board to participate in specific work placements or participate in training will be required to be registered with the appropriate regulatory body.

The host employer of the professional is required to verify that the individual is registered with the appropriate regulatory body prior to commencement of their work placement or training.

Where there is a need to train and declare a fitness to return to the register following a period of un-registration e.g. following a career break; the employer may need to provide a period of supervised activity to facilitate the return to the register.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

### **Honorary Contract Holders (All Staff Groups)**

Any professional staff holding an Honorary Contract with the Health Board will be required to be registered with the appropriate regulatory body.

The host employer of the professional staff member will be required to verify the regulatory registration of the individual prior to commencement of their duties. In addition, the host employer will be asked to provide the Health Board with the registration details of all professional staff, to be offered an honorary contract.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

## **Responsibilities**

### **Chief Executive**

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate written control documents (WCDs) in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

### **Nominated Director – Director of Workforce & Organisational Development, Director of Nursing, Quality and Patient experience, Director of Therapies and Health Science, Director of Primary, Community and Long-term Care and the Medical Director/Deputy CEO.**

To ensure that the appropriate process and resources for reminding staff and managers of their duty to maintain their professional registration are in place.

### **Senior Management**

To ensure that the appropriate process and resources for reminding staff and managers of their duty to maintain their professional registration are in place.

## Department, service, or ward management

Workforce & OD – Monitoring of valid pins within ESR is undertaken by the Workforce Intelligence /ESR team. Refer to [Appendix 5](#) for details of the monitoring process.

All Managers - Regularly check ESR notifications to see if staff are due to reregister or revalidate.

If staff are off sick or on maternity leave on discussing the return date to work, ensure their registration/ revalidation date is current and has not expired during their time off.

Ensure all staff on ESR/roster have up to date registrations.

If staff have lapsed their registration or failed to revalidate, manage this with advice from Workforce and Organisational development, the responsible office or the medical director's department.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

## All Staff

If a registered staff member is at risk of lapsing from the professional register, they should seek advice /support from their manager, the responsible officer, the medical director and Workforce Advisor at the earliest opportunity prior to their registration lapsing.

Should an employee request an extension, they should inform their manager or medical revalidation team as soon as possible

Individual registrants are responsible for ensuring their own continued competence and professional development in order to fulfil their statutory obligations and meet the requirements of post registration education and practice. It is the responsibility of each registrant to ensure that their registration remains current at all times.

If a registrant discovers that they have allowed their registration to lapse, they must **immediately** advise their manager of the position and contact the appropriate regulatory body. It is essential that all registrants are aware of the consequences of allowing their registration to lapse. Refer to [Appendix 7](#).

Registrants must inform BOTH the Health Board AND their Regulatory Body of any change of details to ensure the databases held by both organisations are both current and consistent.

The registrant must at the earliest opportunity inform their manager, or for medical staff the medical director of any "pending" situations/investigations/reports/criminal investigations/ convictions and cautions: This is a contractual requirement of employees of the Health Board. In addition, the registrant must inform their regulatory body of any issues that could impact on their registration status. Such notification does not in itself jeopardise the registrant's right to practise as a Registered Health Professional. Failure to do so however, could result in disciplinary action in line with the Health Board's disciplinary policy/investigation by the regulatory body, if it was considered that there was a deliberate attempt to conceal the facts or mislead the Health Board or regulatory body.

## References

HCPC: [The Health and Care Professions Council \(HCPC\) | \(hcpc-uk.org\)](https://www.hcpc-uk.org/)

NMC: [The Nursing & Midwifery Council - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/)

GMC [Home - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/)

GPhC: [Registers | General Pharmaceutical Council \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/)

GDC: [General Dental Council \(gdc-uk.org\)](https://www.gdc-uk.org/)

SCW: [Social Care Wales | Home - Social Care Wales](https://www.socialcarewales.gov.uk/)

GOC: [Home | GeneralOpticalCouncil](https://www.generalopticalcouncil.org.uk/)

## Appendix 1 – Regulatory Bodies & Professionals

<b><u>Regulatory Body</u></b>	<b><u>Profession</u></b>
General Medical Council	Doctors
Nursing & Midwifery Council	Nurses
	Midwives
	Specialist Community Public health Nurses
General Dental Council	Dentists
	Dental Care Professionals
General Pharmaceutical Council	Pharmacists
	Pharmacy Technicians
General Optical Council	Opticians
	Optometrists
Care Council Wales	Social Workers in Wales
Health and Care Professional Council	Radiographers
	Physiotherapists
	Dieticians
	Occupational Therapists
	Podiatrists
	Clinical Scientists
	Speech & Language Therapists
	Biomedical Scientists
	Art, Music & Drama Therapists
	Orthoptists
	Operating Department Practitioners
	Prosthetists & Orthotists
	Practitioner Psychologists
	Hearing aid dispensers
	Paramedics
	Orthoptists



## Appendix 2 – Non-Statutory Registers

<b><u>Regulatory Body</u></b>	<b><u>Profession</u></b>
The Academy of Healthcare Science	
British Association of Play Therapists	Play Therapy
Association of Chartered Certified Accountants (ACCA)	Accountants
Chartered Institute of Management Accountants (CIMA)	
Chartered Institute of Public Finance and Accountancy (CIPFA)	
Institute of Chartered Accountants in England and Wales (ICAEW)	
The Chartered Institute of Personnel and Development (CIPD)	HR & People Development
United Kingdom Council for Psychotherapy UKCP	Psychotherapists
British Association of Cognitive and Behavioural Psychotherapists (BACP)	Cognitive Behavioural Therapists (CBT therapists)
British Association of Counselling and Psychotherapy (BACP)	Counsellors

## Appendix 3 – professions with Protected Titles

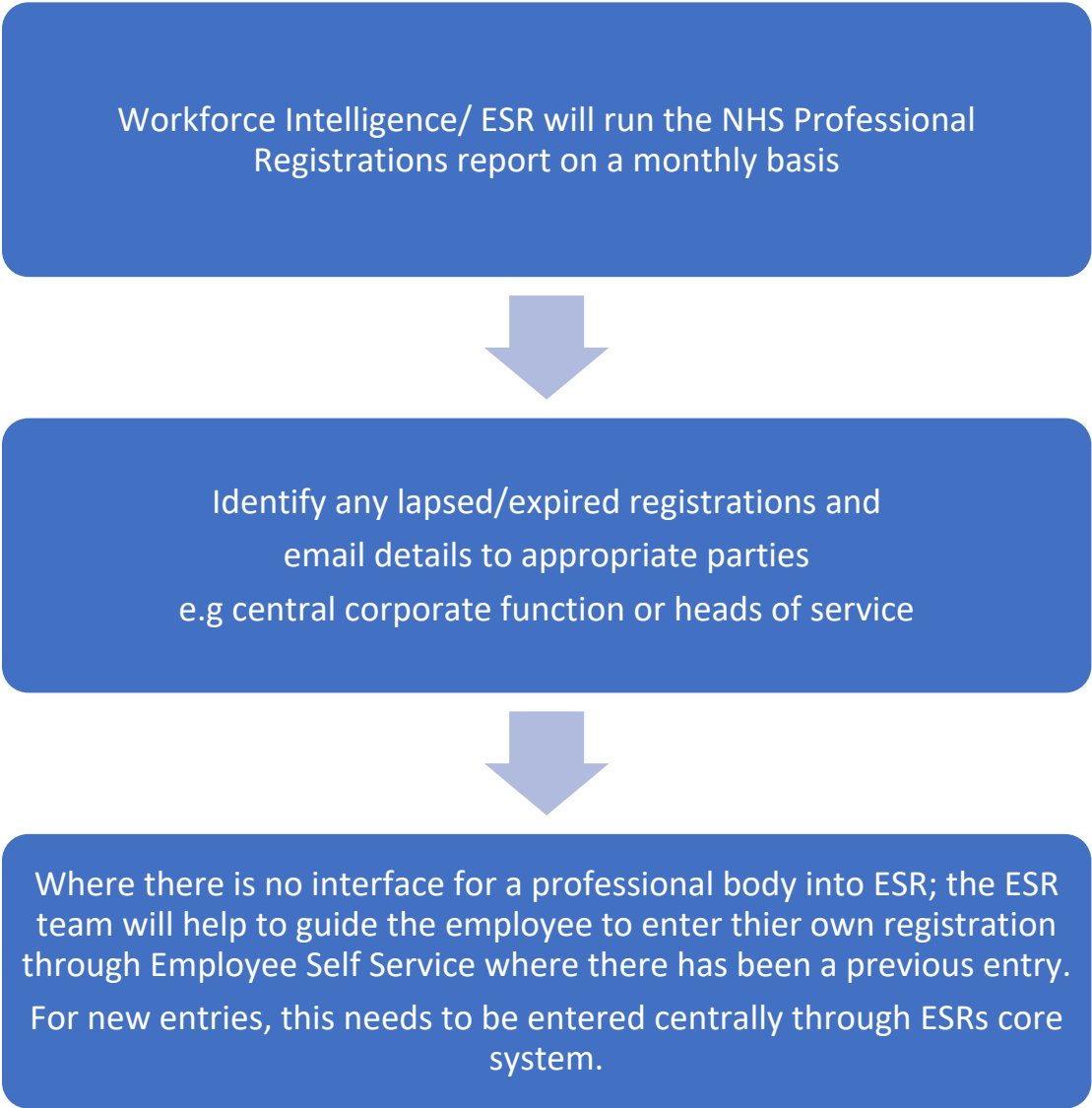
<u>Profession</u>	<u>Roles</u>
Dental Care Professionals	Clinical Dental Technicians
	Dental Nurses
	Dental Hygienists
	Dental Technicians
	Dental Therapists
	Orthodontic Therapists
Radiographers	Radiographer
	Diagnostic radiographer
	Therapeutic radiographer
Physiotherapists	Physiotherapist
	Physical therapist
Podiatrists	Chiropodist
	Podiatrist
Speech & Language Therapists	Speech and language therapist
	Speech therapist
Art, Music & Drama Therapists	Art psychotherapist
	Art therapist
	Dramatherapist
	Music therapist
Practitioner Psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist
Eye Care Professionals	Orthoptist
	Optometrists
	Dispensing Opticians
	Ophthalmologists

## Appendix 4 – Professions with specific renewal periods.

<b><u>Profession</u></b>	<b><u>Renewal Period</u></b>
Radiographers	1 March to 28 February
Physiotherapists	1 May to 30 April
Dieticians	1 July to 30 June
Occupational Therapists	1 November to 31 October
Podiatrists	1 August to 31 July
Clinical Scientists	1 October to 30 September
Speech & Language Therapists	1 October to 30 September
Biomedical Scientists	1 December to 30 November
Art, Music & Drama Therapists	1 June to 31 May
Orthoptists	1 September to 31 August
Operating Department Practitioners	1 October to 30 November
Prosthetists & Orthotists	1 October to 30 September
Practitioner Psychologists	1 November to 31 October
Hearing aid dispensers	1 August to 31 July
Paramedics	1 September to 31 August
Dentist	1 January to 31 December
Dental Care Professionals	1 August to 31 July

**Please note other renewal periods will be on a rolling basis dependant on initial registration date.**

**Appendix 5 – Monitoring all registration numbers / Personal identification number (PINs) in ESR**



## Appendix 6 – Notifications

### ESR System notifications:

Notifications will be sent to all employees with professional registrations noted in ESR and their supervisors (as per ESR hierarchy).

Registration Expiry Notifications (Renewal Notifications) are sent 25 days prior to the expiry date

Revalidation notifications will be sent at the following intervals

- 365 days prior to the Revalidation Date (1 Year)
- 183 days prior to the Revalidation Date (6 Months)
- 122 days prior to the Revalidation Date (4 Months)
- Where the Revalidation Date has been added or updated and the new date is less than (current system date + 122 days)

### Allocate Rostering System notifications:

No Notification sent from the system to users; however, roster managers can identify employees about to expire, or if they have expired under expiring items on the homepage of the roster.

## Appendix 7 – Lapsed Registrations

In cases of lapsed registration for ALL STAFF GROUPS, the individual **will not** be permitted to continue to practise in a role for which registration is a requirement, until their registration is renewed and has been confirmed via an electronic check. During this interim period, the following options are available to the manager until such time as the individual's registration is renewed; the manager can also seek advice from the operational workforce team at any point:

- Suspension from duty, without pay, when no suitable or appropriate alternative duties can be found. In this instance advice should be sought from the local Workforce Department. (This is a likely course of events when the regulatory body makes it known that the time taken to reinstate registrants is of a timescale which will cause significant service disruption requiring significant additional managerial input and/or significant additional costs ) During this period no pension contributions are paid, resulting in a break in pension service.
- Move the staff member, from the date of the lapsed registration, to alternative duties which do not require the individual to be registered, eg assistant, helper etc. Remuneration will be at the support worker level until registration is renewed. The manager must complete Change of Circumstances to effect this change. (This may only appropriate when it is known that the period of service disruption is likely to be brief/additional managerial work/ costs top the service are small)
- An emergency application for taking accrued leave (paid at pay band at which it was accrued) and/or unpaid leave may be made by the staff member.
- Move the staff member to alternative duties which do not require the individual to be registered in that profession, but which do require a registration which is current. The manager must complete Change of Circumstances to effect this change.

The manager must notify the relevant Workforce Manager and Professional Head/Lead, of the lapsed registration at the time it is identified.

A formal investigation into the circumstances of the lapsed registration in accordance with the All-Wales Disciplinary Policy (H DUHB Policy 201) will usually be required. This is particularly so when cases of recurrent lapses in registration occur. The investigation of each incident of lapsed registration should address all issues outlined in [Appendix 4](#) and this together with the subsequent action, should be documented on the Datix Form relating to the event

Individual health care professionals may be liable for prosecution for claiming to be registered when they are not as this could be considered to be a criminal offence and as such may be reported to the Police and / or Counter Fraud.

## SUMMARY EQUALITY IMPACT ASSESSMENT – 299 – POLICY FOR THE REGISTRATION AND RE-REGISTRATION OF HEALTH PROFESSIONALS

<b>Organisation:</b>	Hywel Dda University Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	<b>Reviewed 2022/23</b> – Michelle James
	<b>Title:</b>	Head of Resourcing and Utilisation
	<b>Department:</b>	Workforce and OD

<b>Policy Title:</b>	Policy for the registration and re-registration of health Professionals
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<b>Brief Aims and Objectives of Policy:</b>	<p>The aim of this policy is to ensure all health care professionals are registered and maintain their professional registration.</p> <p>The principles of this policy will apply to all staff groups and will be revised as necessary.</p> <p>This will be achieved by the following objective;</p> <ul style="list-style-type: none"> <li>Ensuring all practitioners are aware of their obligation to maintain their professional registration.</li> </ul>
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<b>Was the decision</b>		<b>No</b>
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**reached to proceed to full Equality Impact Assessment?**

The policy applies to all staff directly employed or agency, staff working under contract with the Health Board, Work Placements and Trainees, Honorary Contract holders who are required to register and to maintain that registration with a statutory regulatory body to enable them to practise in a registered professional role.

A search of similar policies in other UHBs and Trusts did not indicate any likely potential negative impact.

No complaints in relation to equality, diversity or human rights have been received following implementation of the initial policy or following amendments undertaken in November 2015.

Amendments since the initial policy dated **February 2012** include:

Consequences for registrants if registrations lapse – in line with NMC regulations – Nov 2015

Revisions to bring in line with HDUHB Policy 499 regarding Nurse/Midwife Registration/Re-validation. - **July 2016**

It is not anticipated that these changes will impact negatively on any protected group.

An updated search of similar policies in other UHBs and Trust indicated a positive or neutral impact in relation to protected groups.

[https://www.google.co.uk/?gws\\_rd=ssl#q=professional+registration+policy+nhs+wales+equality+impact+assessment+](https://www.google.co.uk/?gws_rd=ssl#q=professional+registration+policy+nhs+wales+equality+impact+assessment+)

Review by Employment Policy Review Group **October 2016 and 2022/23**

Changes made to the policy were grammatical or formatting and would not impact on any protected groups.



<b>If no, are there any issues to be addressed?</b>		<b>No</b>
	<p>Professionals who qualified in other countries who are required to register to practise in the UK may experience delays in their registration processes. Both the individual and the Health Board should make every effort to ensure that applications for registration are made in good time in order to avoid any undue delays.</p> <p>As females are the highest proportion of our workforce and the largest group of employees is nursing and midwifery which are registrants that the Re-registration policy seeking to implement a period of unpaid suspension for staff who breach their contract and fail to maintain registration could have a potentially negative impact on females, but this issue is important for patient care and it is every registrant's own responsibility under their contract to remain registered.</p>	

<b>Is the Policy Lawful?</b>	<b>Yes</b>	
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<b>Will the Policy be adopted?</b>	<b>Yes</b>	
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	<b>If no, please record the reason and any further action required:</b>
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<b>Are monitoring arrangements in place?</b>	<b>Yes</b>	
	<p>It is the responsibility of each individual who is required to be registered to ensure their registration is up to date during their period of employment with the Health Board. The employers' responsibility for ensuring that staff employed are appropriately registered are set out in the policy. The Workforce Intelligence Department will audit all personnel records electronically to ensure 100% compliance with the registration policy. Any incidences of staff failing to be appropriately registered will be flagged up and investigated in accordance with the policy. Workforce Intelligence Dept will also monitor the number of lapsed registrations, the reasons and actions taken which should facilitate the identification of any issues relating to equality, diversity and human rights. The number of successful re-registrations per year will also be measured, which again will assist in identifying any differentials between protected groups and those who do not share a protected characteristic.</p> <p>Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.</p>	

<b>Who is the Lead Officer?</b>	<b>Name:</b>	Lisa Gostling
	<b>Title:</b>	Director or Workforce and OD

	<b>Department:</b>	Workforce and OD
<b>Review Date of Policy:</b>	Three yearly or sooner as required	

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	Ceri Williams	Snr HR Manager Review October 2016 Workforce Manager	<b>13/4/12</b>  <b>Review Oct 2016</b> <b>02/11/2016</b>
	Bob Mander	Information Governance Manager	<b>13/4/12</b>  <b>Review Oct 2016</b> <b>02/11/2016</b>
	Jackie Hooper	Equality and Diversity Advisor  Review October 2016 Senior Equality and Diversity Officer (Strategy, Policy and Advice)	<b>13/4/12 – Reviewed July 2016</b>  <b>Review October 2016</b> <b>31-10-2016</b>

	Chris Hayes	Assistant Director of Nursing (Practice)	July 2016
	Sarah Barnes	Workforce Manager	<b>Review</b> April 2023
	Alan Winter	Senior Diversity & Inclusion Officer	17/4/2023

# Re-evaluation of pay band policy and procedure

## Policy information

Policy number: Enter Policy number (policy team)

Classification:  
Employment

Supersedes:  
Re-Evaluation of Pay Band Policy and Procedure (Re-banding policy) 30/06/2020

Version number:  
*Detail the version number*

Date of Equality Impact Assessment:  
*Detail date of EqIA*

## Approval information

Approved by:  
*Detail which group/committee has approved this document*

Date of approval:  
*Enter approval date*

Date made active:  
*Enter date made active (completion by policy team)*

Review date:  
Enter review date (normally three years from approval date)

Summary of document:

This procedure is intended to facilitate equity and consistency in the management of applications for the re-banding of posts.

Scope:

This procedure applies to all staff working under Agenda for Change Terms and Conditions of Service

To be read in conjunction with:

[NHS Job Evaluation Handbook](#)  
[995 – Respect and Resolution Policy](#)  
[Organisational Change Policy](#)

Owning group:

People, Organisational Development and Culture Committee (PODCC)

*Date signed off by owning group*

Executive Director job title:

Lisa Gostling, Director of Workforce and Organisational Development

Reviews and updates:

V0.1

Keywords

*Provide a summary of keywords*

Glossary of terms

*Provide a glossary of terms and abbreviations*

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# Introduction

## Scope

This policy applies to all Agenda for Change posts where there has been, or will be, a significant change to a role that is likely to affect the previous matched or evaluated job outcome. This may be due to service need or where there are significant changes in the role and/or responsibilities e.g. following departmental restructure.

## Aim

The aim of this document is to provide guidance on the re-evaluation of pay band process, following the principles of the Agenda for Change Job Evaluation Process.

## Objectives

The objective of this policy is to ensure fairness, consistency and equality for all members of staff working under Agenda for Change Terms and Conditions.

## Principles

All requests will be considered in line with the following principles:

- The post will be re-evaluated, not the postholder(s). Re-evaluation will be based on the skills and responsibilities applicable to the post.
- Re-evaluation of posts will be undertaken in line with the principles and processes as set out in the NHS Job Evaluation Handbook in partnership with staff side and management representatives.
- Funding of posts re-banded to a higher pay band must be funded from the existing budget.
- The re-evaluation of a post could result in a post being banded to the same or a lower pay band. Pay protection will not apply to individuals who, as a result of a job re-evaluation of pay band, move to a post carrying a lower salary.
- The postholder may involve their trade union / staff representative at any stage of the process.

## Re-evaluation requests

Where a postholder and their manager agree that the demands of the post have changed significantly, then a re-match or re-evaluation of the post should be undertaken. A manager may also request that a post is re-evaluated in the context of a change of duties which may include a reduction in duties / responsibilities in accordance with the organisational change policy.

Where the postholder believes the demands of the post have changed significantly, but the manager does not agree the changes are required / warranted, then the manager must discuss this with the employee and ensure these duties are reallocated so the employee is working to their original job description. If the manager and employee do not agree that a role has changed, the Respect and Resolution procedure may be utilised. For any queries in relation to the Respect and Resolution Policy contact [human.resources.hdd@wales.nhs.uk](mailto:human.resources.hdd@wales.nhs.uk).

All requests for a re-evaluation of pay band must be agreed between the line manager and postholder and approved by the budget holder and Executive Director.



Re-evaluation requests can be made at any time of the year.

In the case where a manager agrees that a postholder is working to a different Job Description that has already been matched and approved (i.e. has a CAJE reference and is less than 3 years old), the application process must still be adhered to as set out below.

## Application process

Applications for the re-evaluation of pay band must be supported by:

- A Job Description and Person Specification
- A signed and dated Agreement Form

The Job Evaluation Team will quality assure documents submitted prior to submission to panel and may need to contact the manager and postholder if any additional information is required.

Applications must be submitted electronically via [Jobevaluation.hdd@wales.nhs.uk](mailto:Jobevaluation.hdd@wales.nhs.uk) within 10 working days of Executive Director approval.

## Re-evaluation process

Applications for the re-evaluation of pay band will be considered by a Job Matching panel within 30 days of receipt.

During the re-evaluation process, the panel may need to contact the manager and the postholder to seek clarification of information regarding the skills and responsibilities contained within the new job description.

## Re-evaluation outcomes

The manager and the post holder will be informed of the outcome of the re-evaluation in writing.

Possible outcomes:

- Post is re-evaluated to a higher pay band than the postholder's existing job description - the effective date of change will be the date the application was signed by the Executive Director. For any disputes regarding back-dating of pay, the Respect and Resolution Policy can be utilised,
- Post is re-evaluated to a lower pay band than the postholder's existing job description - the effective date of the change will be the date when the result is communicated in writing to the postholder.
- Post is re-evaluated to the same band as the postholder's existing job description.

In some cases, and where agreed by the line manager, a member of staff may voluntarily request a reduction in responsibilities, which may result in the post being re-evaluated to a lower pay band. The effective date of the change may either be:

- The date agreed by the manager and the postholder that the change occurred
- A date agreed by the line manager and the postholder when the change will occur

In all cases where a re-evaluation of pay band results in a change in band, the manager must complete a Change of Circumstances Form notifying Payroll of the outcome and effective date of change. A copy

of the signed agreement form must also be attached. Payroll will not make any changes until this information has been received.

## Review process

In the event that a post holder is dissatisfied with the outcome of their re-evaluation, they may request a review. The review will be conducted in accordance with the [NHS Job Evaluation Handbook](#).

Review requests must be submitted within three calendar months of notification of the original panel's decision. The post holder(s), in agreement with their line manager, must provide details in writing of where they disagree with the match and evidence to support their case, using the Review Information Template and Agreement form and submit to [jobevaluation.hdd@wales.nhs.uk](mailto:jobevaluation.hdd@wales.nhs.uk).

Review applications will be considered by a Job Matching panel within 30 days of receipt.

During the review process, the panel may need to contact the manager and the postholder to seek clarification regarding the skills and responsibilities contained within the new job description.

The post holder has no right to appeal beyond the review stage, if their complaint is about the matching outcome.

In the event that the post holder can demonstrate that the process was mis-applied they may seek resolution through the [Respect and Resolution Policy](#).

## Roles and Responsibilities

### Chief Executive

The Chief Executive holds overall responsibility for the effective management of organisational policies.

### Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

### Managers

Managers are responsible for ensuring fairness, consistency and equality for all members of staff when dealing with applications under the Re-evaluation of Pay Banding policy and Procedure. They are also responsible for ensuring that applications are processed and submitted for re-evaluation within a reasonable timescale, generally within 3 months of the initial discussion with the postholder. Whilst there may occasionally be extenuating circumstances that impact on timescales, managers should be aware that delays in the process could result in a dispute under the Respect and Resolution Policy.

### Job Evaluation Team

The Job Evaluation Team has responsibility for ensuring that the re-evaluation and review process is followed in accordance with this policy.

## Contact

For any queries relating to this policy, please contact [jobevaluation.hdd@wales.nhs.uk](mailto:jobevaluation.hdd@wales.nhs.uk).



Please refer to the Re-Evaluation of Pay Band Policy and Procedure for more information on re-banding applications

<b>Post Title</b>	
<b>Name of person submitting JD</b>	
<b>Contact Number / Email</b>	

**Reason for request:**

<b>Vacancy</b> (for use in the vacancy approval processes)	
<b>New structure or Service Change</b> (for use in developing structures or change)	
<b>Re-banding</b> (please complete the section below)	

Please e-mail a copy of the job description to: [jobevaluation.hdd@wales.nhs.uk](mailto:jobevaluation.hdd@wales.nhs.uk)

**PLEASE COMPLETE FOR RE-BANDING APPLICATIONS ONLY**

<b>Name of Current Post Holder(s)</b>	
<b>Signature(s)</b>	
<b>Current Pay Band</b>	

<b>Name of Budget Holder</b>	
<b>Signature</b>	

<b>Name of Line Manager (if different to budget holder)</b>	
<b>Signature</b>	

<b>Executive Director:</b>			
<b>Signature:</b>		<b>Date</b>	



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

*For office use only*

CAJE REFERENCE

DATE APPROVED

## Job Matching / Evaluation - Evidence for Review

Please refer to the [Re-Evaluation of Pay Band Policy and Procedure](#))

Commented [SR1]: Add link

### Post Title:

The information provides details of where the post holder(s) disagree with the job match or evaluation and provides further evidence to support the previously submitted job description.

This will be used as part of the A4C job matching / evaluation review process. Please do not submit a new job description. This information will be incorporated into the original job description by the Job Evaluation Team.

<b>Name of Current Post Holder(s)</b>	
<b>Signature(s)</b>	
<b>CAJE No.</b> (This can be found on your JD)	

<b>Name of Budget Holder</b>	
<b>Signature</b>	

<b>Name of Line Manager (if different to budget holder)</b>	
<b>Signature</b>	

<b>Executive Director:</b>			
<b>Signature:</b>		<b>Date</b>	

Please e-mail a copy of the review information to: [Jobevaluation.hdd@wales.nhs.uk](mailto:Jobevaluation.hdd@wales.nhs.uk)

Please provide further evidence relating to the factors you disagree with in your original job match / evaluation.

FACTOR	EVIDENCE TO SUPPORT A REVIEW
1. Communication	
2. Knowledge, Training & Experience (Qualifications or equivalent experience essential to carry out the role, not that the person in the current role necessarily has)	
3. Analytical & Judgement Skills	
4. Planning & Organisational Skills	
5. Physical Skills	
6. Responsibilities for Patient/Client Care	
7. Responsibilities for Policy and Service Development Implementation	
8. Responsibilities for Financial and Physical Resources	
9. Responsibilities for Human Resources	

<b>10. Responsibilities for Information Resources</b>	
<b>11. Responsibilities for Research and Development</b>	
<b>12. Freedom to Act</b>	
<b>13. Physical Effort</b>	
<b>14. Mental Effort</b>	
<b>15. Emotional Effort</b>	
<b>16. Working Conditions</b>	

## SUMMARY EQUALITY IMPACT ASSESSMENT – 125 - Re-Evaluation of Pay Band Policy & Procedure

<b>Organisation:</b>	Hywel Dda University Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Sharon Richards
	<b>Title:</b>	Senior Workforce Manager: Workforce Efficiency, Job Evaluation and Business Support
	<b>Department:</b>	Workforce and Organisational Development

<b>Policy Title:</b>	Re-Evaluation of Pay Band Policy & Procedure
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<b>Brief Aims and Objectives of Policy:</b>	<p>The aim of this policy is to provide guidance on the re-evaluation of pay band process, following the principles of the Agenda for Change Job Evaluation Process.</p> <p>The objective of this policy is to ensure fairness, consistency and equality for all members of staff working under Agenda for Change Terms and Conditions.</p>
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<b>Was the decision</b>		No✓
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<b>reached to proceed to full Equality Impact Assessment?</b>	The policy does not impact adversely in relation to any protected characteristics. The review process is based on responsibilities of the post and not on the individual carrying out the duties. The policy allows for any member of staff falling within Agenda for Change Terms and Conditions of Service to have a re-banding considered irrespective of any protected characteristic.	
	<b>If no, are there any issues to be addressed?</b>	No✓

<b>Is the Policy Lawful?</b>	Yes	
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<b>Will the Policy be adopted?</b>	Yes	
	<b>If no, please record the reason and any further action required:</b>	

<b>Are monitoring arrangements in place?</b>	<b>Yes</b>	
	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.	

Who is the Lead Officer?	Name:	Andrea Thomas	Sharon Richards
	Title:	Head of Pay Modernisation	Senior Workforce Manager
	Department:	Workforce and OD	
Review Date of Policy:	3 Yearly in line with Health Board policy		

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	Ceri Williams	HR Manager	30/06/2020
	Bob Mander	Information and Governance Manager	30/06/2020
	Jackie Hooper	Equality and Diversity Advisor	30/06/2020

	Sharon Richards	Senior Workforce Manager	<b>Review 07/03/2023</b>
	Alan Winter	Senior Diversity & Inclusion Officer	7/3/2023

# STAFF IMMUNISATION & SCREENING POLICY

## Policy information

Policy number: 447

Classification:  
Clinical

Supersedes:  
V2

Version number:  
V3

Date of Equality Impact Assessment:  
14/08/2019

## Approval information

People & Organisational Development Culture Committee

Date of approval:

Date made active:  
Review date:

Summary of document:

The Health Board has a legal duty of care to all staff and patients to ensure appropriate control measures are implemented to prevent the transmission of infections. Under the same legislative framework, all staff have a legal duty to adhere to the measures which the Health Board implements to prevent the transmission of infections.

The policy sets out the procedure, including responsibilities for the implementation of the requisite vaccination regime as well as the seasonal flu vaccination programme

Scope:

This policy applies to all staff employed by the Health Board. For the purpose of this policy the term staff also includes students, volunteers and staff on honorary contracts and locum/agency staff.

To be read in conjunction with:

[894 – Putting things right policy](#) – opens in a new tab

[151 – Personal Protective Equipment Policy](#) – opens in a new tab

[674 – Risk Assessment procedure](#) – opens in a new tab

[298 – Handling and Storage of Vaccines Policy – Cold Chain Management](#) – opens in a new tab

Patient information:

None

Owning group:

Workforce and OD sub committee

Executive Director job title:

*Lisa Gostling – Director of Workforce & OD*

Reviews and updates:

New policy 2.8.2016

2 revised 12.11.2019

Keywords

Immunisation, staff, health, screening

Glossary of terms

BBV Blood Borne Virus

TB Tuberculosis

COSHH Control Of Substances Hazardous to Health

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## Introduction

The Health Board has a legal duty of care to all staff and patients, in accordance with Health & Safety at Work etc Act (1974) and Control of Substances Hazardous Health (2002).

More specifically, the Health Board has a legal duty to:

- Ensure that no individual is placed at any avoidable risk of infection as far as reasonable practicable;
- Implement a risk assessment approach for disease control in line with the Control of Substances Hazardous to Health Regulations, 2002; and
- Comply with the Department of Health standards for immunisation.

Under the same legislative framework, all staff have a legal duty to adhere to the measures which the Health Board implements to prevent the transmission of infections. In addition, the regulators (General Medical Council, Nursing and Midwifery Council, and Health and Care Professions Council) remind their registrants of their professional duty of care to their patients, which includes the requirement to protect themselves from vaccine-preventable infections.

Immunisation of a staff member brings the following benefits:

- Protection of the staff member and their family from an occupationally-acquired infection;
- Protection of patients, particularly those who may not respond well to their own immunisation;
- Protection of colleagues; and
- Enabling efficient service provision.

## Scope

This policy applies to all staff employed by the Health Board. For the purpose of this policy the term staff also includes students, volunteers, staff on honorary contracts and locum/agency staff.

## Aim

The aim of the policy is to ensure that all staff are appropriately protected from contracting avoidable infection and therefore do not transmit infections to patients.

## Objectives

The aim will be achieved by:

- Preventing cases of vaccine-preventable disease in staff;
- Reducing the risk of transmitting diseases to patients;

- Highlighting arrangements for individual and mass staff vaccination;
- Highlighting core responsibilities of staff and managers;
- Highlighting arrangements for staff who are unable to conform or decline standard vaccination programmes;
- Meeting targets for national flu vaccination uptake;
- Having a robust system in place for mass vaccination campaigns; and
- Clinical staff avoiding work activities that may pose a risk to staff and patient health and making career choices appropriate to their (Blood Borne Virus) BBV Tuberculosis (TB) infection status.

## Procedure

Requisite vaccination regime:

All prospective and employed staff are required to receive the requisite vaccination regime as per [appendix 1](#) upon:

- Pre-placement health assessment;
- Change of role or responsibility;
- A needle stick or sharps injury; or
- Change of recommendations from expert bodies or when there is epidemiological evidence which indicates that there is the risk of an epidemic or pandemic infection circulating in either the local, national or world wide community.

If any individual declines a vaccination which is a requirement for their role as per appendix 1, then they will not be deemed as fit (as per Department of Health Guidelines) to fulfil the role and therefore:

- The prospective job offer may be withdrawn; or
- The staff member may no longer be able to work in their substantive role.

Under COSHH regulations, the Occupational Health Service will inform the line manager whether the individual has completed their immunizations and is therefore fit to fulfil the role or that they have been unable to complete the requisite vaccination regime due to:

- Medical exception; i.e. pregnancy, adverse reaction to previous vaccination, non-responding to immunizations, etc;
- Failure to attend vaccination appointments; or
- Actively declining the vaccination.

In case of non completion of the requisite vaccination regime the line manager will be required to complete a risk assessment in line with Hywel Dda UHB Procedure 199 – Risk management, to determine whether or not to continue with the appointment or whether mitigating actions are required to manage the risk.

### Flu vaccination:



In order to promote flu vaccination the following actions will be undertaken:

- Ensure a personal offer of flu vaccination for staff is made and check whether staff have received the vaccination or declined;
- Make available an appropriate number of local vaccinators for the annual flu vaccination programme available, reflecting the size of departments, teams and services.

## Roles and Responsibilities

Chief Executive:

The Chief Executive has the overall responsibility to ensure that any individual employed or cared for by the Health Board is not placed at any avoidable risk of infection, as far as reasonably practicable.

Nominated Executive Director:

The Nominated Executive Director is responsible for:

- Creating a positive culture which encourages staff to comply with requisite vaccination regime and thereby protecting themselves, their family, colleagues and patients from preventable infections;
- Ensuring arrangements are in place to bring this policy and any revisions to the notice of all staff within their areas of responsibility and others who may be affected; and
- Ensuring that the resources required to implement this policy are made available;

Senior Operational Managers/Leads:

Senior operational managers/leads are responsible for:

- Disseminating the policy within their area of responsibility;
- Supporting Service/Ward Managers and Flu Leads in implementing this policy;
- Ensuring staff receive the required training to undertake their respective roles; and
- Monitoring the implementation of the policy.

Occupational Health Service:

The Occupational Health Service is responsible for:

- Administering the requisite vaccination regime (see [Appendix 1](#)) as per agreed patient group directives;
- Providing standard screening as per national and local guidelines for health care workers (see [Appendix 2](#));
- Recalling staff for appropriate immunisations governed by programmes of immunisation or specific guidance;
- Providing staff and managers with outcomes of vaccination;
- Advising staff members who are unable to comply with standard immunisation programmes and providing any appropriate recommendations to managers to assist in the management of the risk of infection;
- Notifying managers of staff's non attendance for vaccinations appointments.

- Providing annual flu vaccinations in line with annual flu action plans; and
- Implementing the administration of immunizations during emergency or outbreak situations.

#### Medical Leads and Service/Ward Managers and Flu Leads:

Medical leads and service/ward managers and flu leads are responsible for:

- Being aware of the immunisation status of their staff and facilitating staff compliance with immunisation regimes;
- Promoting the importance of vaccination as a risk prevention strategy to prevent the spread of infection to staff and patients;
- Making available local vaccinators for mass vaccination campaigns during local campaigns, epidemics and pandemics;
- Ensuring local cold chain arrangements are in place to maintain vaccinations in safe systems in line with Hywel Dda UHB Policy [298 – Handling and Storage of Vaccines – Cold Chain Management](#);
- Communicating arrangements for local vaccination delivery; and
- Identifying and assessing the risks for all clinical procedures or other identified hazards to health from microbiological agents and reviewing if any significant changes or incidents occur.

#### Line Managers:

Line Managers are responsible for:

- Carrying out a risk assessment of the risks of transmitting an infection i.e. for general work activity / contacts, if the staff member's health or fitness is in doubt or if there is a change in health status e.g. pregnancy or immunosuppression or if there is a significant change in the job requirements;
- Ensuring that all times any personal protective equipment required to reduce risk of exposure to preventable disease is available and in use in line with Hywel Dda UHB [Policy 151 – Personal Protective Equipment](#) (opens in a new tab);
- Reporting any adverse incidents in line with Hywel Dda UHB Policy [894 – Putting things right policy](#) (opens in a new tab)
- Referring staff to the Occupational Health Service for appropriate immunisation or immunobiological screening as necessary;
- Receiving immunisation outcome records of at risk (i.e. susceptible) staff and implementing appropriate adjustments, restrictions or post exposure prophylaxis following known or suspected exposure; and
- Acting on advice or recommendations given by the Infection Prevention and Control team or Occupational Health Service Team.

#### Local staff vaccinators:

Local staff vaccinators are responsible for:

- Attending appropriate update training for immunisation annually. New vaccinators are required to demonstrate their competency through assessment prior to giving vaccinations;
- Attending any local / health information briefs on mass vaccination;

- Including their name on the relevant patient group directions for administering vaccination;
- Completing appropriate documentation in line with Health Board's governance and statistical requirements;
- Storing vaccines in line with cold chain arrangements;
- Working in line with pharmacy guidance / schedules to access vaccinations and order vaccines in accordance with likely uptake (avoid over ordering to prevent any waste);
- Positively engaging staff in vaccination campaigns;
- Providing a personal offer of vaccination to staff for specific vaccinations; and
- Collating local statistics regarding staff uptake, declining or receipt of vaccination elsewhere.

Staff:

Staff are responsible for:

- Completing, upon offer of employment, the Health Assessment medical questionnaire and returning it to the Occupational Health Service, together with evidence of any previous immunization programmes;
- Informing Occupational Health Service should they suspect that they may have been exposed to any infectious disease;
- Informing their line manager if due to a change in their health status they are more susceptible to infection;
- Complying with requisite vaccination regime to prevent patients from being placed at risk of infection;
- Keeping a personal record of vaccinations received or screening which has been undertaken
- Complying with appropriate risk management process as directed; and
- Acting with integrity at all times and not negatively influencing others who are considering vaccination to protect themselves or others.

## Monitoring and Escalation Arrangements:

Monitoring of this policy and if necessary escalation will occur through regular reporting at:

- Staff Health and Wellbeing Group;
- Workforce and OD Committee;
- Strategic Influenza Working Group;
- Flu vaccination reports for managers; and
- Correspondence with managers.

## References:

- Health and Safety Executive (1999) Management of Health and Safety at Work Regulations.
- Health & Safety Executive (2002) Control of Substances Hazardous to Health Regulations (as amended).

- Hepatitis C Infected Health Care Workers, 2002. Scottish NHS.
- Green Immunisation Book, <http://immunisation.dh.gov.uk/category/the-green-book/>.
- Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Health Care Workers, 2007. Department of Health.
- Clinical Diagnosis and Management of Tuberculosis, and Measures for its Prevention and Control, 2001. NICE
- NICE guidelines [NG33]Published date: January 2016 Last updated: May 2016
- The Management of HIV Infected Healthcare Workers who Perform Exposure Prone Procedures: Updated Guidance January 2014. Public Health England.
- HS13 Control of Substances Hazardous to Health Guidance.

## APPENDIX 1 – Requisite vaccination regime

### Vaccination per staff group general information

Staff Group	Routine Immunisations / Vaccinations recommended	Consider
<b>Staff who have regular direct clinical contact with patients</b>	<ul style="list-style-type: none"> <li>• MMR (documented evidence of 2 vaccinations)</li> <li>• Negative chicken pox BCG (or documentary/scar evidence)</li> <li>• Varicella vaccination if non immune</li> <li>• Hepatitis B</li> <li>• Diphtheria/Tetanus/Polio</li> <li>• Influenza annually</li> </ul>	
<b>Laboratory and other staff (including mortuary staff) who have direct contact with potentially infectious clinical specimens and may be additionally exposed to pathogens in the laboratory</b>	<ul style="list-style-type: none"> <li>• MMR (or documented evidence of 2 vaccinations)</li> <li>• Varicella vaccination if non immune</li> <li>• BCG (or documentary/scar evidence)</li> <li>• Hepatitis B</li> <li>• Diphtheria/Tetanus/Polio</li> <li>• influenza annually</li> <li>• Hepatitis A (when handling faeces) <b>if indicated by managers risk assessment</b></li> </ul>	<ul style="list-style-type: none"> <li>• Other vaccines where handling relevant organisms e.g. <ul style="list-style-type: none"> <li>Cholera</li> <li>Meningitis C</li> <li>Anthrax</li> <li>Yellow Fever</li> <li>Japanese encephalitis</li> <li>Tick-borne encephalitis</li> <li>Rabies</li> <li>Typhoid</li> </ul> </li> </ul> <p><b>If indicated by managers risk assessment</b></p>
<b>Non clinical staff who have respirable contact</b>	<ul style="list-style-type: none"> <li>• MMR (or documented evidence of 2 vaccinations)</li> </ul>	Maintenance staff - Hepatitis A

<b>with patients (porters, chaplains, pharmacists)</b>	<ul style="list-style-type: none"> <li>• Varicella vaccination if non immune</li> <li>• BCG (or documentary/scar evidence)</li> <li>• Hepatitis B (if in contact with body fluids)</li> <li>• Diphtheria/Tetanus/Polio</li> <li>• Influenza annually</li> </ul>	<b>If indicated by managers risk assessment</b>
<b>Non clinical staff</b>	<ul style="list-style-type: none"> <li>• Diphtheria/Tetanus/Polio &amp; MMR (via GP practice)</li> <li>• Influenza annually</li> </ul>	

**Influenza – Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care and staff who provide operational support on an annual basis.**

**Travel vaccinations – for occupational travel. Advice for personal travel via GP practice.**

## Appendix 2 - clearance per clinical group general information

	Varicella	MMR	TB	Hepatitis B	Hepatitis C	HIV
<b>Existing HCW in direct patient contact (clinical or non clinical)</b>	History  Of  chicken pox / shingles   Blood test indicating immunity for those with no history of disease and those born and raised abroad	Received 2 doses of MMR  or  Positive antibody tests for Measles and Rubella  or  born before 1970	1. No past history of TB and no symptoms or signs of active TB <b>AND either items 2 OR 3</b>  2. Documentary evidence (clear reliable history of vaccination on health questionnaire or other documentation) of BCG or observed or documented BCG scar.  3. Documented tuberculin skin test of Mantoux between 6-15mm or heaf grade 2 result or interferon gamma negative result. <b>OR</b>  4. History of successfully completed treatment for TB.	No history of Hep B  Carrier / naturally immune and stable history of Hep B	No history of Hep C  or  stable history of Hep C treated or untreated	Stable history of HIV (treated or untreated)
<b>New HCW in direct patient contact (clinical or non clinical)</b>	Received 2 doses of vaccine		<b>Note:</b> Not allow to start work until completed health screen for TB or documentary evidence presented of such screening completed within the last 12 months:  1. No past history of TB / No symptoms or signs of active TB <b>AND either items 2 OR 3</b>  2. Documentary evidence of BCG from a health care professional or observed or documented BCG scar.  3. Mantoux (0-5mm) or a negative interferon test result. <b>(If entry from abroad see below)</b>  <b>OR</b>  4. History of successfully completed treatment for TB.	No history of Hep B  Carrier / naturally immune and stable history of Hep B  Offer Hepatitis B vaccination	Offer Hepatitis C test for direct patient contact clinical   NOT direct patient contact non clinical	Offer HIV test  for direct patient contact clinical NOT direct patient contact NOT non clinical
<b>Exposure Prone Procedures (EPP)</b>			<b>As existing HCW in direct patient contact (clinical or non clinical) above</b>	Positive or Negative history of Hep B and surface antigen negative within the last 12 months  or	No testing prior to 2002.  If employed after 2002 and not new HCW	No testing prior to 2008  If employed after 2008 and not new HCW testing will have been

Existing HCW			<p>History of an infection with an antiHBc core positive and a negative surface antigen result</p> <p>or</p> <p>HbsAb <math>\geq</math> 10 iu/ml within the last 5 years</p> <p>or</p> <p>HbsAb <math>\geq</math> 10 mIU/ml following a full course of Hep B and a booster dose has been received 5 years later</p> <p>or</p> <p>**** HBeAg has been confirmed negative and viral load confirmed no greater than 10(3) = 200iu/ml within the last 12 months or</p> <p>Undergoing treatment and viral load no greater than 10(5) = 20,000 iu/ml before treatment and 2 blood samples a month apart are below 10(3) and a sample taken within the last 3 months is below 10(3) ****</p>	<p>testing will have been processed in another NHS organisation.</p> <p>6 months post treatment Hep C RNA negative</p>	processed in another NHS organisation
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EPP New HCW			As New HCW in respirable contact	<p>Negative surface antigen</p> <p>or</p> <p>as **** above ****</p>	<p>No history of hep C and negative Hep C antibody</p> <p>Or 6 months post treatment Hep C RNA negative</p>	<p>HIV antibody negative</p> <p><b>or</b></p> <p>HIV history and</p> <p><b>either</b> be on effective combination antiretroviral therapy AND have a plasma viral load &lt;200 copies / ml</p> <p>or an elite controller</p> <p><b>and</b> be subject to plasma viral load monitoring every three months and be under joint supervision of a consultant occupational health physician and their treating physician, and be registered with the UKAP Occupational Health Monitoring Register (UKAP-OHR)</p> <p>An elite controller is defined as a person living with HIV who is not receiving antiretroviral therapy and who has maintained their viral load below the limits of assay detection for at least 12 months, based on at least three separate viral load measurements.</p>
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<b>Entry abroad</b>	Blood test for Varicella	As above	<p>Conduct / repeat all tests on entry (should have had in own country before entry). For New HCW or New EPP HCW see sections above and the section below specific for TB.</p> <ol style="list-style-type: none"> <li>1. No past history of TB / No current signs and symptoms of TB <b>AND 2</b></li> <li>2. A negative interferon test conducted by the OH service clearing the individual</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>3. History of successfully completed TB treatment assessed by physician</li> </ol>
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