

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 November 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Workforce & Organisational Development Policies
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Heather Hinkin, Assistant Director of People Management

**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**

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 which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies
- All Wales policies and updates
- Policies not yet presented for approval
- Documents for information

Please note, due to the timing of the next Health Board Partnership Forum (HBPF) meeting on 18 November 2025, the Committee is being asked to consider Chair's action in relation to reviewed local policies so that any comments from our HBPF can be considered before approval.

**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. In addition, All Wales documents, which require adoption and or action on the part of individual Health Boards are presented to this Committee for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

## **Local Policy - for approval**

All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We have therefore been able to undertake a number of desk top reviews this year as the content has already been streamlined in the previous cycle.

### 247- Anonymous Communications Regarding the Workforce Policy (Appendix 1a and 1b)

- A desktop review was undertaken of the policy and the only changes made were to expand on the support available in the “Resources for Staff” section which was done in conjunction with our colleagues in Organisational Development and a change of title of the policy to Dealing with Anonymous Communications regarding members of the Workforce
- Due to the minor changes made consultation was not required but our HBPF and Local Negotiating Committee (LNC) have been advised of the minor changes made.
- An updated Equality Impact Assessment (EqIA) has been completed to reference the new title.

### 436 – Rostering Policy (Appendices 2a-2f)

- The policy has had the section “to be read in conjunction with” updated to reflect the change in policy number from 409 to 1310 (Calculating, maintaining and reporting nurse staffing levels policy), which has recently been approved.
- The guidelines have also been updated on page 7 as references to the “Safe Care” module had previously been excluded in error.
- There is a new appendix - the Standard Operating Procedure for variable pay for Registered Nurses (RN) and Health Care Support Workers (HCSW) (booking RN HCSW) has been added.
- The roster approval process has been updated to reflect changes, as recommended by the Nurse Rostering Audit.
- The policy has been subject to global consultation and shared with the local partnership forums.
- The EqIA has been updated and is attached.

### 438 – Shared Parental Leave Policy (Appendix 3a and 4b)

- A desktop review was undertaken of the policy and the only changes made were to remove duplication with points already covered in the Agenda for Change Terms and Conditions Handbook.
- Due to the complexities within the policy and an opportunity to raise awareness of its content, the policy was subject to global consultation and shared with the local partnership forums and the LNC. No comments were received.
- The EqIA has been updated and is attached.

### 713 – Honorary Contracts Procedure (Appendices 4a-4d)

- A desktop review was undertaken of the procedure and changes made to the pre-engagement checks to streamline the process following consultation with Occupational Health.
- The revision made has enabled the removal of the appendix and it being replaced by a link in the main document.
- The procedure has been subject to global consultation and shared with the local partnership forums and LNC. No comments were received.
- The EqIA has been updated and is attached.

#### 1386 – Re-banding Procedure (Appendices 5a-5c)

- This procedure replaces the local Re-evaluation of Pay Band Policy and Procedure, which has been superseded by the NHS Wales Job Evaluation Policy, published in December 2024.
- All references to re-evaluation have been updated to re-banding.
- The effective date for re-bandings that result in an increased band will now be the date agreed by the postholder and manager as the point the job changed, rather than the date of Executive Director approval. This aligns the procedure with the Wales Job Evaluation Policy Following advice sought from Legal & Risk a contractual notice clause has been included for re-banding applications that result in a lower banding outcome.
- A statement has been added to the Job Description Submission Form (re-banding application form) highlighting that the postholder completing or agreeing to the completion of the form is aware that the outcome of the job evaluation process could result in their banding remaining the same, going up or down and that should the banding go down, this will impact pay. The postholder confirms their understanding and consent to the corresponding change in their pay (i.e. a reduction in pay if the post is evaluated to a lower band).
- Reference to the re-banding policy applying to posts where there may or will be a change to the post has been removed; these changes will be dealt with through arrangements such as the Organisational Change Policy or recruitment.
- Procedure has been subject to global consultation and shared with the local partnership forums
- A summary EqIA has also been updated.

#### 1409 – Neonatal Care Leave Procedure (new) (Appendix 6)

- This is a new policy based on the legislative changes that came into effect on 6 April 2025 which we would have applied irrespective of a policy framework, should any requests for such leave have been received.
- The Act provides additional leave and pay for parents of babies who require neonatal care, with a right to up to 12 weeks' leave and pay. The Act provides eligible parents with dedicated time to care for their newborn babies during a challenging period, without impacting their existing parental leave entitlements.
- The delay has been due to being advised that the National Terms & Conditions Handbooks for Agenda for Change and Medical & Dental staff were being updated to reflect the statutory requirements, and the current All Wales Special Leave Policy already references these, so a new policy was not initially anticipated. However, the update made to the Handbooks, which we were advised of in July 2025, made reference to a requirement for local policy frameworks. Due to the exceptionally difficult circumstances requiring access to these provisions, we made a decision to separate out into a distinct policy so that it was easily accessible for our staff.
- Policy has been subject to global consultation and shared with the local partnership forums and Local Negotiating Committee (LNC). No comments were received.
- The EqIA is attached.

#### **All Wales policy for approval and update**

Committee is asked to adopt the following All Wales documents: -

- NHS Wales Anti-Sexual Harassment Policy (new) (Appendix 7a and 7b)

This policy was received by the Health Board in September 2025 following a significant period of consultation and the Chair of our HBPF has agreed that it he is content for it to be adopted by the Health Board, on behalf of HBPF which is due to next meet on 18 November 2025. A local EQIA has been drafted based on the content of the All-Wales EqIA provided.

- 1197 - All Wales Flexible Working Policy

This revised policy was received by the Health Board on 24 October 2025 following agreement by, Chair's action on behalf of, the Welsh Partnership Forum and Medical & Dental Business Group. It has been updated to ensure that it is legally compliant in terms of appeals and timescales. The All-Wales EQIA did not require update and therefore we have not updated our local EQIA as it is based on the All-Wales document.

A copy of the updated All-Wales policy schedule from NHS Employers was received on 30 September 2025 and is attached as an Appendix for information (Appendix 9)

**Policies not yet presented for consideration**

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of two local policies together with rationale is therefore outlined below: -

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
Medicines Management	558/787 - Medication Errors	Current proposal is to transfer this from an employment to a clinical policy. The proposal is therefore to extend at this time until agreement is reached on the way forward and once agreed a proposal to archive the current local employment policy will be put forward.	28/02/2026
Recruitment with All Wales Policy Review Group	121 - Relocation Expenses	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. Our trade union colleagues were also supportive of a further extension. It is therefore more prudent to extend rather than review our local policy at this time.	28/02/2026
Operational Workforce	158 – Redeployment Policy	We were advised on 13 August 2025 that an All-Wales Redeployment Policy is being developed which	31/05/2026

		will annex to the All-Wales Organisational Change Policy. As a result of this, the desktop review of the local policy was paused. The initial All-Wales draft has been shared with trade unions, and their feedback is currently being considered.	
Operational Workforce	001 – Adverse Conditions	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
Operational Workforce	109 – Time off in Lieu	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
People Development	100 – Induction	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
People Development	113 – Learning & Development	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
Organisational Development/People Development	1103 – Performance Management	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026

## Documents for Information

### Career Break – Update on Guidance (Appendix 8)

- The Pensions Team has provided some additional guidance for dissemination to staff on career breaks. This was received on 7 October 2025 and will be uploaded to our SharePoint pages under the All Wales – Employment Break Policy section provisions.
- A copy has been attached to this report for completeness.
- We were also advised that the Career Break process is currently being reviewed which will provide more clarity for employees and managers. Once this is received, we will submit for adoption by Committee.

### Short Term Protection of Earnings Guidance (Appendix 10)

- We received guidance from NHS Employers on 16 September 2025.
- A copy has been attached to this report for completeness.
- This guidance has been developed in partnership with trade unions on an All-Wales basis to support organisations in applying short term protection of earnings following organisational change.
- It has been uploaded to SharePoint as part of the All-Wales Organisational Change policy documents section and cascaded to Operational Workforce colleagues.

## Asesiad / Assessment

The local policies have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the LNC for information. HBPF is not due to meet until 18 November 2025 and therefore the Committee is being asked to agree Chair's action to avoid delays to our policy framework being updated.

Once HBPF has met, a request would be sent to the Chair of this Committee seeking action to approve the revised final policy documents.

A screening EqIA has been developed or updated as required on advice from the Corporate Policy Office.

Eight policies require extension due to their review dates.

Two All-Wales policies have been submitted to Committee for adoption following their agreement on an All-Wales basis.

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

## Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- **RECEIVE ASSURANCE** that the above local policies have been reviewed in line with Policy 190.
- **AGREE** that Chair's action is to be undertaken to approve all six local policies listed post consideration at the HBPF meeting on 18 November 2025.
- **EXTEND** eight local policies in accordance with the dates provided.
- **ADOPT** the NHS Wales Anti-Sexual Harassment Policy and the revised All-Wales Flexible Working Policy and note the All-Wales policy schedule update provided.
- **NOTE** the documents provided for information in relation to Career Breaks and Short-Term Protection of Earnings.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

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:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	2. Culture and valuing people

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	N/A
<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 apply to all staff unless stated otherwise in each policy.

<b>Risg:</b> <b>Risk:</b>	<p>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.</p>
<b>Cyfreithiol:</b> <b>Legal:</b>	<p>It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).</p>
<b>Enw Da:</b> <b>Reputational:</b>	<p>N/A</p>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	<p>N/A</p>
<b>Cydraddoldeb:</b> <b>Equality:</b>	<p>Updated or new EQIA are attached for the revised local policies and the All Wales policy.</p>

# Dealing With Anonymous Communications Regarding Members Of The Workforce Policy

## Policy information

Policy number: 247

Classification: Employment

Supersedes: Previous Versions

Version number: 5.0

Date of Equality Impact Assessment: 27.05.2025

## Approval information

Approved by: PODCC People, Organisational Development and Culture Committee

Date of approval:

Date made active:

Review date:

Summary of document: This policy outlines how the Health Board will act upon information contained in anonymous letters/communications.

Scope: The Policy applies to Health Board employees and Bank Staff.

To be read in conjunction with:

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

[815 – Counter Fraud, Bribery and Corruption Policy](#) – opens in a new tab

[435 – Procedure for NHS Staff to raise concerns \(whistleblowing\)](#)- opens in a new tab

Count Fraud and Complaints Policies

Owning group: Workforce & OD Department

Executive Director job title: Director of Workforce & OD

Reviews and updates:

1.0 – New Policy

2.0 – Review

3.0 – Review

4.0 – Full Review

5.0 – Minimal changes

Keywords: Complaints, Anonymous Letters, Anonymous Communications

Glossary of terms

OD – Organisational Development

## Introduction

This policy outlines how the Health Board will act upon information contained in anonymous letters/communications.

## Policy statement

Hywel Dda University Health Board takes complaints/concerns very seriously and welcomes comments and suggestions about how our services could be improved. It has developed Policies/Procedures that provide the opportunity and channels to voice concerns in a safe manner. On occasions, individuals and groups choose not to disclose their identity and submit anonymous communications anonymously such as telephone calls, emails, petitions, or indirectly via the press, TV, radio etc. All press enquiries should be directed to the Communications department. This policy will explain how the Health Board will address anonymous letters/communications.

## Scope

The Policy applies to Health Board employees and Bank Staff.

## Aim

The aim of this policy is to provide a consistent approach to dealing with anonymous letters/communications.

## Objectives

The aim of this policy will be achieved by ensuring that all staff are aware of their responsibility should they receive an anonymous letter/communication.

## Definition of an anonymous complaint

A letter or communication giving no name, identity, address or identifying factors of the sender

## How will anonymous complaints be dealt with

- Any staff member that receiving an anonymous letter/communication should without delay refer the matter to their line manager or to an appropriate senior manager.
- The manager will then, without delay, refer the matter in the first instance by telephone to their Workforce Manager.
- The Workforce Manager will log all anonymous communications and then share the information with the Director of Workforce & OD. A decision will then be made whether any further action can be taken to investigate the concerns and to address the matters raised.

The Health Board will not normally consider anonymous communications unless there is sufficient corroborating evidence to suggest the allegation can be substantiated, however it reserves the right to

## Hywel Dda University Health Board

take each allegation on its own merits and invoke procedures as necessary and will exercise its discretion whether to investigate anonymous disclosures.

When considering how anonymous letters/communications received will be addressed, the Health Board will consider:

- Seriousness of the issues raised
- Criminal and legal implications
- Health and safety of staff, patients and service users.
- Credibility of the concern
- Fraud and any other irregularities detrimental to the Health Board

Any letter/communication considered to be vexatious and/or malicious will be forwarded to the appropriate authorities and the Health Board will provide full support to those authorities to carry out their investigation. Should members of the Health Board be found to have written/made vexatious and/or malicious anonymous letters/communications, disciplinary action will be taken which may result in dismissal.

## Responsibilities

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

The Director of Workforce and Organisational Development is jointly responsible for ensuring this policy and associated documentation is reviewed and updated in line with future guidance.

Line Managers/Senior Managers are responsible for ensuring that any anonymous communication is dealt with as set out in the procedure.

All staff have a responsibility to ensure that any anonymous communication received is reported to their line manager.

## Monitoring

This policy will be reviewed by the Director of Workforce and OD in conjunction with Employment Policy Review Group. Details of applications for anonymous communications will be recorded in a database and reported on periodically to the Executive

## Resources for Staff

The Health Board also operates a “Speak Up Safely” scheme which enables **Health Board staff** to voice concerns, anonymously if they wish, in regard to current systems or work practices. Access to and further information on the scheme can be obtained via the link below:

<https://secure.workinconfidence.com/company/en/hduhb/login> - opens in a new tab.

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Lisa Gostling, Workforce & OD
<b>Service Area</b>	People Management

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	247 - Dealing with Anonymous Communications regarding members of the Workforce Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The policy outlines how the Health Board will act upon information regarding members of the workforce which is contained in anonymous letters/communications. The aim of the policy is to provide a consistent approach to dealing with anonymous letters/communications. The aim of the policy will be achieved by ensuring that all staff are aware of their responsibility should they receive an anonymous letter/communication.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

Not applicable in this instance.

Anonymous complaints received by the Health Board are relatively low. However, each anonymous complaint will be assessed on the following to establish how it should be addressed:

- Seriousness of the issues raised
- Criminal and legal implications
- Health and safety of staff, patients and service users.
- Credibility of the concern
- Fraud and any other irregularities detrimental to the Health Board

As set out above, it is not anticipated / expected that any protected characteristics will be affected by the revised Policy. However, the aim of the policy is to provide a consistent approach to dealing with anonymous letters/communications which is a positive impact.

Given the aim of the Policy is simply to provide a consistent approach to dealing with anonymous letters/communications, there do not appear to be any negative impacts apparent.

There haven't been any complaints in regards to the policy since it's introduction.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The policy will not affect staff in a way that is related to their age.				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The policy will not affect staff in a way that is related to a disability.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The policy will not affect staff in a way that is related to gender reassignment.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to a marriage or civil partnership.					
<b>Pregnancy and Maternity</b> Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to them being pregnant or on maternity leave.					
<b>Race / Ethnicity</b> Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their race or ethnicity.					
<b>Religion or Belief</b> Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their religion or belief.					
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy applies to both equally and staff will therefore not be affected in a way that relates to their sex.					
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their sexual orientation.					
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'  For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:					

<a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>			
Positive Impact	<input type="checkbox"/>	Negative Impact	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The policy will not affect staff in a way that is related to them being part of the Armed Forces Community.			
<b>Socio Economic Duty</b> Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.  For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: <a href="#">more-equal-wales-socio-economic-duty</a>			
Positive Impact	<input type="checkbox"/>	Negative Impact	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The policy will not affect staff in a way that is related to their socio-economic status.			
<b>Welsh Language</b> Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: Complaints can and have been received in both Welsh and English language			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	James Bennett
	Title	Senior Workforce Manager
	Contact details	<a href="mailto:James.bennett@wales.nhs.uk">James.bennett@wales.nhs.uk</a>
	Date	27.5.25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	<a href="mailto:Heather.hinkin@wales.nhs.uk">Heather.hinkin@wales.nhs.uk</a>
	Date	27.5.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	27/5/2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

# Rostering Policy

## Policy information

Policy number: 436

Classification: Employment

Supersedes: Previous versions

Version number: 5

[Equality Impact Assessment:](#)

## Approval information

Approved by: POPDC – People, Organisational Development and Culture Committee

Date of approval:

Date made active:

Review date: 15/02/2026

Summary of document:

Policy to provide managers and staff with the guidance necessary to produce and maintain a fair and equitable duty roster with an appropriate skill mix

Scope:

The Policy applies to all staff using either electronic or manual rostering systems as the principles and the guidance will assist in ensuring common processes and maximum benefit from workforce efficiency. This policy will assist with the production of rosters based on establishments defined through activity and acuity.

To be read in conjunction with:

- [1197 – All Wales Flexible working policy](#) – opens in a new tab
- 113 - [Learning and Development Policy](#)– opens in a new tab
- [NHS Conditions of Service Handbook](#) – opens in a new tab
- [1085 - Leave and Pay for New and Existing Parents Policy](#) – opens in a new tab
- 122 - [All Wales Special Leave Policy](#)– opens in a new tab
- 109 - [Time in Lieu Procedure](#)– opens in a new tab
- 768 - [Managing Attendance at Work All Wales Policy](#)– opens in a new tab
- 133 - [Equality, Diversity, and Inclusion Policy](#)– opens in a new tab
- 815 - [Counter Fraud, Bribery and Corruption Policy](#)– opens in a new tab
- 001 - [Adverse Conditions Policy](#)– opens in a new tab
- [Agenda For Change](#)– opens in a new tab
- 193 – [Retention and Destruction of Records Policy](#)– opens in a new tab
- [On Call Agreement](#)– opens in a new tab
- [1310 Calculating, maintaining and reporting nurse staffing levels policy](#) (opens in a new tab) incorporates the [Nurse staffing levels and escalation plan](#) (opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Reviews and updates:

1 – New policy 14.5.2015

2 – Minor amendment deletion of 6.9 and inclusion of ward managers in 11 2.7.2015

3 – appendix 1 added 19.11.2019

4 – full review 15.2.2023

5 – addition of appendix

Keywords: Allocate, rostering, e rostering

Glossary of terms

EWTD - European Working Time Directives

OD – Organisation Development

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## Introduction

This policy sets out how Hywel Dda University Health Board will manage staff rostering to ensure services have safe staffing levels and appropriate skill mix of staff as required to maximise the quality of patient care and reduce clinical and non-clinical risk. The Health Board by appropriate rostering, must support staff to comply with European Working Time Directive. While achieving all this, the Health Board will reasonably consider requests to promote work life balance for staff in line with policy.

## Policy Statement

The Health Board supports the principles of work life balance, flexible working and family friendly working and is committed to delivering the equality and diversity needs of staff. Hywel Dda University Health Board also recognises the value of its workforce and will support staff in providing high quality patient care through an appropriate skill mix at all times. Whilst acknowledging both these aspects, it is recognised that the Health Board needs to be able to respond to changing service requirements and therefore may on occasion not be able to agree to requests of individual staff if their proposal cannot be accommodated within service needs. Achieving safe staffing numbers and an appropriate skill mix is priority. Mandatory training will be scheduled with emphasis on attendance.

## Scope

The Policy applies to all staff using either electronic or manual rostering systems as the principles and the guidance will assist in ensuring common processes and maximum benefit from workforce efficiency. This policy will assist with the production of rosters based on establishments defined through activity and acuity.

This policy also ensures compliance with relevant workforce related legislation, for example, the Nurse Staffing Levels (Wales) Act 2016.

## Aim

The aim of this document is to outline how rostering practices should take place within the Health Board

## Objective

The creation of staff rosters within the Health Board must be efficient, fair and transparent in order to:

- Ensure safe and appropriate staffing levels for all services using fair and consistent rostering and promote effective planning and management of annual leave, sickness and study leave etc.
- Assist ward/department/service managers by minimising service risk associated with inappropriate staffing levels and skill mix.
- Ensure delivery of a quality service and to maximise efficient use of resources.
- Operate within budget and effectively reduce overtime, bank and agency spend by giving ward/department/service managers clear visibility of all staff contracted hours.
- Improve the utilisation of existing staff resources and meet European Working Time Directives (EWTD).
- Ensure compliance with the Agenda for Change Terms and Conditions of Employment.

- Improve management reporting of attendance and absence data e.g. sickness, annual leave and study leave
- Facilitate the payment of staff through shifts being added to the roster system
- Ensure timely shift information is added and finalised in conjunction with payroll and e-roster timescales, data input of staff absence via E-roster interfacing with ESR, this will result in improved monitoring and reporting of sickness and absence across Health Board.
- Ensure related Health Board policies and directives as identified in section 1 are adhered to.

This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems

## Principles

Staff are the Health Boards most valuable resource but are also its most expensive. This policy outlines the systems the Health Board has in place which will ensure that staff are rostered in an efficient manner in order to ensure high quality care is provided to patients whilst minimising operational and clinical risk factors. This will be achieved in a number of ways including:

- Improved utilisation of existing staff through clear visibility of staff contracted hours and staffing levels / skill mix
- Improved sickness / absence monitoring, generating comparisons, identifying trends and prioritising need for action
- Ensuring all staff are allocated a fair Roster
- Improved planning/management of annual leave and study leave
- Driving effective management of staffing establishments thereby increasing efficiencies in the workforce Health Board-wide
- Use of above principles to ensure bank (or agency) staff are deployed only when needed

All claims for additional payments (overtime, extra hours) must be submitted within the required 3 month period/12 rostered weeks. This is a joint responsibility for staff and their respective line managers.

## Roles & Responsibilities

### Chief Executive

The Chief Executive and the Health Board have overall responsibility for ensuring adequate, effective and efficient rostering and are responsible for ensuring that this policy and related policies are adhered to.

### Director of Workforce & OD

The Director of Workforce & OD is accountable for ensuring the policy is current and reviewed on a regular basis through a process coordinated by the Workforce and OD Teams, using the workforce and OD processes for a collaborative approach to policy review.

Director of Nursing, Quality & Patient Experience

is responsible for:

- Ensuring that the operational nursing management and Workforce and OD team are kept informed of any national or local professional quality standards related to nurse/midwifery staffing levels, required establishments and planned rosters.
- Calculating the nurse staffing level every six months at minimum, when there is a change in service/use and if deemed necessary.
- Approving any changes to the nurse staffing level/planned roster before any changes to planned roster templates are made.

## Changes to the e-roster template

The roster for the ward/department/service must be approved as per the agreed process for the service.

NB: The e-roster team cannot make changes to the e-roster template without this governance process being followed and should not make changes if contacted directly by ward/department/service managers

## Leave and Absence Periods

All Leave will be managed in accordance with the relevant All Wales/Hywel Dda Policies. Service managers should plan cover arrangements by adjusting rosters where possible or consult their manager for advice and guidance.

## Time Owing / Time in Lieu

Time in lieu must be managed in line with the Health Board's [109 Time Off in Lieu Policy](#) – opens in a new tab - and all time owing monitored and recorded.

## Training and/or Awareness Raising

All staff will be made aware of this policy upon commencement with the Health Board at either the Health Board or the departmental induction. Copies can also be viewed on the Health Board's Intranet. Training will be provided for staff to use Health Roster during the rollout period with on-going full support provided as and when required.

## Welsh Language Provision



All staff on E-rosters who can speak Welsh have the welsh icon next to their name. This clear visibility of welsh speakers on wards across the Health Board allows ward managers and senior managers to easily identify welsh speaking staff. This is particularly useful if a patient requires communication through the medium of welsh. This supports the Health Board principle that Welsh and English languages are on equal basis and that patients should be provided with a service in their first language.

## Freedom of Information Act 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the [173 - Freedom of Information Act 2000 Policy](#) – opens in a new tab. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

## Records Management

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's [193 - Retention and Destruction of Record Policy](#) – opens in a new tab.

## Review

This policy will be reviewed in three years time. However a review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

## Monitoring

Details of rostering reports will be recorded in a roster system and reported on periodically to the Partnership Forum and the Executive Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

## **Appendix 1 - Guidelines to Support Effective Rostering for Nurses and Midwives**

Guideline to support effective rostering for nurses and midwives

## **Appendix 2 – Roles and responsibilities**

[Roles and responsibilities](#)

## **Appendix 3 - Key Performance Indicators**

[Key performance indicators](#)

## Appendix 4 - Roster approval process – Change into workflow

Revised version

## **Appendix 5 - Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency**

Revised version

# Guidelines to Support Effective Rostering for Nurses and Midwives (appendix 1 to 436 Rostering Policy)

## Policy information

Policy number: Appendix 1 of 436 - Rostering Policy Version 4

Classification: Employment

Supersedes: Previous versions

Version number: 4

[Equality Impact Assessment:](#)

## Approval information

See [436 Rostering Policy](#) (opens in a new tab)

Summary of document:

Guideline to ensure that nursing/midwifery managers and staff produce and maintain a fair and equitable duty roster with an appropriate skill mix

Scope:

The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems.

The processes for calculating, maintaining, and reporting the nurse staffing levels is set out in the [1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab)

To be read in conjunction with:

- 126 - [Work/Life Balance Flexible Working Policy](#) – opens in a new tab
- 113 - [Learning and Development Policy](#)– opens in a new tab
- 111 - [Annual Leave Policy](#)– opens in a new tab
- 128 - [Maternity, Adoption and Paternity Leave Policy and Procedure](#)– opens in a new tab
- 127 - [Ordinary Parental Leave Policy](#)– opens in a new tab
- 122 - [All Wales Special Leave Policy](#)– opens in a new tab
- 109 - [Time in Lieu Procedure](#)– opens in a new tab
- 768 - [Managing Attendance at Work All Wales Policy](#)– opens in a new tab
- 133 - [Equality, Diversity, and Inclusion Policy](#)– opens in a new tab
- 815 - [Counter Fraud, Bribery and Corruption Policy](#)– opens in a new tab
- 001 - [Adverse Conditions Policy](#)– opens in a new tab
- [Agenda For Change](#)– opens in a new tab

- 389 - [Expenses Policy](#)– opens in a new tab
- 099 – [Use of Overtime Policy](#)– opens in a new tab
- 193 – [Retention and Destruction of Records Policy](#)– opens in a new tab
- [On Call Agreement](#)– opens in a new tab
- 1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#)  
(opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Reviews and updates:

- 1 – New policy 14.5.2015
- 2 – Minor amendment deletion of 6.9 and inclusion of ward managers in 11 2.7.2015
- 3 – appendix 1 added 19.11.2019
- 4 – full review 15.2.2023
- 5 – addition of appendix

Keywords: Nurse staffing levels, midwifery staffing levels, nurse staffing, midwifery staffing, roster, planned roster

Glossary of terms

- EWTD - European Working Time Directives
- OD – Organisation Development
- Nurse Staffing Level The total number of registered nurses plus the number of persons providing care under the supervision of, or discharging duties delegated to them by a registered nurse e.g. health care support worker. The nurse staffing level refers to the required establishment and the planned roster.
- Midwifery staffing levels - The total number of registered midwives plus the number of persons providing care under the supervision of, or discharging duties delegated to them by the midwife
- Planned roster The number and skill mix of staff on duty at any time required to enable nurses/midwives to provide care to meet all reasonable requirements.
- Required establishment The number of staff to provide sufficient resources to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs.
- Supernumerary - Supernumerary refers to staff who are not counted in the clinical numbers e.g. new starters on induction, students

## Scope

The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems. The processes for calculating, maintaining, and reporting the nurse staffing levels are set out in the calculating, maintaining and reporting the nurse staffing levels policy (1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab))

## Aim

The aim of this document is to:

- Set out the best practice principles for effective rostering for nurses and midwives that need to be considered when producing the planned roster. I.e., the number and skill mix of staff required to enable nurses/midwives to provide holistic care including their social, psychological, spiritual and physical requirements.
- Ensure that the Health Board meets its overarching duty under the Nurse Staffing Levels (Wales) Act 2016 to have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively Section 25A Subsection 2a).

## Objective

The objective is to:

- Ensure that the nurse/midwifery staffing level is maintained using fair and consistent rostering and promote effective planning and management of annual leave, sickness and study leave etc.
- Ensure that the rosters are fit for purpose with the appropriate skill mix in order to ensure safe, high-quality standards of care.
- Ensure that rosters are fair and equitable to all staff.
- To minimise clinical risk associated with the level and skill mix of nurse/midwife staffing levels
- To improve planning of clinical and non-clinical working days (e.g., annual leave, sickness and study leave).

## Principles

The Health Board is committed to the delivery of a safe quality service, and this would include ensuring that there are sufficient nurses/midwives to enable nurses/midwives to provide holistic care which includes their social, psychological, spiritual and physical requirements.

## Calculating the Nurse Staffing Levels

The planned roster for the nursing teams must be approved by the Director of Nursing, Quality & Patient Experience, in line with the 1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab) which sets out the Health Board's statutory and organisational responsibilities around calculating and maintaining the nurse staffing levels.

## Changes to the E-Roster template

Amendments must not be made to the E-Roster templates until the nurse staffing calculation process set out in the “[Calculating, Maintaining and Reporting of Nurse Staffing Levels Policy](#)” (opens in a new tab) is completed.

NB: The E-Roster team cannot make changes to the E-Roster template without this governance process being followed and cannot make changes if contacted directly by the Senior Sister/Charge Nurse/Midwife.

## Roster Process Requests

All requests will be given full consideration and no reasonable request will be refused. However, in certain circumstances the service requirements and the need to ensure equity for all may not allow for the request to be granted.

## Shift Patterns

### *Early/ Late Shift pattern*

- Early/ Late shifts of more than 6 hours total duration should have a minimum unpaid break of 30 minutes.
- No more than 6 Early/ Late shifts to be routinely rostered and an absolute maximum of 8 in a row
- Wherever possible the Senior Sister/Charge Nurse/Midwife (or deputy) should ensure full time members of staff working 7.5-hour shifts should have their two days off allocated together and not split apart.
- Wherever possible the Senior Sister/Charge Nurse/Midwife should ensure full time members of staff working 7.5 hour shifts should have 2 weekends off per 4 week roster.

### *Long Days/ Night Shift pattern*

Shifts of 12 hours or longer have become increasingly common for nurses in hospitals. There is evidence that nurses who worked 12-hour shifts are generally more satisfied with their jobs, reported less emotional exhaustion, and were about 10 times more satisfied with their work schedules, compared with those working 8-hour shifts (Rollins, 2015). However, there is also evidence to suggest percentages of nurses reporting burnout and an intention to leave the job increased incrementally as shift length increased ((Stimpfel et al., 2012). In addition, there is also evidence that 12 hour shift also impact on patient care and patient satisfaction with Ball, Dall’Ora, and Griffiths (2015) reporting that both longer shifts and working overtime were significantly associated with lower quality of care, worse patient safety reports, and more care left undone and concluded that “on balance, the majority of the studies reviewed showed some degree of negativity, either for nurses, patients, or both, towards 12-hour shifts”.

As a Health Board we recognise that our staff do want to work ‘12 hour’ shift patterns, there are no set standards around the number of shifts that should be worked and how many should be worked in a row

and this section of the policy set out recommendations for practice. There may be occasions where exceptions to the below are made because of service or individual needs but only where it is deemed that no risk is posed to patient safety or the wellbeing of the individual

- Long days/ nights should have a maximum duration of 12.5 hours including breaks (typically 11.5 hours paid and 60 minutes break).
- It is permissible to allocate a pattern of both long days and nights in the same working week but these must be separated by a minimum of 48 hours between the shifts.

### *Long Days*

- No more than 2 long days in a row should be routinely rostered.
- Individuals working a pattern of long days but who struggle with fatigue may request a pattern of split shifts (e.g. Monday, Wednesday, and Friday) and efforts should be made to accommodate this. However, this should otherwise be avoided for other members of staff. Staff should not be stigmatised for these requests.

### *Long Nights*

- No more than 3 long nights in a row should be routinely rostered.
- There must be a minimum of 48 hours following the night shifts before the individual can workday shifts.
- Senior Sisters/Charge Nurses/Midwives should avoid allocating “split” nights shifts wherever possible (e.g., Monday, Tuesday, Saturday and Sunday) unless this is a request by the staff member or a failure to do so would compromise the efficiency of the planned roster.

### *NON-CLINICAL Shifts*

Nonclinical shifts are those shifts whereby an individual is not working a clinical shift on the ward e.g. annual leave, sickness and study leave.

## **Shift breaks**

### *Breaks during shifts*

Breaks are essential to ensure that staff receive adequate hydration and nutrition throughout the shift. Breaks must be taken they are not paid, and payment cannot be claimed. Agreed breaks are:

- 7.5 hours shift = 30 mins unpaid break.
- Long Day or Long Night (i.e., 12.5 hour shift =60mins unpaid break) (can be split into two short breaks).
- Long days/ nights of more than 10 hours total duration should have a minimum unpaid break of 60 minutes.
- Shifts in excess of 13 hours including break time must be avoided.

The Senior Sister/Charge Nurses/Midwife must ensure that breaks are taken.

The member of staff in charge of each shift is responsible for facilitating breaks in a timely manner and must ensure that temporary staff are allocated the appropriate break as payment cannot be made for missed breaks.

NB there may be a small number of services/teams where the principles around breaks during the shift(s) set out in this do not apply and these exemptions must have been agreed within the specific service.

### *Breaks between shifts*

Staff have the right to 11 hours uninterrupted rest in a 24-hour period, e.g. if they finish work at 20.00, they should not start work again until 07.00 the next day.

### **Changes to published rosters**

On occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advise them of the change prior to the change being published where possible.

### **Managing Exceptional Circumstances**

The Senior Sister/Charge Nurse/Midwife is responsible for informing their Senior Nurse/Midwife of any exceptional circumstances which will impact upon staff requirements and will discuss and agree any action to address these. Exceptional circumstances may include:

- Situation where the staffing level is not maintained.
- Any vacant shifts which have no cover (i.e. shifts for which temporary staff are currently planned or appear to be needed). These shifts will incur an additional cost.
- Where any of the agreed/policy led parameters have been exceeded, such as staffing levels or skill levels.

### **Role of each individual Registered Nurse/Midwife/Health Care Support Worker/ Team Member**

Staff will be required to work a variety of shifts and shift patterns to fit the needs of the service. All staff must be expected to work a fair and equal share of early/late and night shifts unless exceptions have been agreed. All Registered Nurses, Midwives/Health Care Support Workers/team members should:

- Ensure personal details are kept up to date.
- Attend work as rostered.
- Be responsible and flexible with their roster requests and be considerate to their colleagues.

- Request shifts and annual leave in line with relevant policy requirements and in line with the ward/department/unit budget.
- Input their duty/days off requests via the agreed rostering system (electronic rostering system or manual system if electronic is not available, but only if not available) by the deadline for each roster. Staff must not assume shifts showing on the roster reflect their off-duty until the roster is officially signed off and published on the ward.
- Monitor their own hours ensuring that they are being recorded correctly in the E-Roster system and meeting their contracted hours.
- Utilise the E-Roster system fully, viewing timesheets, hours worked and informing the Senior Sister/Charge Nurse/Midwife (or deputy) of any discrepancies.
- Be responsible for taking the agreed breaks to ensure they have taken a rest period, food and fluid. Breaks are not paid.
- Ensure they are maintaining their skills, knowledge and competence by rotation between day and night shift patterns, including weekend working. Staff who work the majority of either days or nights should rotate to the opposite shift patterns, at least twice yearly (minimum of 8 weeks per 12 months).
- Once rosters are approved, staff wishing to make changes should, in the first instance, attempt to exchange shifts with other appropriate team members. Any changes are made within equal grade bands and with consideration to the overall skill mix of all the shifts not being changed.
- Seek authorisation from the Senior Sister/Charge Nurse/Midwife of changes to a planned or worked shift, taking into consideration skill mix and not leaving staffing levels depleted.

### **Role of the nurse in charge of the shift where the “Safe Care” module is in use**

In those clinical settings where the “Safe Care” module of the Allocate Health Roster system is in use, the Registered Nurse/in charge of the shift should:

- Identify the nurse in charge
- Mark attendance
- Enter the required data within the census period time (0630-0830 and 1900-2100)
- Input acuity data for the patients on the wards at the time of the census period (utilising the Welsh Levels of Care tool).
- Make a professional judgement whether the number of staff on duty is appropriate or not appropriate to meet the care needs of the patients on the ward at that time.
- Where the number of staff is not appropriate to meet the care needs of the patients on the ward at the time, raise a red flag.
- When entering data, the RAG rating should be reviewed using the nurse's professional judgement to provide assurance and additional information (where required). This may include the actions taken to mitigate risk or escalate where necessary.

### **Role of the Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) in producing and maintaining the rosters**

The Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) is responsible for implementing the Health Board rostering policy at local level and must:

- Use the electronic rostering system (or manual system if electronic is not available, but only if not available) to monitor and manage the nurse/midwife staffing level and to ensure safe patient services, minimising the use of bank, pool or agency staff.
- Produce rosters in line with the Health Board rostering timetable, i.e. 6 weeks in advance of the roster start date at all times (NHS Improvement, 2018).
- Roster staff in line with the agreed planned roster i.e. within budget at all times.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom targets.
- Ensure that staff's contracted hours are fully utilised to cover staffing requirements and over/under staffing before temporary staff or additional hours or overtime are requested and where temporary staff are used follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)
- Ensure staff do not accrue a time balance in excess of one shift of hours owed or owing (7.5 hours or 11.5 hours depending on shift pattern).
- Ensure that shifts given a higher priority, i.e. nights and weekends are filled first. It should not be routine to use overtime, bank or agency staff permanently on any shifts.
- Accurately record all shift times worked including early/late finish times and all other types of leave/absence including study days and any extra hours worked.
- Ensure that the Senior Sister/Charge Nurse/Midwife (Band 7 and above) are not routinely rostered to work nights/weekends/public holidays unless it is an essential requirement of the specialist area/service need.
- Supernumerary person such as students and Senior Sister/Charge Nurse/Midwife should not be included in the planned roster.
- Take responsibility for ensuring that cross cover options are explored prior to requesting temporary staff.
- Take responsibility for authorising all changes to the planned roster ensuring that on occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advises them of the change prior to the change being published where possible.
- Ensure that adequate diet and hydration breaks are taken across all shifts worked
- Should continuously assess the situation and inform their Senior Nurse Manager/Midwife of any exceptional circumstances which impact upon the staffing level and escalate any concerns about the adequacy of the planned roster.
- Ensure that all staff maintain their skills, knowledge and competence by facilitating a rotation between day and night shift patterns, including weekend working.
- Include an agreed minimum number of staff with specific competencies/skills on each shift, including a designated member of staff in charge.
- Ensure that Nursing Students are rostered with their mentor where possible, i.e. 2 days per week / 50% of their working week as a minimum. If their mentor is unavailable, an associate mentor must be allocated.

- Ensure that the bank office is notified of any vacant shifts, authorised for temporary staff cover, 4 weeks in advance.
- Ensure rosters are updated accurately and in a timely manner - both daily and weekly.
- Finalise shifts weekly and abide by the deadlines for payroll cut-off dates to ensure correct payment to staff.

### **Role of the Senior Nurse Manager/Midwife/Clinical Lead**

The Senior Nurse Manager/Clinical Lead is responsible for ensuring compliance with the Health Board's rostering policy for their areas of responsibility and must:

- Ensure that their areas of responsibility use the agreed electronic rostering system (or manual system if electronic is not available).
- Ensure that rosters are produced in line with the Health Board E-Rostering timetable (published annually) i.e. signed off 6 weeks in advance (NHS Improvement, 2018). NB: There are a small number of services/teams who are exempt from this requirement.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom to minimise impact on variable pay spend through appropriate planning.
- Ensure that rosters that are produced by Senior Sisters/Charge Nurses/Midwives (or deputy) fully utilise staff's contracted hours prior to escalation to bank/agency.
- Ensure that bank and agency requests are raised in a timely manner as per the dates in the E-Rostering timetable **and follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)**
- Use the roster via the E-Rostering system to:
  - o Produce management reports as required.
  - o Consider approval/rejection of temporary staffing.
  - o Deploy staff effectively in accordance with the needs of the service and the knowledge, skills and ability of staff.
- Ensure all verification of worked shifts is undertaken on at least a weekly basis
- Ensure that Senior Sisters/Charge Nurses/Midwives/deputy and identified individuals comply with the verification/approval process.

### **Role of the HEAD OF NURSING/MIDWIFERY**

The Head of Nursing will:

- Have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively,
- Ensure that the nurse staffing level for their areas is in line with HEALTH BOARD policy (e.g. Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy **1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#)** – opens in a new tab) national and local standards.
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements.

The Head of Midwifery will:

- Ensure that the midwifery staffing levels for their areas is in line with Health Board policy and national and local standards i.e. Birthrate Plus workforce planning calculation
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements

# Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency (appendix 5 to 436 Rostering Policy)

## Procedure information

Policy number: Appendix 5 to 436 - Rostering Policy Version 4

Classification: Employment

Supersedes: Previous versions

Version number: 4

[Equality Impact Assessment:](#)

**Approval information** [See 436 Rostering Policy \(opens in a new tab\)](#)

## Summary of document:

The aim of this document is to ensure that any staffing deficits are covered in the most cost-effective manner, maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing. It aims to prioritise our own staff over agency workers. These guidelines are introduced to support this objective and will remain under review.

## Scope:

This procedure applies to all clinical settings where there is a nursing provision and who may utilise additional hours, bank, overtime, and agency.

## To be read in conjunction with:

[815 Counter Fraud, Bribery and Corruption Policy \(opens in a new tab\)](#)

435 - [All Wales NHS staff to Raise Concerns Procedure \(opens in a new tab\)](#)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

## Glossary of terms

- **Bank Staff** – workers who are employed via the Health Board Bank.
- **Additional hours** – Additional hours are any hours that are worked up to and including 37.5hrs.
- **Overtime** - Overtime is defined as hours, more than 37.5hrs per week.
- **Agency worker** – workers who are employed by a service provider agency on an as needed basis.

## Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

## Aim

The aim of this document is to:

- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

## Procedure

### Definitions:

- **Bank Staff** – workers who are employed via the Health Board bank who are available to cover increased demand, short term absence or longer-term projects.
- **Additional hours** – for those staff working a portion of the standard 37.5 hours, additional hours are any hours worked which is above their contracted hours and 37.5 hours.
- **Overtime** - Overtime is defined as hours, in excess of 37.5hrs per week. For staff working a portion of the standard 37.5 hours, overtime starts when these staff work over 37.5 hours. All staff in pay band 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time and a half for all overtime, with the exception of work on general public holidays which will be paid at double time. The overtime rates will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime (NHS Terms and Conditions of Service Handbook, 2024). Overtime rates will apply if the shift is worked on the staff member's own ward. If a staff member works on another ward, then this should be paid as a bank shift.
- **Agency worker** – workers who are employed by a service provider agency on an as needed basis.

### Fraud, bribery, and corruption:

All staff are required to comply with the Health Board's policies and procedures and apply best practice to prevent fraud, bribery, and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the 435 - [All Wales NHS staff to Raise Concerns Procedure](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

- Telephoning the office on 01267 248627,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk)
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the [815 Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) for further information.

## Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

## Aim

The aim of this document is to:

- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

## Definitions:

- **Bank Staff**– workers who are employed via the HB bank who are available to cover increased demand, short term absence or longer-term projects.
- **Additional hours** – for those staff working a portion of the standard 37.5 hours, additional hours are any hours worked which is above their contracted hours and 37.5 hours.
- **Overtime** - Overtime is defined as hours, in excess of 37.5hrs per week. For staff working a portion of the standard 37.5 hours, overtime starts when these staff work over 37.5 hours. All staff in pay band 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time and a half for all overtime, with the exception of work on general public holidays which will be paid at double time. The overtime rates will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime (NHS Terms and Conditions of Service Handbook, 2024). Overtime rates will apply if the shift is worked on the staff member's own ward. If a staff member works on another ward, then this should be paid as a bank shift.
- **Agency worker** – workers who are employed by a service provider agency on an as needed basis.

## Fraud, bribery, and corruption:

All staff are required to comply with the Health Board's policies and procedures and apply best practice to prevent fraud, bribery, and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [All Wales Raising Concerns \(Whistleblowing\) Policy](#). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

- Telephoning the office on 01267 248627,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk)
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the [Counter Fraud, Bribery and Corruption Policy](#) for further information.

## Procedure:

- Services should be organised in a way which minimises the need to secure additional staff hours (Days, Evenings and Nights should be assigned equitably between staff).
- The booking of additional hours, bank and overtime should be prioritised over agency workers, if you are unsure, please speak to a senior nurse.
- When authorising additional hours and overtime, the staff member's sickness absence history should be reviewed for any patterns of concern. The decision to authorise additional hours and overtime should take into account the staff member's wellbeing. Where high sickness has been identified, this should be highlighted to the Senior Nurse Manager.

Registered Nurses: the booking of additional, bank, overtime hours to cover the required shift (including the banding required) must follow the escalation process:

RN deficits	Timeline	Process	Authorisation
Bank	Available to all staff with a bank contract once the roster is published – unfilled shifts should be sent to bank as soon as the roster is published (6 weeks in advance)	Shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a level or above)
Agency – sickness	Agency should only be considered once bank, additional hours and overtime options have been exhausted.  No more than 72 hours in advance of the shift (72 hours has been agreed so that episodes of sickness that create deficits over the weekend can be managed appropriately)	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only.  Only those with sickness as a reason will be sent to agency 72 hours in advance.  The roster will be scrutinised, where appropriate, before the shift is sent to agency	Head of Service/Nursing or Deputy Head of Service/Nursing.  In the absence of the Head of Service/Nursing the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – all other reasons	No more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only	Head of Service/Nursing or Deputy Head of Service/Nursing.

RN deficits	Timeline	Process	Authorisation
			In the absence of the Head of Service/Nursing, the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – out of hours	no more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the out of hours service and the <b>out of hours team will contact the agencies directly</b>	Out of Hours arrangements (i.e. site manager for the acute sites & community hospitals, the out of hours team for the mental health inpatient wards).

In the absence of the Head of Nursing/service, Deputy Head of Nursing and the Assistant Director of Nursing, the shift required will be escalated to [Agencyescalations.hdd@wales.nhs.uk](mailto:Agencyescalations.hdd@wales.nhs.uk) (opens in a new tab) which is covered by the corporate nursing team Mon-Fri (9-5pm).

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Please note that the function which enables shifts to be sent to agency will not be available to the Roster Managers and Senior Nurse Managers. This function will only be enabled for Head of Service/Nursing/Deputy Head of Service/Nursing and the team covering the out of hours arrangements.

In the event that the unfilled shift is a Band 6 or above, the individual booked to fill the shift must have the required skill set to be able to fill the requirements of the shift.

#### Planned Agency requests:

- In the event that the agency cover is required for 'planned' requests e.g. vacancy, additional requirements due to service change or surge (this list is not exhaustive), then a request will need to be submitted to Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.
- In the event that Band 6 or above staff indicate that they can cover a RN Band 5 deficit, then this should be covered as a bank shift at Band 5. Where there is a need for a band 5 shift to be covered by staff of a higher banding then this request will need to be submitted to the Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

#### Communication and Collaboration

- Hold regular meetings with teams to discuss temporary workforce utilisation and the reasons for this use e.g. vacancies, sickness, out of hours requests.
- Ensure clear communication channels are maintained.

## Monitoring and Evaluation

- Regularly review the effectiveness of the escalation process.
- Monitor the reasons for requests for shifts sent to agency.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
- Undertake spot audits of the authorisation process for overtime and agency.
- Undertake spot audits of the risk assessments.

## Documentation

- Maintain records of the risk assessments and staffing plans.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

## Health Care Support Workers

HCSW deficits	Timeline	Process	Authorisation
Bank	Available to all staff with a bank contract once the roster is published	shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a or above)

**As of the 1<sup>st</sup> of November 2024, the use of HCSW agency will no longer be supported.**

## Enhanced Patient Support – Request for Additional HCSW:

- A review of the patient requiring enhanced patient support should be undertaken every 24 hours.
- Enhanced support does not always mean that additional staff would be required.
- Where additional staff would be required to support the patient, the review should include an assessment of the clinical environment both, at ward and site level. The assessment is about what enhanced support the patient required but also how we will provide the patient with the required support.
- Where additional staff would be required, no member of staff (substantive or temporary) should be expected to be with the patient(s) for the duration of their shift – this should be rotated between all the staff on duty.
- Consideration should be given to deploying staff from within the site or service in the first instance.
- Utilising temporary staff should only be considered when all other options have been explored.

## Responsibilities

- Ward Sister/Charge Nurse: Complete the risk assessment and ensure sign off by the Senior Nurse Manager (taking into account any additional resource already built into the ward establishment to support patients requiring enhanced support).
- Senior Nurse Managers: Support ward area with deficit taking a strategic workforce view of the site. If unable to find cover send request on to Deputy or Head of Nursing for authorisation. The Senior Nurse Manager or equivalent (or site manager/out of hours team out of hours) will be responsible for assessing the staffing arrangement across the site/service and determining whether there are staff that can be deployed to support the patient(s) requiring EPS. In the event that there is no staff that can be deployed then the use of temporary staff can be considered.
- Head of Nursing/Service (or nominated deputy): Authorise the risk assessment and approve staffing changes.

Any request for additional staff to support patients requiring an enhanced level of care must be supported by a risk assessment and authorised by the Head of Nursing/Service or nominated deputy:

HCSW Enhanced Patient Support requests	Timeline	Process	Authorisation
Bank	No more than 72 hours in advance of the shift	Shift to be sent to bank via allocate as soon as the shift is added to the system	Head of Service/Nursing or nominated deputy
Additional Hours	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate	Head of Nursing/Service or nominated deputy
Overtime – all shifts	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Head of Nursing/Service or nominated deputy

Where additional duties are required then these should not be added to the roster until the request has been authorised.

## Communication and Collaboration

- Hold regular meetings with healthcare teams to discuss patient needs and staffing changes.
- Ensure clear communication channels are maintained.

## Monitoring and Evaluation

- Regularly review the effectiveness of the enhanced support provided.
- Undertake spot audits of the risk assessments.
- Gather feedback from staff and patients to identify areas for improvement.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.

## **Documentation**

- Maintain records of all needs assessments, staffing plans, and risk assessments.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

## **Review:**

These guidelines will be reviewed periodically to ensure they remain effective and aligned with the financial objectives of the Health Board. They will be reviewed in partnership with our trade union colleagues.

## Appendix 4 - Roster approval process – Change into workflow

### Roster approval process – Change into workflow

Approval is a two-level process with initial approval by the Senior Sister/Charge Nurse/Midwife and final approval by a Senior Nurse/Midwife (NHS Improvement, 2018). The Senior Sister/Charge Nurses/Midwife and Senior Nurse/Midwife need to:

- Check all shifts have been filled and the contracted hours are fully assigned.
- Check annual leave hours are accurate and no anomalies.
- Check sickness hours are accurate, and episodes of sickness have been recorded accurately.
- Check staff leavers have been removed and the net hours adjusted accordingly.
- Check staff starters have been added to the e-roster, supernumerary shifts have been entered and net hours adjusted accordingly.
- Check the net hours column for all staff – it is good practice that the net hours should not exceed a long day shift (e.g. 10.5, 11, 11.5 or 12 hours shift times).
- Cross check the roster against the staffing requirements of the ward/ department checking that each shift has the agreed total number of staff and skill mix.
- If there are any additional duties rostered, check that information has been provided as to why and that the reasons are acceptable and agreed Check whether the unfilled duties for which the ward/ department are seeking to request bank need to be backfilled or can be filled in an alternative way.
- Annual and study/ training leave is evenly distributed and is consistent with the % calculated for the ward. • The unsocial hours have been rostered fairly between all staff.
- Within this roster period there should be no staff working: –
  - More or less than their contracted hours (+/- 11.5hrs). –
  - Overtime.
- Unless agreed by exception and the reason for exception has been provided to the roster approver and is deemed to be acceptable.
- The roster is within the ward/ department budget

NOTE: On occasion to further promote efficient and effective rostering the approval process may be temporarily changed to provide additional support to the Senior Sister.

# Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency

## Procedure information

Procedure number: *Enter procedure number (policy team)*

Classification:

Corporate/Employment/Clinical/Financial (*please delete as relevant*)

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:

The aim of this document is to ensure that any staffing deficits are covered in the most cost-effective manner, maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing. It aims to prioritise our own staff over agency workers. These guidelines are introduced to support this objective and will remain under review.

Scope:

This procedure applies to all clinical settings where there is a nursing provision and who may utilise additional hours, bank, overtime, and agency.

To be read in conjunction with:

*Detail any approved Health Board policy/procedures which must be read in conjunction with*

Owning group:

*Name the group with ongoing responsibility for this document.  
Date signed off by owning group*

Executive Director job title:

*Detail who is the Executive lead for this document*

Reviews and updates:

*Provide version overview.*

Glossary of terms

- **Bank Staff**– workers who are employed via the Health Board Bank.
- **Additional hours** – Additional hours are any hours that are worked up to and including 37.5hrs.
- **Overtime** - Overtime is defined as hours, more than 37.5hrs per week.
- **Agency worker** – workers who are employed by a service provider agency on an as needed basis.

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## Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

## Aim

The aim of this document is to:

- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

## Procedure

### Definitions:

- **Bank Staff**– workers who are employed via the HB bank who are available to cover increased demand, short term absence or longer-term projects.
- **Additional hours** – for those staff working a portion of the standard 37.5 hours, additional hours are any hours worked which is above their contracted hours and 37.5 hours.
- **Overtime** - Overtime is defined as hours, in excess of 37.5hrs per week. For staff working a portion of the standard 37.5 hours, overtime starts when these staff work over 37.5 hours. All staff in pay band 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time and a half for all overtime, with the exception of work on general public holidays which will be paid at double time. The overtime rates will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime (NHS Terms and Conditions of Service Handbook, 2024). Overtime rates will apply if the shift is worked on the staff member's own ward. If a staff member works on another ward, then this should be paid as a bank shift.
- **Agency worker** – workers who are employed by a service provider agency on an as needed basis.

### Fraud, bribery, and corruption:

All staff are required to comply with the Health Board's policies and procedures and apply best practice to prevent fraud, bribery, and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

- Telephoning the office on 01267 248627,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk)
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or

- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

**Procedure:**

- Services should be organised in a way which minimises the need to secure additional staff hours (Days, Evenings and Nights should be assigned equitably between staff).
- The booking of additional hours, bank and overtime should be prioritised over agency workers, if you are unsure, please speak to a senior nurse.
- When authorising additional hours and overtime, the staff member’s sickness absence history should be reviewed for any patterns of concern. The decision to authorise additional hours and overtime should take into account the staff member’s wellbeing. Where high sickness has been identified, this should be highlighted to the Senior Nurse Manager.

**1. Registered Nurses:** the booking of additional, bank, overtime hours to cover the required shift (including the banding required) must follow the escalation process:

<b>RN deficits</b>	<b>Timeline</b>	<b>Process</b>	<b>Authorisation</b>
Bank	Available to all staff with a bank contract once the roster is published – unfilled shifts should be sent to bank as soon as the roster is published (6 weeks in advance)	Shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a level or above)
Agency – sickness	Agency should only be considered once bank, additional hours and overtime options have been exhausted.  No more than 72 hours in advance of the shift (72 hours has been agreed so that episodes of sickness that create deficits over the	The shift to be marked as ‘sent to agency’ by the Head of Service/ nominated deputy only.  Only those with sickness as a reason will be sent to agency 72 hours in advance.  The roster will be scrutinised, where	Head of Service/Nursing or Deputy Head of Service/Nursing.  In the absence of the Head of Service/Nursing the Assistant Director of Nursing will be required to authorise the shift

	weekend can be managed appropriately)	appropriate, before the shift is sent to agency	(this should be the exception rather than the norm)
Agency – all other reasons	No more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only	Head of Service/Nursing or Deputy Head of Service/Nursing.  In the absence of the Head of Service/Nursing, the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – out of hours	no more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the out of hours service and the <b>out of hours team will contact the agencies directly</b>	Out of Hours arrangements (i.e. site manager for the acute sites & community hospitals, the out of hours team for the mental health inpatient wards).

In the absence of the Head of Nursing/service, Deputy Head of Nursing and the Assistant Director of Nursing, the shift required will be escalated to [Agencyescalations.hdd@wales.nhs.uk](mailto:Agencyescalations.hdd@wales.nhs.uk) which is covered by the corporate nursing team Mon-Fri (9-5pm).

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Please note that the function which enables shifts to be sent to agency will not be available to the Roster Managers and Senior Nurse Managers. This function will only be enabled for Head of Service/Nursing/Deputy Head of Service/Nursing and the team covering the out of hours arrangements.

In the event that the unfilled shift is a Band 6 or above, the individual booked to fill the shift must have the required skill set to be able to fill the requirements of the shift.

#### Planned Agency requests:

- In the event that the agency cover is required for 'planned' requests e.g. vacancy, additional requirements due to service change or surge (this list is not exhaustive), then a request will

need to be submitted to Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

- In the event that Band 6 or above staff indicate that they can cover a RN Band 5 deficit, then this should be covered as a bank shift at Band 5. Where there is a need for a band 5 shift to be covered by staff of a higher banding then this request will need to be submitted to the Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

### Communication and Collaboration

- Hold regular meetings with teams to discuss temporary workforce utilisation and the reasons for this use e.g. vacancies, sickness, out of hours requests.
- Ensure clear communication channels are maintained.

### Monitoring and Evaluation

- Regularly review the effectiveness of the escalation process.
- Monitor the reasons for requests for shifts sent to agency.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
- Undertake spot audits of the authorisation process for overtime and agency.
- Undertake spot audits of the risk assessments.

### Documentation

- Maintain records of the risk assessments and staffing plans.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

## 2. Health Care Support Workers

HCSW deficits	Timeline	Process	Authorisation
Bank	Available to all staff with a bank contract once the roster is published	shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a or above)

**As of the 1<sup>st</sup> of November 2024, the use of HCSW agency will no longer be supported.**

### 2.1 Enhanced Patient Support – Request for Additional HCSW:

- A review of the patient requiring enhanced patient support should be undertaken every 24 hours.
- Enhanced support does not always mean that additional staff would be required.

- Where additional staff would be required to support the patient, the review should include an assessment of the clinical environment both, at ward and site level. The assessment is about what enhanced support the patient required but also how we will provide the patient with the required support.
- Where additional staff would be required, no member of staff (substantive or temporary) should be expected to be with the patient(s) for the duration of their shift – this should be rotated between all the staff on duty.
- Consideration should be given to deploying staff from within the site or service in the first instance.
- Utilising temporary staff should only be considered when all other options have been explored.

## Responsibilities

- Ward Sister/Charge Nurse: Complete the risk assessment and ensure sign off by the Senior Nurse Manager (taking into account any additional resource already built into the ward establishment to support patients requiring enhanced support).
- Senior Nurse Managers: Support ward area with deficit taking a strategic workforce view of the site. If unable to find cover send request on to Deputy or Head of Nursing for authorisation. The Senior Nurse Manager or equivalent (or site manager/out of hours team out of hours) will be responsible for assessing the staffing arrangement across the site/service and determining whether there are staff that can be deployed to support the patient(s) requiring EPS. In the event that there is no staff that can be deployed then the use of temporary staff can be considered.
- Head of Nursing/Service (or nominated deputy): Authorise the risk assessment and approve staffing changes.

Any request for additional staff to support patients requiring and enhanced level of care must be supported by a risk assessment and authorised by the Head of Nursing/Service or nominated deputy:

<b>HCSW Enhanced Patient Support requests</b>	<b>Timeline</b>	<b>Process</b>	<b>Authorisation</b>
Bank	No more than 72 hours in advance of the shift	Shift to be sent to bank via allocate as soon as the shift is added to the system	Head of Service/Nursing or nominated deputy
Additional Hours	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate	Head of Nursing/Service or nominated deputy
Overtime – all shifts	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Head of Nursing/Service or nominated deputy

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

### **Communication and Collaboration**

- Hold regular meetings with healthcare teams to discuss patient needs and staffing changes.
- Ensure clear communication channels are maintained.

### **Monitoring and Evaluation**

- Regularly review the effectiveness of the enhanced support provided.
- Undertake spot audits of the risk assessments.
- Gather feedback from staff and patients to identify areas for improvement.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.

### **Documentation**

- Maintain records of all needs assessments, staffing plans, and risk assessments.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

### **Review:**

These guidelines will be reviewed periodically to ensure they remain effective and aligned with the financial objectives of the Health Board. They will be reviewed in partnership with our trade union colleagues.

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Lisa Gostling, Workforce & OD
<b>Service Area</b>	Rostering

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	Rostering Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

This policy sets out how Hywel Dda University Health Board will manage staff rostering to ensure services have safe staffing levels and appropriate skill mix of staff as required to maximise the quality of patient care and reduce clinical and non-clinical risk. The Health Board by appropriate rostering, must support staff to comply with European Working Time Directive. While achieving all this, the Health Board will reasonably consider requests to promote work life balance for staff in line with policy.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

A Policy group has been set up to review the current policy and to agree any required changes and updates, the group has comprised of Senior nurse from the corporate nursing team, Registered Nurse, Trade union representative, HR manager, e-Rostering workforce manager and workforce systems manager. There have been no complaints regarding the policy since the last update, and no other negatives have arisen since the original EqlA was completed.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.				
<b>Pregnancy and Maternity</b>				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.				
<b>Race / Ethnicity</b>				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.					
<b>Religion or Belief</b> Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified: The policy includes advice and support for staff who have spiritual and holistic needs which need to be considered in the rostering of shifts.					
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.					
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.					
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'  For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.					
<b>Socio Economic Duty</b> Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.					

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

**Welsh Language**

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

All staff on E-rosters who can speak Welsh have the welsh icon next to their name. This clear visibility of welsh speakers on wards across the Health Board allows ward managers and senior managers to easily identify welsh speaking staff. This is particularly useful if a patient requires communication through the medium of welsh. This supports the Health Board principle that Welsh and English languages are on equal basis and that patients should be provided with a service in their first language

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Michelle James
	Title	Head of Resourcing & Utilisation
	Contact details	Michelle.james@wales.nhs.uk
	Date	14 <sup>th</sup> April 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Heather Hinkin
	Date	14 <sup>th</sup> April 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Officer
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	22.05.2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

# Shared Parental Leave Procedure

## Procedure information

Procedure number: 438

Classification: Employment

Supersedes: Previous Versions

Version number: 4

Date of Equality Impact Assessment: 22.10.2025

## Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date

Summary of document: Shared parental leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption.

Scope: This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner. The term partner/spouse applies regardless of gender and sexual orientation.

To be read in conjunction with:

Agenda for Change Terms and Conditions

1085 - [Leave and Pay for New and Existing Parents Policy](#) (opens in a new tab)

Owning group: Workforce & OD Directorate

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Procedure

2.0 – Full Review

3.0 – Review

4.0 - Review

Keywords: Shared, Parental, Leave

Glossary of terms

SPL – Shared Parental Leave

UHB – University Health Board

SMP – Statutory Maternity Pay

SAP - Statutory Adoption Pay

MA - Maternity Allowance

SPLIT - Shared Parental Leave in Touch

OD – Organisational Development

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## Introduction

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. Parents will be able to share a pot of leave and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child.

All eligible employees regardless of gender have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay. This policy sets out the statutory rights and responsibilities of employees who wish to take statutory Shared Parental Leave and Statutory Shared Parental Pay.

## Scope

This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner.

Both parents must ensure that they are each liaising with their own employer to ensure that requests for Shared Parental Leave are handled as smoothly as possible.

## Aim

The aim of this document is to:

- The rules covering Shared Parental Leave are fairly complex; this procedure ensures that employees of Hywel Dda University Health Board (the UHB) are informed of their entitlements and provides a straightforward summary of the actions they and their managers need to take.

## Objectives

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

- To provide comprehensive information to employees on their entitlements with regards to Shared Parental Leave and Pay
- To provide the fair, consistent and effective application of Shared Parental Leave provisions

## Entitlement to Shared Parental Leave

Shared Parental Leave can only be used by two people:

- The mother/birthing parent/adopter **and**  
One of the following:
  - the father of the child (in the case of birth) or
  - the spouse, civil partner or partner of the child's mother, birthing parent/ adopter.

Both parents must share the main responsibility for the care of the child at the time of the birth/placement for adoption. Additionally, an employee seeking to take Shared Parental Leave must satisfy the continuity of employment test as set out in the Agenda for Change Terms and Conditions Handbook [NHS Terms and Conditions of Service Handbook | NHS Employers](#) (opens in a new tab). The employee must still be working for the UHB at the start of each period of Shared Parental Leave, and the employee must correctly notify the UHB of their entitlement and provide evidence as required.

## **Amount of Shared Parental Leave Available**

The number of weeks available depends on when the mother/birthing parent/adopter brings their maternity/adoption leave to an end. They are entitled to a maximum of 52 weeks maternity or adoption leave, but can choose to end this early and take any remaining weeks as Shared Parental Leave.

Shared parental leave must be taken in blocks of at least one week. The employee can request to take shared parental leave in one continuous block (in which case the organisation is required to accept the request as long as the employee meets the eligibility and notice requirements), or as a number of discontinuous blocks of leave (in which case the employee needs the organisation's agreement).

The first two weeks following birth are the compulsory maternity leave period and are reserved for the mother/birthing parent/adopter. This means that the mother/birthing parent/adopter cannot curtail their maternity leave to take shared parental leave until two weeks after the birth and the maximum period that the parents could take as shared parental leave is 50 weeks between them (although it will normally be less than this because of the maternity leave that mothers/birthing parents/adopters usually take before the birth).

The mother/birthing parent/adopter does not necessarily have to have ended their maternity/adoption leave for their partner to take Shared Parental Leave, as long as they have given notice to curtail their leave at a specified future date and the total amount of leave taken by both parents does not exceed 52 weeks.

If the mother/birthing parent/adopter is not entitled to maternity/adoption leave but is entitled to Statutory Maternity Pay (SMP), Statutory Adoption Pay (SAP) or Maternity Allowance (MA), they must reduce their entitlement to less than the 39 weeks. If they do this, their partner may be entitled to up to 50 weeks of SPL. This is calculated by deducting from 52 the number of weeks of SMP, SAP or MA taken by the mother/birthing parent/adopter.

SPL can commence as follows:

- The pregnant employee can take SPL after they have taken the legally required two weeks of maternity leave immediately following the birth of the child
- The adopter can take SPL after taking at least two weeks of adoption leave
- The father/partner/spouse can take SPL immediately following the birth/placement of the child, but may first choose to exhaust any paternity leave entitlements (as the father/partner/spouse cannot take paternity leave or pay once they have taken any SPL or ShPP).

Where a mother/birthing parent/adopter gives notice to curtail their maternity/adoption entitlement then the mother/birthing parent/adopter's partner can take leave while the mother/birthing parent/adopter is still using their maternity/adoption entitlements.

SPL will generally commence on the employee's chosen start date specified in their leave booking notice, or in any subsequent variation notice (see "Booking Shared Parental Leave" and "Variations to arranged Shared Parental Leave" below).

Shared Parental Leave must end no later than one year after the birth/placement of the child. Any Shared Parental Leave not taken by the first birthday or first anniversary of placement for adoption is lost.

(N.B. the partner may also be entitled to two weeks paternity leave and they are encouraged to use this before taking shared parental leave. If they do not do so they will lose any untaken paternity leave entitlement).

## Notice Requirements for Shared Parental Leave

The notices that the parents must give to their employer to be able to take Shared Parental Leave are made up of three elements. They are:

- A "curtailment notice" from the mother /birthing parent/adopter setting out when they propose to end their maternity /adoption leave (unless they have already returned to work from maternity or adoption leave);
- A "notice of entitlement and intention" from the employee giving an initial, non-binding indication of each period of Shared Parental Leave that they are requesting; and
- A "period of leave notice" from the employee setting out the start and end dates of each period of Shared Parental Leave that they are requesting.

The notice periods set out below (see Maternity/Adoption Curtailment Notice, Employee's notice of entitlement and intention and Employee's period of leave notice) are the minimum required by law. However, the earlier the employee informs the UHB organisation of their intentions, the more likely it is that the UHB will be able to accommodate them, particularly if the employee wants to take periods of discontinuous leave.

See [Appendix 1 - Summary of Shared Parental Leave Application Process](#) (opens in new tab).

### Maternity / Adoption Curtailment Notice

Before either parent can take Shared Parental Leave, the mother /birthing parent/adopter must give notice of their intention to end their maternity / adoption leave by completing, in full, the curtailment notice [Appendix 2 - SPL Curtailment Notice](#) (opens in new tab) and submitting it to their line manager.

The curtailment notice can be provided before or after the birth/adoption but must be in writing and state the date on which maternity/adoption leave is to end. That date must be:

- after the two week compulsory maternity leave period, or after the adopter has taken two weeks adoption leave
- at least eight weeks after the date on which the mother/birthing parent/adopter gave the maternity leave curtailment notice to her employer; and
- at least one week before what would be the end of the maternity / adoption leave period.

The mother/birthing parent/adopter must provide her maternity leave curtailment notice at the same time they provides either her notice of entitlement and intention or a declaration of consent and entitlement signed by the mother/birthing parent/adopter confirming that their partner has given their employer a notice of entitlement and intention (see Employee's notice of entitlement and intention below).

All receipt of Curtailments notices received by the UHB will be confirmed in writing [Appendix 3 - Confirmation of Entitlement to Shared Parental Leave](#) (opens in new tab).

### Revocation of Maternity Leave Curtailment Notice

Once the mother / birthing parent /adopter has given notice to end their maternity or adoption leave this is binding and can only be withdrawn in limited circumstances. The withdrawal of a maternity leave

curtailment notice must be in writing and can be given only if the mother/ birthing parent/adopter has not returned to work. The mother/birthing parent/adopter can withdraw their maternity leave curtailment notice if:

- It is discovered that neither the mother/birthing parent/adopter nor the partner are entitled to shared parental leave or statutory shared parental pay and the mother/birthing parent/adopter withdraws their maternity leave curtailment notice within eight weeks of the date on which the notice was given;
- The maternity leave curtailment notice was given before the birth of the child and the mother/birthing parent/adopter withdraws their maternity leave curtailment notice within six weeks of the child's birth; or
- The partner has died.

### **Notice of Entitlement and Intention**

Employee who are entitled and intend to take Shared Parental Leave must give their line manager written notice of this at least eight weeks before they can take any period of Shared Parental Leave. This can be done at the same time as the curtailment notice, or separately, as long as the required 8 weeks notice is given.

In order to ensure that the correct notification is given it is essential that the employee completes, in full, the Notice of Entitlement form (mother/birthing parent/adopter) [Appendix 4 - SPL - Notice of Entitlement and Intention \(Mother/Birthing Parent/Adopter\)](#) (opens in new tab) and [Appendix 5 - Notice of Entitlement and Intention \(Partner\)](#) (opens in new tab). Failure to complete all sections of this form may affect their eligibility for Shared Parental Leave.

The UHB will ask for a copy of the birth certificate/parental order or evidence of when they were matched with the child, and the name and business address of the partner's employer within 14 days of the Shared Parental Leave entitlement notification being given. In order to be entitled to Shared Parental Leave, the employee must produce this additional information within 14 days of the request.

If either parent wishes to claim Shared Parental Pay then the mother/birthing parent/adopter must also give notice to reduce or end their maternity / adoption pay entitlement. The notice to claim Shared Parental Pay is included in the Notice of Entitlement form.

### **Variation or Cancellation of Notice of Entitlement and Intention**

The details provided in the Notice of Entitlement and Intention are not binding and can be varied (or cancelled) until a Period of Leave Notice in relation to that period of leave is submitted. To change the allocation of leave between them, both parents must notify their employer in writing of the following:

- Details of their original division of leave
- Advising of the fact they are changing it
- An indication as to when the employee intends to take shared parental leave (including the start and end dates for each period of leave);

Both parents must sign the notice to confirm that they are in agreement with the variation.

### **Period of Leave Notice**

Employees should complete the Period of Leave Notice Form: [Appendix 6 - Period of Leave Notice](#) (opens in new tab) and submit it to their manager.

The Period of Leave Notice form must be submitted at least 8 weeks before the start date of the first period of shared parental leave requested in the notice. In many cases this notice may be given at the same time as a notice of entitlement and intention. However, while the notice of entitlement and intent can be varied any number of times, employees are only entitled to submit three separate notices to book leave. Any variation to leave already booked will, in most circumstances, count as one of the three notices. Both parents are therefore advised to ensure that they have detailed discussions about their wishes with their line manager before submitting the Period of Leave Notice. However, a change as a result of a child being born early, or as a result of the organisation requesting it be changed, and the employee being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing by the organisation.

If the child has not been born the Period of Leave Notice can specify that the leave will commence after a period of time following the birth.

### **Continuous Leave Notifications**

A notification can be for a period of **continuous leave**, which means a notification of a number of weeks taken in a single unbroken period of leave (for example, six weeks in a row).

An employee has the right to take a continuous block of leave notified in a single notification, so long as it does not exceed the total number of weeks of SPL available to them (specified in the notice of entitlement) and the employer has been given at least eight weeks' notice.

E.g. An employee can submit a request for 3 weeks leave in January (given the correct notice) which would have to be agreed. Then submit a later request (again with the correct notice) for 3 weeks leave in March that would have to be agreed. The same for another request later in the year for a further 3 weeks in May.

### **Discontinuous Leave Notifications**

A single notification may also contain a request for two or more periods of **discontinuous leave**, which means asking for a set number of weeks of leave over a period of time, with breaks between the leave where the employee returns to work (for example, an arrangement where an employee will take six weeks of SPL and work every other week for a period of three months).

Where there is concern over accommodating the notification, the organisation or the employee may seek to arrange a meeting to discuss the notification with a view to agreeing an arrangement that meets both the needs of the employee and the organisation.

## **Responding to a Shared Parental Leave Notification**

All notices for Shared Parental Leave will be confirmed in writing [Appendix 7 - Confirmation of Shared Parental Leave Booking](#) (opens in new tab).

Each request for discontinuous leave will be considered on a case-by-case basis. Agreeing to one request will not set a precedent or create the right for another employee to be granted a similar pattern of Shared Parental Leave.

The employee will be informed in writing of the decision as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made. The request may be granted in full or in part: for example, the organisation may propose a modified version of the request.

If a discontinuous leave pattern is refused (See Appendix 8 Letter Confirming Refusal of a Discontinuous Leave Booking [Appendix 8 - SPL: Refusal of a Discontinuous Leave](#) (opens in new tab) then the employee may withdraw the request without detriment on or before the 15th day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to choose when they want the leave period to begin. The leave cannot start sooner than eight weeks from the date the original notification was submitted. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

### **Variations of Arranged Shared Parental Leave**

The employee is permitted to vary or cancel an agreed and booked period of SPL, provided that they advise the organisation in writing at least eight weeks before the date of any variation.

Any variation or cancellation notification made by the employee, including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. Any variation will be confirmed in writing by the organisation.

## **Shared Parental Pay**

Statutory Shared Parental Pay may be payable during some or all of Shared Parental Leave, depending on the length and timing of the leave. It is up to the parents as to who is paid the Statutory Shared Parental Pay and how it is apportioned between them.

There is no entitlement to Occupational Maternity or Adoption Pay while on Shared Parental Leave.

### **Eligibility for Statutory Shared Parental Pay**

In addition to meeting the eligibility requirements for Shared Parental Leave, an employee seeking to claim Shared Parental Pay must satisfy each of the following criteria:

- The mother/birthing parent/adopter must be entitled to statutory maternity or adoption pay (or allowance) and must have reduced their maternity/adoption pay period or maternity allowance period;
- The employee must intend to care for the child during the week in which Shared Parental Pay is payable;
- The employee must have an average weekly earnings for the period of eight weeks leading up to and including the 15<sup>th</sup> week before the child's expected due date/matching date which are not less than the lower earnings limit in force for national insurance contributions;
- The employee must remain in continuous employment until the first week of Shared Parental Pay has begun;
- The employee must give proper notification in accordance with the rules set out below.

Where an employee is entitled to receive Shared Parental Pay they must, at least eight weeks before receiving any Shared Parental Pay, give their line manager written notice advising of their entitlement to Shared Parental Pay. To avoid duplication, where possible, this should be provided by completing

part two of the Notice of Entitlement form. [Appendix 4 - SPL: Notice of Entitlement and Intention \(Mother/Birthing Parent/Adopter\)](#) (opens in new tab).

Any Shared Parental Pay due will be paid at a rate set by the Government for the relevant tax year.

## Terms and Conditions during Shared Parental Leave

### Annual Leave

Shared Parental Leave is granted in addition to an employee's normal annual holiday entitlement. Employees are reminded that holiday should wherever possible be taken in the year that it is earned.

### NHS Pension Scheme

Contributions will be deducted as usual while an employee is on paid leave.

Contributions due for the unpaid section of an employee's Shared Parental Leave will be accumulated and recovered over the same number of periods as the unpaid leave on the employee's return to work.

If an employee prefers to pay their contributions during their unpaid leave they should contact the payroll department to discuss this.

### Returning to Work after Shared Parental Leave

The employee is expected to return on the next working day after the end date of any SPL, unless they notify their manager otherwise. If they are unable to attend work due to sickness or injury, the UHB's normal arrangements for sickness absence will apply. In any other case, late return without prior authorisation will be treated as unauthorised absence.

If the employee wishes to return to work earlier than the expected return date, they may provide a written notice to vary the leave and must give their manager at least eight weeks' notice of their date of early return. This will count as one of the employee's notifications. If they have already used their three notifications to book and/or vary leave then the UHB does not have to accept the notice to return early but may do if it is considered to be reasonably practicable to do so.

## Contact during Shared Parental Leave

Before going on Shared Parental Leave, the line manager and employee should discuss and agree any voluntary arrangements for keeping in touch during the Shared Parental Leave period, including:

- Any voluntary arrangements that may help the employee keep in touch with developments at work and, nearer the time of their return, to help facilitate their return to work
- Keeping the manager in touch with any developments that may affect the intended date of return.

### Shared Parental Leave in Touch (SPLIT) Days

The UHB has no right to require the employee to carry out any work and is under no obligation to offer the employee any work, during the employee's Shared Parental Leave. Any work undertaken is a matter for agreement between the line manager and the employee. If a SPLIT day is worked the employee's Shared Parental Pay will be made up to full pay for those hours worked. If the employee is on unpaid Shared Parental Leave they will be paid at the normal hourly rate. If a SPLIT day occurs during a week when the employee is receiving Shared Parental Pay, this will be effectively 'topped up' so that the individual receives full pay for the day in question.

The line manager and the employee may use SPLIT days to effect a gradual return to work by the employee towards the end of a long period of Shared Parental Leave or to trial a possible flexible working pattern.

## **Fraudulent Claims for Shared Parental Leave and Pay**

Employees who deliberately defraud the system could face a significant financial penalty and be required to pay back over claimed ShPP. HMRC will use a risk-based regime to identify those who have over claimed (claimants can be linked to each other via their National Insurance numbers). If fraud is detected or where there is a suspicion that fraudulent information may have been provided, the UHB can investigate the matter further in accordance with the usual investigation and disciplinary procedures, and also without acting in a discriminatory manner in relation to any of the protected characteristics defined in the Equality Act 2010.

## **Responsibilities**

### **Chief Executive**

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

### **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**

It is the responsibility of the manager in liaison with the Workforce and OD Department to ensure employees are aware of their entitlements under this policy and that any applications are made correctly within appropriate timescales.

### **Workforce & Organisational Development Department**

The Workforce representative will ensure that all applications are processed in an appropriate timescales.

### **All Staff**

It is the responsibility of the employee to notify the UHB that they wish to take Shared Parental Leave and to complete the appropriate application and provide any documentary evidence as required.

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Director of Workforce & OD
<b>Service Area</b>	Workforce & OD

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	438 – Shared Parental Leave Procedure
--	---------------------------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The policy outlines the rules and regulations governing periods of leave in relation to shared parental leave. It aims to ensure that employees are made aware of their entitlements surrounding shared parental leave provisions and any impact the rules and regulations may have on their pay and employment. It aims to ensure that the HB does not treat any employee less favourably because they are expecting or adopting a child or for any reason connected with shared parental leave.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

Application of the policy is monitored in Workforce through checking of applications and also via any complaints received in year as to the incorrect application. Lessons learnt can arise from both aspects and changes made to the procedure or further training is given.

This guidance document should be read in conjunction with the Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): NHS Terms and Conditions of Service Handbook | NHS Employers

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)**

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: This policy applies equally to individuals of all ages and does not result in differential treatment based on age.				
<b>Disability</b>				

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to individuals of all abilities and does not result in differential treatment based on disability.					
<b>Gender Reassignment</b>					
Is it likely to affect those who either: Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner.					
All eligible employees regardless of gender have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay.					
<b>Marriage / Civil Partnership</b>					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: Shared Parental Leave can only be used by two people: The mother/birthing parent/adopter <b>and</b> One of the following: the father of the child (in the case of birth) or the spouse, civil partner or partner of the child's mother, birthing parent/ adopter. This would be regarded as a positive experience for the employee which may allow them to return to work when needed and allows career flexibility.					
<b>Pregnancy and Maternity</b>					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	X	Negative Impact		No Impact	
Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. Parents will be able to share a pot of leave and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child. Justification of impact identified: Shared Parental Leave can only be used by two people: The mother/birthing parent/adopter <b>and</b>  One of the following: the father of the child (in the case of birth) or the spouse, civil partner or partner of the child's mother, birthing parent/ adopter.					
<b>Race / Ethnicity</b>					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					

Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on race or ethnicity.					
<b>Religion or Belief</b>					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on religion or belief.					
<b>Sex</b>					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: All eligible employees regardless of sex have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay.					
<b>Sexual Orientation</b>					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: This policy may have a positive impact on individuals in same-sex relationships, as it provides both parents with equal opportunity to share parental leave and participate in early childcare.					
<b>Armed Forces Community</b>					
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to members of the Armed Forces community and their families, with no differential impact identified.					
<b>Socio Economic Duty</b>					
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: <a href="#">more-equal-wales-socio-economic-duty</a>					
Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified: This policy may have a positive impact on families' socio-economic circumstances by enabling the higher-earning parent to return to work sooner, if they choose, thereby supporting household income.			
<b>Welsh Language</b> Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/> No Impact
Justification of impact identified: This policy does not impact on the opportunities for a person to speak Welsh.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Kate Morris
	Title	Senior Workforce Manager
	Contact details	Kate.morris2@wales.nhs.uk
	Date	14 <sup>th</sup> July 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22 <sup>nd</sup> October 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>
	Date	22/10/2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**

# Use of Honorary Contracts Procedure

## Procedure information

Procedure number: 713

Classification: Employment

Supersedes: Previous Versions

Version number: 4.0

Date of Equality Impact Assessment: 22.10.2025

## Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

To ensure that the issuing of honorary contracts occurs in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023) ([opens in new tab](#)).

Scope:

The procedure will apply to staff involved in the requesting, approving, issuing and monitoring of honorary contracts.

To be read in conjunction with:

NHS Wales Shared Services Partnership, Welsh Risk Pool Services (2023) All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments Wales: Shared Services Partnership.

Owning group: Workforce team

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Procedure

2.0 – Review

3.0 – Full Review

4.0 – Review

5.0 – Review – updated pre-engagement checks process

Keywords: Honorary Contract

Glossary of terms

DBS – Disclosure and Barring Service

NHS – National Health Service

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## Scope

This procedure will apply to staff involved in the requesting, approving, issuing and monitoring of honorary contracts.

## Aim

The aim of this document is to:

- Ensure that the issuing of honorary contracts occurs in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023).

## Objectives

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

- To issue an honorary contract or make alternative arrangements
- Outline the procedure for applying for honorary contract
- Outline the procedure for approving and issuing a honorary contract

## Procedure

In addition to its core workforce, Hywel Dda University Health Board will, from time to time, engage the services of people, who are not paid employees, to carry out regular or ad hoc work on behalf of the health board. In addition, occasions often arise when an individual from an outside organisation wishes to work within the Health Board in an unpaid capacity, for example to gain work experience or shadow experienced staff.

It is important to note for those individuals that require an honorary contract, an individual will not be covered by the Health Board insurance policies and will not be indemnified if an honorary contract has not been issued. Therefore, no individual should be allowed to participate or observe in a department without an honorary contract in place.

### **Principles to be considered when determining whether to issue an honorary contract**

An Honorary Contract should be used when no other process is suitable to define the relationship between the Health Board and an individual in order to facilitate effective operation of Health Board services.

The All Wales Policy on insurance and NHS Indemnity, referenced above, outlines that NHS Indemnity can be applied to enable the Health Board to accept legal and financial responsibility for the actions and omissions of its employees and others who are directly involved in NHS service provision.

It must be noted that NHS Indemnity applies only to NHS directly provided activities arising from the actions of:

- NHS employees who, at the relevant time (i.e. at the time alleged negligence occurred), are providing services as employees of the Health Board or
- Others who, at the relevant time, are providing services not as employees of the Health Board but nevertheless under the Health Board's management supervision and control e.g. work experience placements.

By issuing an honorary contract the Health Board accepts legal and financial responsibility for the actions and omissions of signee of the honorary contract and therefore the NHS Indemnity will apply.

However, the Health Board has a duty to avoid unnecessary acceptance of any risk or liability which should be borne by another body and therefore, the issuing of honorary contracts needs to be considered within the context of directly provided activities. In circumstances where there is no intention for the Health Board to apply NHS Indemnity, honorary contracts should not be used and a formal contract or service level agreement requires to be entered into and, assurance sought that the required governance arrangements are in place.

If a service is externally commissioned or procured by the Health Board from outside of the organisation, the contract awarded to, or agreement with, that provider must not offer NHS Indemnity to that provider but must instead expressly require the provider to manage the risk of negligence claims itself and must have in force an arrangement which provides appropriate cover. The risk of poor patient service must remain firmly with the commissioned provider.

This arrangement applies equally if the commissioned provider is another NHS body or an external organisation, although the arrangements for Memorandums of Understanding between NHS Wales Health Bodies is less complex than with external providers.

The Health Board Legal Services team can provide advice on this topic. If a decision on whether to issue an honorary contract remains unclear, advice can be escalated by the Health Board Legal Services team to the Risk Pool Service. Individual departments and staff should not contact the Welsh Risk Pool Service directly.

If a request is to be made to the Welsh Risk Pool Service, it is likely that the information will need to be completed on the Indemnity Query Form, which can be found in Appendix A of the All Wales Policy on Indemnity and Insurance.

Individuals eligible for issue of any Honorary Contract include:

- Return to Practice Students
- A doctor, nurse or other clinical practitioner from another Health Board undertaking further clinical experience
- Individuals working for another Health Board following through a patients' treatment whilst in Hospital
- Work experience/shadowing/observers individuals where placements exceeds a two week period

#### **Action to be taken if the arrangement being considered is externally commissioned**

When considering whether an Honorary Contract should be issued, the person making the decision needs to establish whether the request is for staff from an externally commissioned service outside the NHS.

An externally commissioned service is one whereby either the whole service or a discrete element of a service is managed and delivered by a person or body external to NHS Wales pursuant to a contract. External providers in this context include independent contractors. The 'externally commissioned service' may well require a formal contract award procedure to be run under the public procurement rules. In any event, a formal contract or Service Level Agreement will need to be entered into which allocates risk appropriately and specifies robust performance management

provisions. This will also include a requirement for the provider to indemnify the commissioning body as set out above.

If the service is externally commissioned to an organisation outside the NHS, a formal contract or Service Level Agreement will need to be entered into which allocates risk appropriately and specifies robust performance management provisions and governance arrangements.

### **Action to be taken if the arrangement being considered is provided by another NHS Body**

In circumstances where a request for an honorary contract is made in relation to a service which is commissioned by the Health Board to be provided by another health body within the NHS, indemnity must be provided by that body undertaking the service. The requirement for a formal contractual provision of this arrangement is not necessary as this is covered in the agreements between all organisations.

In this circumstance, a 'memorandum of understanding' would be sufficient and honorary contracts are unnecessary.

### **Action to be taken if the arrangement being considered is for a person working directly for the Health Board**

If the request for an honorary contract relates to an individual who is not externally commissioned to provide the service and will be under the Health Board's direct management, supervision and control, then an honorary contract would be the most effective way of demonstrating that the Health Board takes legal and financial liability for the actions of the individual. If so, then an honorary contract may be requested.

### **Actions prior to making a request for an honorary contract**

The person making the request for an honorary contract must be an employee of the Health Board. Prior to completing the [Request for an Honorary Contract form Request for Honorary Contract](#) (opens in new tab), the following needs to be undertaken by the appropriate manager:

1. Allocate a line manager who will take on the management supervision and control of the individual.
2. [Request completion of the confirmation of pre-engagement checks](#) (opens in a new tab) from the workforce department of the employing organisation.

Ensure you obtain the above prior to forwarding a request to the Workforce department.

### **Procedure for approval and issuing of honorary contract**

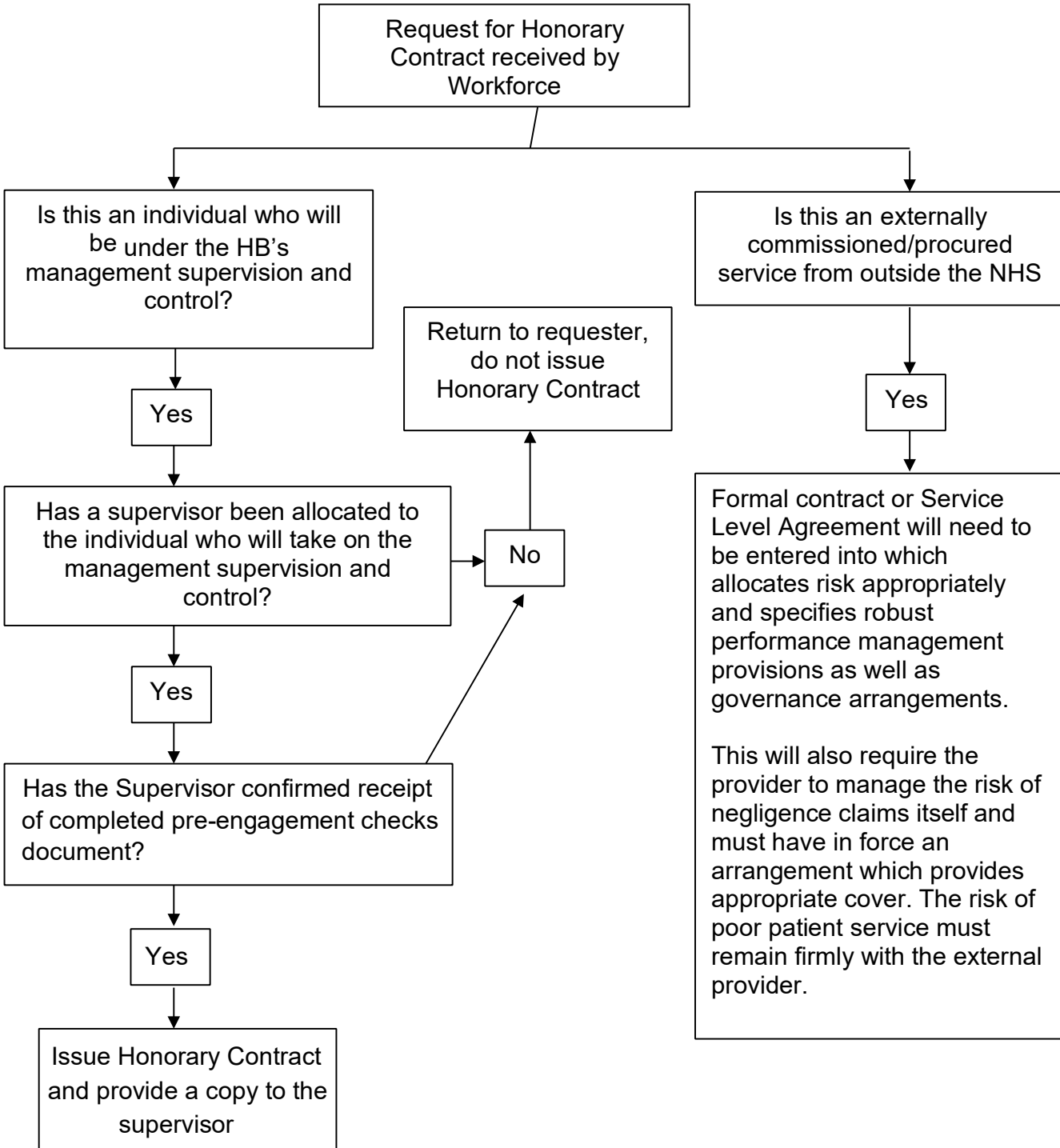
The member of staff within the Workforce team receiving the request for an honorary contract will:

1. Establish if the request for an Honorary Contract has been received for an individual who will be under the Health Boards management supervision and control or an externally commissioned/procured services from outside the NHS (this includes staff who work for the service).
2. Decide if an honorary contact is required – using the [Process Flowchart](#) (opens in new tab)
3. If it is not deemed appropriate, provide a response outlining the reasons to the requester
4. Where it is deemed appropriate, provide the Honorary Contract to the individual with a copy to the allocated supervisor.

## References

All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023) [Welsh Risk Management Standards \(nhs.wales\)](#) (opens in new tab)

**Appendix – Honorary contract request process (to be hyperlinked to policy once approved)**



## Appendix – Request for honorary contract (to be hyperlinked to policy once approved)

<b>Name of Manager requesting Honorary Contract:</b>	
<b>Telephone No:</b>	
<b>Email:</b>	
<b>Department / Area:</b>	

<b>Please state the reason for the Honorary Contract</b>

<b>Is this person currently employed with NHS Wales? If yes please provide details</b>

<b>Name of Person Requiring Honorary Contract:</b>	
<b>Job Title:</b>	
<b>Place of Work</b>	
<b>Hours of work:</b>	
<b>Home Address:</b>	

<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Period of Honorary Contract Duration:</b> (please insert from and to dates)	

I confirm that a line manager has been allocated who will take on the management supervision and control of the individual.

I also confirm that:

- I have received the completed confirmation of pre-engagement checks document as per appendix 4.
- I have obtained a copy of the individual's proof of eligibility to work in the UK and original photographic ID and proof of address.
- Where advice from the Welsh Risk Pool has been obtained, I have attached a copy

<b>Name of allocated line manager:</b>	
<b>Email:</b>	

## Appendix – confirmation of pre-engagement checks (to be hyperlinked to policy once approved)



### Confirmation of Pre-Engagement Checks

For use where an employee of another NHS organisation requires an Honorary contract to undertake a period of Ad Hoc work/research/training within Hywel Dda University Health Board.

#### TO BE COMPLETED BY CURRENT EMPLOYER

Name:			
Address:			
Existing NHS Employer:			
Existing post in NHS:			
Purpose of Contract:			
Duration of Contract:	From		To
Department to be based in for duration of contract:			
Health Board clinician to report to/be responsible to for duration of contract:			

Disclosure and Barring Service Clearance:	Enhanced	Yes / No
	Disclosure Number:	
	Date Issued	
	Children's Barred List Checked	Yes / No
	Adults Barred List Checked:	Yes / No
Occ Health Clearance:	Cleared by existing trust OH department (in line with DOH guidelines)	Yes / No
	EPP Clear	Yes / No
	Date of Clearance	
GMC/GDC/NMC/HCPC Registration	Registration Number	
	Expiry Date	
	Type of registration (full/provisional/ temporary)	

	Date of entry to specialist register (for consultants only)	
References:	Validation of three years employment prior to current post	Yes / No
CV & application form:	On file	Yes / No
Proof of eligibility to work in UK:	Original passport or birth certificate seen <b>Add copy attached to this form</b>	Yes / No
	Nationality	
	If non-EEA national please provide details of current visa status, visa reference number and expiry date	
ID Checks:	Original photographic ID and Proof of address seen <b>Add copy attached to this form</b>	Yes / No

**TO BE COMPLETED BY OPERATIONAL WORKFORCE**

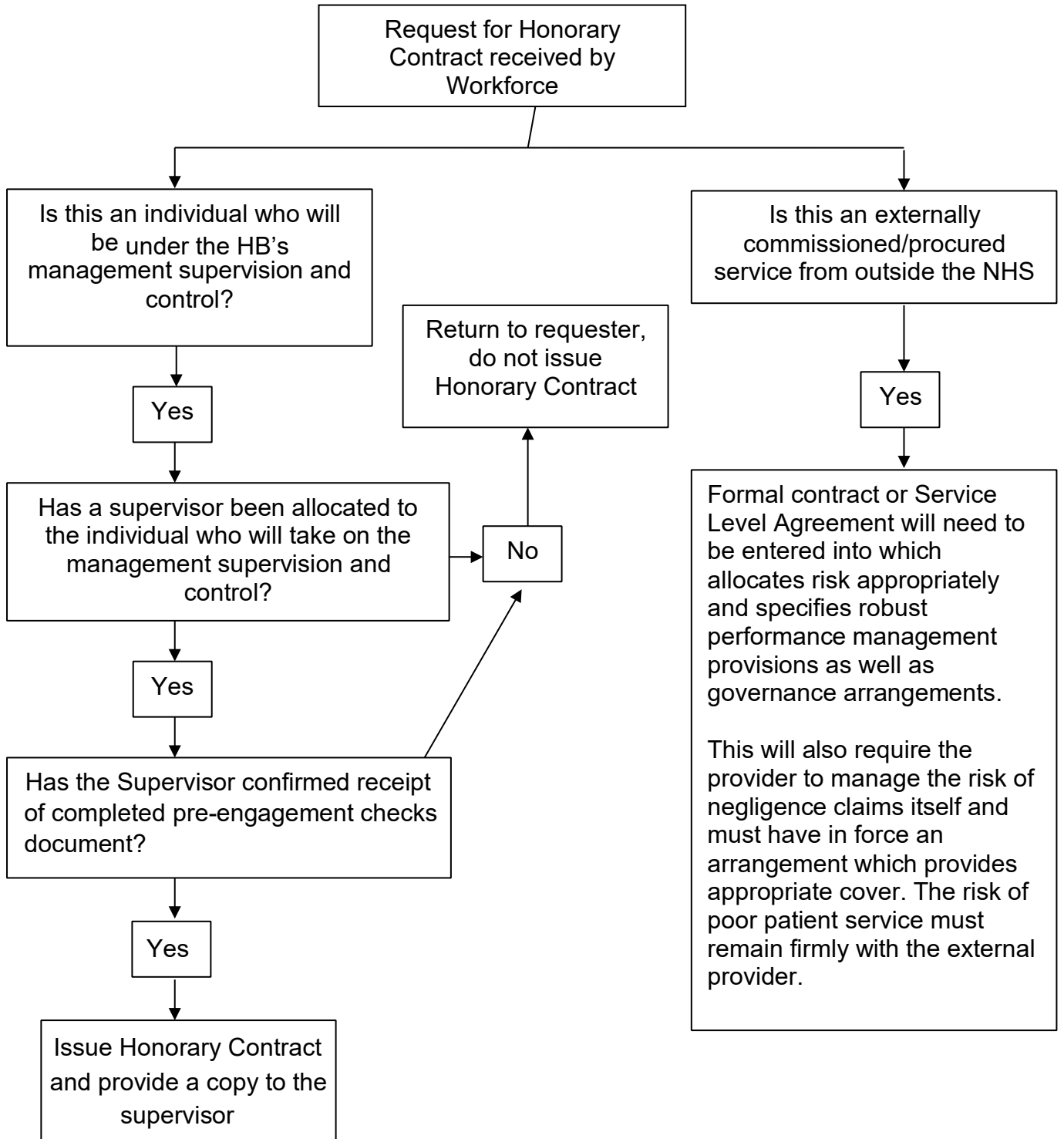
I confirm that the above pre-engagement checks have been completed and verified:

Signed: .....Name..... Date: .....

Job Title: .....  
 ..... Health Board:

## HYWEL DDA UNIVERSITY HEALTH BOARD

### HONORARY CONTRACT REQUEST PROCESS



**1. APPENDIX 3 - REQUEST FOR HONORARY CONTRACT**

<b>Name of Manager requesting Honorary Contract:</b>	
<b>Telephone No:</b>	
<b>Email:</b>	
<b>Department / Area:</b>	

<b>Please state the reason for the Honorary Contract</b>

<b>Is this person currently employed with NHS Wales? If yes please provide details</b>

<b>Name of Person Requiring Honorary Contract:</b>	
<b>Job Title:</b>	
<b>Place of Work:</b>	
<b>Hours of work:</b>	
<b>Home Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Period of Honorary Contract Duration: (please insert from and to dates)</b>	

I confirm that a line manager has been allocated who will take on the management supervision and control of the individual.

I also confirm that:

- I have received the completed confirmation of pre-engagement checks document as per appendix 4.
- I have obtained a copy of the individual's proof of eligibility to work in the UK and original photographic ID and proof of address.
- Where advice from the Welsh Risk Pool has been obtained, I have attached a copy

<b>Name of allocated line manager:</b>	
<b>Email:</b>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Re-banding procedure

## Procedure information

Procedure number: 1386

Classification: Employment

Supersedes: 125 Local Re-Evaluation of Pay Band Policy and Procedure

Version number: 1.0

Date of Equality Impact Assessment: 14.07.2025

## Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

Scope:

This procedure applies to all Agenda for Change posts where there has been 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.

To be read in conjunction with:

[NHS Job Evaluation Handbook](#) (opens in a new tab)

[All Wales Job Evaluation Policy and Procedure](#) (opens in a new tab)

Owning group: Workforce & OD Team

Executive Director job title: Executive Director of Workforce and Organisational Development

Reviews and updates:

Version 1- new procedure

Key points:

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

This procedure outlines the principles and application process for re-banding applications for staff employed under Agenda for Change Terms and Conditions.

## Scope

This procedure applies to all Agenda for Change posts where there has been 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.

## Aim

The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

## Objectives

The objective of this procedure 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 assessed, not the postholder(s). Banding is based on the skills and responsibilities applicable to the post.
- Re-banding of posts will be undertaken in line with the principles and processes as set out in the NHS Job Evaluation Handbook and the All Wales Job Evaluation Policy and Procedure in partnership with staff side and management representatives.
- Re-banding costs must be funded from within the existing budget.
- The re-banding 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-banding request, move to a post carrying a lower salary.
- The postholder may involve their trade union representative at any stage of the process.

## Re-banding requests

Where a postholder and their manager agree that the demands of the post have changed significantly, then a re-banding of the post should be undertaken. A manager may also request that a post is re-banded in the context of a change of duties which may include a reduction in duties / responsibilities in accordance with the [573 - organisational change policy](#) – opens in a new tab.

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 re-allocated so the employee is working to their original job description. If the manager and employee do not agree that a role has changed, the [995 Respect and Resolution Policy](#) – opens in a new tab - may be utilised. For any queries in relation to the [995 Respect and Resolution Policy](#) – opens in a new tab .

All requests for a re-banding must be agreed between the line manager and postholder and approved by the budget holder and relevant Executive Director.

Re-banding 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

Re-banding applications must be supported by:

- [A Job Description and Person Specification](#) and a [Technical Document](#) (opens in a new tab)
- A signed and dated Agreement Form (opens in a new tab)

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-banding process

Re-banding applications will be considered by a Job Matching panel within 30 days of receipt.

During the re-banding 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-banding outcomes

The manager and the post holder will be informed of the outcome of the re-banding in writing by the Job Evaluation team.

Possible outcomes:

- Post is re-banded to a higher pay band than the postholder's existing job description - the effective date of change will be the date the manager and postholder agree the job that the demands of the job changed significantly and that a re-banding of the role should be undertaken. Re-banding requests should be submitted within a reasonable timescale, generally within 3 months of the effective date of change. For any disputes regarding backdating of pay, the Respect and Resolution Policy can be utilised.
- Post is re-banded to a lower pay band than the postholder's existing job description. Contractual notice of this change will be issued on the date that the result is communicated.
- Post is re-banded and remains at the same band as the postholder's former 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-banded 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-review of pay band results in a change in band, the manager and budget holder must complete the appropriate action via the Staff Movement Application (SMA) ensuring that all relevant information is included. 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-banding application, they may request a review. The review will be conducted in accordance with the [NHS Job Evaluation Handbook](#).(opens in a new tab)

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](#) (opens in a new tab) and submit to [jobevaluation.hdd@wales.nhs.uk](mailto:jobevaluation.hdd@wales.nhs.uk).

Where the review application relates to a post being re-banded to a lower pay band, if the contractual notice given expires prior to completion of the review, the postholder will be provided with pay protection until conclusion of the review process.

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 995 [Respect and Resolution Policy – opens in a new tab](#).

## Contact

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

## References

[NHS Employers](#) (opens in a new tab)



## JOB DESCRIPTION SUBMISSION FORM

A Welsh Language version of this form is available

<b>Name and job title of person submitting the job description</b>	
<b>Contact Number / Email</b>	
<b>Date</b>	

<b>Post Title</b>	
<b>Staff Group</b>	

<b>Reason for request</b>	<b>Please tick</b>	<b>FCG approval reference</b>
<b>Vacancy</b> (to replace someone who has left or is leaving)		<i>(For A&amp;C staff group vacancies only)</i>
<b>New job</b> (where there is a structure or service change)		<i>(For vacancies across all staff groups)</i>
<b>Re-banding</b> (where the duties of the postholder have changed significantly)		N/A

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

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

<b>Postholders current job title and CAJE reference</b>	
<b>Current Pay Band</b>	
<b>Date of Change</b> (date that the postholder and manager agree the job had changed)	
<b>Proposed job title (and CAJE reference if JD already exists)</b>	
<b>Anticipated band if approved</b>	

Please submit copies of current and revised / new job description with this application.

Name of Postholder (s)	Signature	Date
<p><i>The postholder completing or agreeing to the completion of this form is aware that the outcome of the job evaluation process could result in their banding remaining the same, going up or down. Should the banding go down, this will impact pay. The postholder confirms their understanding and consent to the corresponding change in their pay (i.e. a reduction in pay if the post is evaluated to a lower band).</i></p>		

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

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

**Executive Director approval**

I approve this application for a re-evaluation of pay band and the date of change as above.

<b>Name:</b>	
<b>Signature</b>	
<b>Date</b>	

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Lisa Gostling, Workforce and OD
<b>Service Area</b>	Job Evaluation

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	Re-banding Procedure
--	----------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

**Scope**

This procedure applies to all Agenda for Change posts where there has been 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.

**Aim**

The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

**Objectives**

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

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

The Re-banding Procedure has been produced as guidance for managers on the application process for re-bandings following the principles contained in the NHS Wales Job Evaluation Handbook and Wales Job Evaluation Policy. This EqIA considers the application procedure only as this is locally agreed, whereas the NHS JE Handbook is UK wide and Wales policy is nationally agreed. Application of the procedure is monitored both by Workforce. This procedure applies equitably to all staff irrespective of any protected characteristics The NHS JE Handbook includes provision for appeal should there be concern that the process has not been applied correctly.

The procedure 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.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to age as this is a procedure rather than policy				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: Application forms can be made available in easy read or alternative formats if required.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to gender reassignment as this is a procedure rather than policy.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to marriage/civil partnership as this is a procedure rather than policy.				
<b>Pregnancy and Maternity</b>				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to pregnancy and maternity as this is a procedure rather than policy.				
<b>Race / Ethnicity</b>				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>

Justification of impact identified: Application forms can be made available in additional languages if required.				
<b>Religion or Belief</b> Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to religion or belief as this is a procedure rather than policy.				
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to sex as this is a procedure rather than policy.				
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to sexual orientation as this is a procedure rather than policy				
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'  For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to being a member of the Armed Forces and their families as this is a procedure rather than policy.				
<b>Socio Economic Duty</b> Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.  For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: <a href="#">more-equal-wales-socio-economic-duty</a>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There is no identifiable impact due to socio economic reasons as this is a procedure rather than policy				

<b>Welsh Language</b>			
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>
No Impact	<input checked="" type="checkbox"/>		
Justification of impact identified: Application forms are available in Welsh if required.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Sharon Richards
	Title	Senior Workforce Manager
	Contact details	Teams
	Date	30/06/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Teams
	Date	30/06/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>
	Date	14/07/2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**

# Neonatal Care Leave Procedure

## Policy information

Policy number: 1409

Classification: Employment

Version number: 1

Date of Equality Impact Assessment: 22.10.2025

## Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

This policy sets out the entitlements and provisions for neonatal leave for employees of the Health Board. It aims to support parents whose babies require neonatal care following birth, by providing additional paid or unpaid leave during this critical period. It can be used when the baby is no longer receiving neonatal care, for example, at the end of maternity leave.

Scope:

All Health Board employees, including Medical and Dental Staff.

To be read in conjunction with:

Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): [NHS Terms and Conditions of Service Handbook | NHS Employers \(opens in new tab\)](#)

[1085 - Leave and Pay for New and Existing Parents Policy](#) (opens in new tab)

[438 - Shared Parental Leave Procedure](#) (opens in new tab)

[122 - All Wales Special Leave Policy](#) (opens in new tab)

Patient information:

**Include links to** [Patient Information Library](#)

Owning group: Workforce Team

Executive Director job title: Executive Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Policy

Keywords: Neonatal Care Leave

Glossary of terms

NCL – Neonatal Care Leave

NCLP – Neonatal Care Leave Pay

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## Aim

The aim of this policy is to support affected employees by allowing them additional leave in recognition of time spent in hospital during the neonatal period.

## Objectives

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

- Summarising the process for neonatal leave and pay entitlements
- Rights during neonatal care leave

## Who is eligible for neonatal leave?

Parents who have a baby admitted to neonatal care up to the age of 28 days might be eligible for up to 12 weeks of leave.

Neonatal care could include:

- medical care received in a hospital
- care given to the baby after leaving hospital under the direction of a consultant
- palliative or end of life care
- care or monitoring under the direction of a consultant but away from the hospital.

The right to take neonatal leave applies from the first day of work. Eligible parents can take neonatal care leave once their child has been in neonatal care for at least 7 consecutive days.

Parents who have shared or sole responsibility for a child are eligible. This includes if they are:

- the mother or birth parent
- the father
- married to, the civil partner of or partner of the mother or birth parent – this includes same-sex partners
- adopting a child, including fostering to adopt
- intended parents in a surrogacy

## Entitlement

Eligible employees are entitled to up to 12 weeks of neonatal leave. Leave must be taken in full weeks and corresponds to the number of weeks the baby spends in neonatal care (after the first 7 days).

Neonatal Leave Pay (NNLP) will be paid at the statutory rate.

The paid leave can only be taken after the initial threshold i.e. from day nine. The leave has been divided into two tiers:

- Tier 1 is when the child is still receiving neonatal care, and including one week after the care has ended. Tier 1 leave can be taken in an unlimited number of blocks of a week to allow the employee to stop work at short notice to care for their child in neonatal care.
- Tier 2 is the period outside the Tier 1 period and before the end of 68 weeks from the date of the child's birth. Tier 2 leave must be taken in one continuous block.

## Neonatal care leave, notice and other leave entitlements

An employee will need to give notice to take Neonatal Care Leave (NCL). The length and format of notice for leave will vary depending on whether the employee intends to take leave in Tier 1 or Tier 2.

- For leave taken in Tier 1, the employee will need to notify their employer before they would be due to start work on the first day of absence, or as soon as possible thereafter. The notice does not need to be in written form.
- For leave taken in Tier 2, the employee will need to provide notice at least 15 days before the start of a period of one week leave. For a period of 2 or more weeks of leave, the employee will need to provide notice at least 28 days before the start of the leave. The notice must be in written form.

Neonatal care leave can be added to the end of other leave entitlements, such as maternity leave. For example, if a baby enters neonatal care while the employee is on maternity leave, the employee must remain on maternity leave as this cannot be stopped. The neonatal care leave accrues and can be taken at the end of the maternity leave. This could mean an employee could take 52 weeks of maternity leave and then six weeks of neonatal care leave.

Like maternity leave, if an employee is on paternity leave, the neonatal care leave accrues and can be taken at the end of the maternity leave.

Where the employee has already started neonatal care leave and begins another period of statutory leave (e.g. maternity or paternity leave), before neonatal care leave is due to end then the neonatal care leave will end immediately but the remaining leave can be taken once the other period of statutory leave has finished.

## Neonatal care pay requirements

Neonatal care pay has continuity and earnings requirements. The employee must have been employed continuously by the employer for at least 26 weeks up to the qualifying week (the 15th week before the expected week of childbirth) and earn at least the Lower earnings limit.

These pay requirements mirror those of other statutory parental rights (e.g. maternity leave).

- For Tier 1 (when the baby is receiving qualifying neonatal care, and up to one week post discharge) multiple periods of weeks of pay can be taken in an unlimited number of blocks.
- For Tier 2 (where additional leave for neonatal care is required, but where the sequence of neonatal care has been broken by eight days or more) the pay must be claimed for one continuous block.

An employee must provide written notice for Tier 1 Neonatal Care Pay (NCP) within 28 days beginning with the first day of the week in which NCP is being claimed. For Tier 2 NCP, an employee must give notice at least 15 days in advance in order to claim pay for one week's leave. Notice must be given at least 28 days in advance to claim pay for 2 or more weeks of leave.

### What is needed in written notices

Where employees need to give written notice, the evidence and notification requirements are as follows:

- The employee's name
- the child's DOB,
- If applicable, the date of the child's placement with the adopter or prospective adopter, or date of the child's entry into GB to live with the overseas adopter
- the date the child started to receive neonatal care, or each date if the child received neonatal care on two or more separate occasions
- the date the employee wants the leave to begin
- if the child is no longer receiving neonatal care, the date the neonatal care ends
- the number of weeks of leave the employee wants to take
- if it is the first time a notice is being given, a declaration that the employee meets the parental relationship criteria
- that they, the employee, has cared for or intend to care for the child during the week(s) to which the notice relates

## Multiple births

In instances of multiple births where neonatal care is required:

- where babies are receiving care at the same time, the entitlement will be accrued in respect of one of the babies
- where babies are receiving the care at different times, the leave and pay entitlement can accrue separately, provided each of the babies spend at least seven full, continuous days in neonatal care. The employee can only accrue a maximum of 12 weeks entitlement.

## If parents are not eligible for neonatal care leave

Some parents might not be eligible for neonatal care leave. For example, if a baby needs neonatal care for less than 7 consecutive days. Employees might instead ask for unpaid time off work to care for this child. This is called ordinary parental leave.

## Rights during neonatal care leave

Like other parental rights, employees are protected from detrimental treatment in relation to this statutory right. Qualifying employees will continue to benefit from their normal terms of employment during the leave periods. The protections also include prioritisation for redeployment opportunities offers in instances of redundancy.

## Responsibilities

### Chief Executive

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

### 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**

It is the responsibility of the manager in liaison with the Workforce and OD Department to ensure employees are aware of their entitlements under this policy and that any applications are made correctly within appropriate timescales.

**Workforce & Organisational Development Department**

The Workforce representative will ensure that all applications are processed in an appropriate timescale.

**All Staff**

It is the responsibility of the employee to notify the health board that they wish to take Neonatal Care Leave and to provide any documentary evidence as required.

## Appendix 1 – Application for Neonatal Care Leave/Pay

**Before you complete this application form please read fully the Neonatal Care Leave Policy (available on the intranet)**

### Part A – TO BE COMPLETED BY APPLICANT

I wish to apply for neonatal care leave/pay in accordance with Hywel Dda University Health Board's Conditions of Service

FULL NAME .....

HOME ADDRESS.....

DEPARTMENT/WARD.....STAFF NUMBER.....

CHILDS DATE OF BIRTH.....

Date child started to receive neonatal care, or each date if the child received neonatal care on two or more separate occasions.....

Date neonatal care leave to begin .....

If the child is no longer receiving neonatal care, the date neonatal care ends.....

Number of weeks neonatal care leave requested.....

If applicable, the date of the child's placement with the adopter or prospective adopter, or date of the child's entry into GB if adopted from overseas.....

**I have read the Neonatal Care Leave Policy** and confirm I meet the parental relationship criteria and that I have cared for or intend to care for the child during the week(s) to which the notice relates and the above information is true to the best of my knowledge.

Signature of applicant..... Date.....

### PART B – TO BE COMPLETED BY MANAGER

Received on behalf of Hywel Dda University Health Board.....

**(Manager – Block Capitals)**

*Department/Designation*.....

Signed.....Date.....

Completed forms to be forwarded to the appropriate County Workforce Team.

Date submitted to the County Workforce Team: .....

Signed ..... Date.....

(For County Workforce Team)

**This document will now be sent to Payroll & Pensions. If Payroll confirm that you do not meet the criteria you will be notified and advised accordingly.**



# NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

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This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

## 1. INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.

Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

## 2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.

- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

### 3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

### 4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.

These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

## INFORMATION – DEFINITIONS AND TERMINOLOGY

### 5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

#### 5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

#### Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

### 5.2 Sexual Harassment

**Sexual Harassment** refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

#### 5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

### 5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

### 5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

### 5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

### 5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

### 5.2.6 Victimization

Victimization includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimization may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.
- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

### **5.2.7 Third-party harassment**

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.

Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

### **5.3 Criminal Offences**

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

#### **5.3.1 Non-Consensual Physical Acts:**

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

#### **5.3.2 Sexual Exploitation:**

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

#### **5.3.3 Acts Perpetrated on Vulnerable Individuals:**

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

#### **5.3.4 Verbal Threats or Coercion:**

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

## **6. CONFIDENTIALITY**

### **6.1 Confidentiality and Anonymity**

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

## 7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

## GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

### 8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve

agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

#### 8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

**This is referred to as ‘disclosure’.** It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

## What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

## The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken**. A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?

- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

## 8.2 Receiving a Disclosure

### The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

## 8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

### 8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

### **8.3.2 Reporting Incidents Formally**

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this

was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

**When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:**

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

#### **8.4 Sexual Harassment by a Patient or Third Party**

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where

appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

#### **8.5 If You Witness Sexual Harassment**

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

## **GUIDANCE – HOW TO MANAGE REPORTED CASES**

### **8.6 The Process Following a Report of Sexual Harassment**

**The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.**

See Flowchart (Appendix 2)

#### **8.6.1 Management Review (initial assessment)**

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

**The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.**

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report. This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

**Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:**

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

### 8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

### 8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

### 8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

**The person receiving the informal report** should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

**The manager** must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

### **8.6.5 Investigating Formally Reported Incidents**

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.

- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

### **8.6.6 Actions Following an Investigation**

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor

within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy. Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

### **8.6.7 Non-Employees**

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

### **8.7 Providing Support**

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

### **8.8 Victimisation, including when no further action is taken**

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their

concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

## **9. REPORTING TO STATUTORY REGULATORS**

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

## 10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

## 11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

## 12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

## 13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: [The Equality and Human Rights Commission \(2024\) Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#)

NHS England Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

## Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

## Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

### You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager



# Responding to Reports of Sexual Harassment Flowchart



Are there safeguarding issues?

**If you believe someone is in danger, dial 999**

For guidance, signpost colleagues to your

sexual harassment intranet resources.

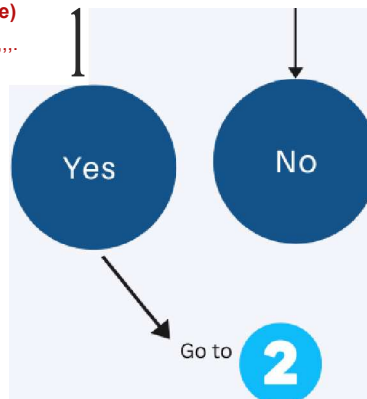
Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.

**Ask your Safeguarding team for advice)**

An individual discloses that they are a victim of or have witnessed sexual harassment or sexual misconduct

ENSURE THE PERSON IS SAFE

Does the person want to report the incident(s)?



Informa  
Action

# 1 DISCLOSURE

8 Remember:

Incidents can be reported at a later date.

**There is no time limit to report.**

Concerns can be reported anonymously via the Speaking Up Safely platform.

Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

**Informal Action** can take place without an investigation.

The person receiving the informal report should listen to the complainant to understand how best they can help them.

To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 8.6.3 of the policy.

Informal action may not be appropriate or may not work in many cases.



# 8

Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

The individual is supported to formally report the incident(s)

Incidents can be formally reported to:

- Your manager
- A member of your local HR or Workforce and OD team
- Your Speaking Up Safely contact/guardian
- A member of your Safeguarding team

In some cases, more immediate action may need to be taken, such as suspending or

moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

# 1

Gotoo

# 2

# REPORT

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

Remember: Colleagues can also report completely anonymously. See your local Speaking Up Safely information.





The local HR or Workforce and OD team will

inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

### Management Review

(Initial Assessment)



# NEXT STEPS

### No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.  
(The result of the management review could be that no further action is taken).

### Police Investigation

In some cases, a Police investigation must take place.  
You safeguarding team will provide advice in these cases:

### Investigation

If deemed appropriate, a formal investigation is commissioned.

The person who raised the complaint will be appropriately informed of developments throughout the process.

### FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

### INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

### COMPLAINT NOT UPHELD

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.



## Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.
- 

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.

- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or

defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

## Appendix 4: Further Information and Support

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

**Local Occupational Health and Wellbeing Services** provide a range of services to help employees stay well both at home and at work

### **Trade Union representatives**

Provide advice and support to their members when they have issues at work.

### [Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#)

provides information, specialist support and therapy to anyone aged 13 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

[ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

[Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

[Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

[Sexual Assault Referral Centres](#) (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[UK Government Sexual Abuse Support](#) for victims of sexual violence and abuse.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

### [Equality and Human Rights Commission Technical Guidance](#)

[Rights of Women](#): A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

[HCPC Sexual Safety Hub](#): Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

**[BMA Sexual Misconduct at Work Resources](#)**: Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

**[Managing discrimination from patients and their guardians and relatives \(BMA\)](#)**

**[Unison sexual Harassment Guidance](#)**: Guidance and model policy

**[Wales TUC Sexual harassment Toolkit](#)**: Guidance and toolkit

**[National Stalking Helpline](#)** Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

**[Men's Advice Line](#)** The Helpline for male victims of domestic abuse  
0808 801 0327

**[BAWSO \(Black Association Women Step Out\)](#)**: Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking  
0800 7318 147

**[Canopi](#)** Free and confidential mental health support for NHS and social care staff across Wales

**[NHS Wales Guidance for Victims of Violence and Aggression](#)**

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Lisa Gostling, Director of Workforce & Organisational Development
<b>Service Area</b>	Workforce

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	NHS Wales Anti-sexual Harassment Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

<p>This new All Wales policy sets a framework to:</p> <ul style="list-style-type: none"> <li>• Educate staff on expected behaviour.</li> <li>• Support those facing inappropriate conduct.</li> </ul> <p>It responds to the Worker Protection Act 2023, which requires employers to prevent sexual misconduct. NHS Wales is committed to stopping sexual harassment and supporting victims.</p> <p>The policy aims to:</p> <ul style="list-style-type: none"> <li>• Define sexual harassment and unacceptable behaviour.</li> <li>• Guide safe reporting and victim support.</li> <li>• Inform staff and managers on handling cases.</li> <li>• Raise awareness of the harm caused by harassment.</li> <li>• Encourage reporting and offer clear support pathways.</li> </ul>
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**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

<ul style="list-style-type: none"> <li>• NHS Wales had 91,492 staff in March 2022.</li> <li>• Stress/anxiety is a top cause of sickness.</li> <li>• 76% of staff are female; 91% in nursing.</li> <li>• 7% are from ethnic minorities; 6% are non-UK nationals.</li> </ul> <p>Research highlights:</p> <ul style="list-style-type: none"> <li>• 91% of women faced sexism; 31% experienced physical harassment.</li> <li>• Many don't report due to fear or career impact.</li> <li>• Survivors want safe, anonymous reporting and support.</li> </ul> <p>This data was considered when writing this policy, however the impacts identified in this EqIA will be in relation to HDdUHB staff only.</p>
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**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	x	Negative Impact		No Impact
The policy supports staff of all ages by addressing sexual harassment risks across age groups. However, research shows younger staff, especially junior doctors, are more likely to experience harassment and less likely to report it. This policy aims to improve protections and encourage reporting regardless of age.				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	x	Negative Impact		No Impact
Disabled staff are disproportionately affected by harassment, with studies showing higher rates among disabled women. The policy promotes mental wellbeing and aims to protect all staff, including those with sensory impairments. Implementation should consider accessible formats and communication needs.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	x	Negative Impact		No Impact
Trans and non-binary staff face unique challenges, including discrimination and fear of reporting. The policy explicitly includes protections for all gender identities and encourages safe reporting. Further efforts may be needed to build trust and ensure inclusive implementation.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact
				x
The workplace or employment of those in a marriage or civil partnership will not be impacted as a result of this policy.				
<b>Pregnancy and Maternity</b>				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	x	Negative Impact		No Impact
Pregnant staff may face discrimination or sexist behaviour, as noted by the BMA. While data is limited, the policy reinforces protections and provides pathways for reporting harassment during and after pregnancy.				
<b>Race / Ethnicity</b>				

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	x	Negative Impact		No Impact
Ethnic minority staff are more likely to experience harassment. The policy supports cultural sensitivity and aligns with Wales' Anti-Racist Action Plan. It encourages inclusive reporting and acknowledges intersectional discrimination.				
<b>Religion or Belief</b>				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	x	Negative Impact		No Impact
While direct data is limited, cultural beliefs may influence how harassment is perceived or reported. The policy promotes respectful handling of cases and ensures that religious beliefs are considered without excusing misconduct.				
<b>Sex</b>				
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	x	Negative Impact		No Impact
Women are more likely to experience sexual harassment, often from senior male staff. The policy acknowledges gender power imbalances and offers flexible reporting options, including anonymous channels and support for witnesses.				
<b>Sexual Orientation</b>				
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	x	Negative Impact		No Impact
LGBTQ+ staff face intersectional harassment and may fear disclosing their identity. The policy affirms protection for all orientations and encourages safe, inclusive reporting. Implementation should foster trust and visibility for LGBTQ+ support.				
<b>Armed Forces Community</b>				
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'				
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>				
Positive Impact		Negative Impact		No Impact
x				
No specific impact identified. The policy applies equally to all staff and does not present barriers unique to veterans or their families.				
<b>Socio Economic Duty</b>				
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.				
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:				

<a href="#">more-equal-wales-socio-economic-duty</a>			
Positive Impact	x	Negative Impact	No Impact
Staff in lower-income roles may fear reporting due to job security concerns. The policy aims to protect all staff and reduce barriers to reporting, especially when the perpetrator holds authority. Implementation should reassure staff that reporting won't harm their career.			
<b>Welsh Language</b>			
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact		Negative Impact	No Impact
The policy maintains current Welsh language provisions and includes a statement supporting equal treatment of Welsh and English. No adverse impact is expected.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Heather Hinkin
	Title	Assistant Director of People Mgt
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22/10/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Mgt
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22/10/25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	22/10/2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**

## **IMPORTANT UPDATE ON CAREER BREAK GUIDANCE**

Career Breaks are typically intended for childcare, elder care, care of another dependant, training, study leave or to undertake voluntary work.

However, cases have been identified whereby Health Boards have offered/placed an employee on a Career Break immediately following the expiry of paid sick leave/SSP.

A Career Break should not be used in this instance to replace sick leave, or to prevent the member accruing disallowed days within their NHS Pension Scheme membership. Where a member has reached a period of no pay sick, this will be recorded as disallowed days.

It is important to note a Career break can affect the NHS Pension benefits that a member is entitled to in a detrimental way. Particularly, if they apply for ill health retirement or in the event of their death.

If the employee is having a legitimate Career Break and is an active member of the NHSPS, they may choose to continue making pension contributions during the Career Break. However, they need to make this decision before the Career Break commences and have arrangements in place with the Pensions Team. **N.B. Accumulation of arrears is not permitted.**

For the first 6 months contributions are payable, by both the employee and employer. They will be based on the employee's normal pensionable pay and must continue to be paid monthly, via their bank by Standing Order or Direct Debit.

An individual may also choose to continue to maintain their membership for a further 18 months (maximum of 2 years in total). During this extended period, the employee will be responsible for paying both their own and the employer's contributions.

If the member does not wish to maintain their membership during the Career Break period or fails to set up an arrangement to pay the relevant contributions their NHSPS record will be closed from the date of the last contribution.

### References:

All Wales Employment Break Scheme (January 2020)

[Career break guidance | NHSBSA Career break guidance | NHSBSA](#)

Date:-	Sep-25	Name of All Wales Policy	Last Issue Date	Original Planned Review Date	Currently Under Review	Current Position
		Disciplinary	Mar-17	Mar-20	Yes	Remains Extant*
		Organisational Change	Mar-17	Mar-20	No	Remains Extant*
		Capability	Jun-18	Jun-21	Yes	Remains Extant*
		Managing Attendance at Work	Oct-18	Dec-21	Yes	Remains Extant*
		Menopause	Dec-18	Dec-21	No	Remains Extant*
		Respect and Resolution	Jul-24	N/A	No	Remains Extant*
		Employment Break Scheme	Jan-20	Jan-23	No	Remains Extant*
		Reserve Forces Training and Mobilisation	Mar-20	Apr-23	No	Remains Extant*
		Procedure for NHS Staff to Raise Concerns	Sep-23	May-23	Yes	Remains Extant*
		Pay Progression	Jan-20	Oct-23	No	Remains Extant*
		Special Leave	Dec-20	Jan-24	No	Remains Extant*
		Recruitment and Retention Payment Protocol	Dec-20	Apr-24	No	Remains Extant*
		Secondment	Jul-21	Jul-24	No	Remains Extant*
		Flexible Working	Jan-24	N/A	No	Extant*
		Pregnancy Loss Support	Sep-24	N/A	No	Extant*
		Flexible Pensions	Oct-24	N/A	No	Extant*
		Job Evaluation	Dec-24	N/A	No	Extant*
		Anti-Sexual Harassment Policy	Sep-25	N/A	No	Extant*
		Upholding Professional Standards in Wales	Oct-15	Oct-18	No	Remains Extant*

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a revised approach to the review of All Wales policies and procedures.

The core element of this approach is to move away from using a review date as a prompt for review of an existing policy, to recognise key prompts for review and to provide an option for a transactional review where changes/updates to an existing policy are more administrative than material.

All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.

NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remaining extant to provide clarity and support organisations from a governance and assurance perspective.

\*Extant - legal term derived from Latin for still in existence/still live



## **Short Term Protection of Earnings Process**

### **1. Scope and remit**

1.1 This process has been developed in partnership, to provide All Wales consistency and clarification with regards to the application of Short Term Protection of Earnings as defined in the [NHS Wales Organisation Change Policy \(OCP\)](#). This process must be read and applied in conjunction with the OCP.

### **2. Definition**

2.1 The principles of Short-Term Protection of Earnings can be located in section 10.3 of the OCP. Short Term Protection of Earnings is defined as where, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade.

2.2 An employee's salary is made up of basic pay (contractual hours), enhancements (Saturday, Sunday etc), additional hours, overtime hours, on call, work done as a result of an on-call and various other allowances.

2.3 The earnings eligible for short term protection will be considered in accordance with the relevant Terms and Conditions of Employment and agreed in partnership. Links to the relevant terms and conditions of service can be found on the following links on the NHS Wales Employers website:-

[Medical and Dental \(W\) – Terms and Conditions of Service](#)

[Agenda for Change \(W\) – Terms and Conditions of Service](#)

2.4 Earnings in the new post/rota/shift pattern will be offset against protectable earnings.

### **3. Principles**

3.1 In consideration of a change to an employees' contracted hours/change to working pattern, there is a requirement to assess if there is a negative impact on the employees' earnings. As part of the Short-Term Protection of Earnings process, the manager will be required to engage with the following at the earliest opportunity;

- The affected employee
- Staff Side Representatives
- Workforce
- Finance
- NWSSP Payroll Services.

The methodology of calculating Short Term Protection (as defined in point 4 of his process) will be agreed at the start of the change process. Exact and individual calculations will not be available until the consultation period has closed.

3.2 The assessment of Protectable Earnings will be based on: -

Earnings in the Old Post; This is assessed as 17 weeks/4-month earnings immediately prior to the date the change takes effect, or in line with their previous rota if applicable.

Earnings in New Post; This is assessed once the Manager provides details of the change(s) in the new post i.e. contracted hours/shift pattern/rota pattern.

3.3 In changing an employees' shift/rota pattern, consideration will need to be given to the impact on other elements that could negate Short Term Protection entitlement.

3.4 Going forward Short-Term Pay Protection will not be paid as a lump sum value on the basis that payment eligibility is dependent on the criteria set out within the OCP.

The OCP advises that when assessing protectable earnings "regular or contracted overtime/extra hours" should be included. For the purposes of this assessment under the OCP only, all overtime/extra hours will be included in the calculation, irrespective of regularity. See [NHS Terms and Conditions of Service Handbook Section 3](#) for more information.

## 4. Calculation of Short Term Pay Protection

4.1 The NHS Organisation will need to agree in partnership with the member(s) of staff and their accredited representative(s) the most appropriate methodology for payment of Short-Term Protection which will be dependent on the changes being introduced.

4.2 Option 1 – Short Term Pay Protection based on total gross salary value

Short Term Protection Pay Value will be determined by assessment of 17 weeks/4-month average of total gross pay which includes all protectable elements. Short Term Protection will be paid up to the 'Protectable Pay Value' based on the earnings in the new post.

4.3 Option 2 – Short Term Pay Protection based on affected elements only

Short Term Pay Protection is determined by assessing the individual relevant pay element that is affected by the change. Where the pay element being changed can be individually defined i.e. removal of on-call rota; removal of overtime; change in shift pattern; reduction in contracted hours.

Short Term Protection Value will be determined by assessment of 17 weeks/4-month average of the affected pay elements only.

## 5. Short Term Pay Protection Procedure

- 5.1 The Manager will be required to engage with Workforce before commencing change under the OCP to discuss potential changes to an employees' hours/working pattern to assess if there will be a potential impact on employees' earnings under the OCP. This should also include collaboration with employees and Staff Side Representatives on this matter.
- 5.2 If it is determined that potential changes could have a negative impact to employee earnings there should be engagement with both the NHS Organisation's Finance Team and NWSSP Payroll Services to scope out the impact on employees' earnings and determine if Short Term Pay Protection is applicable. The scale of the potential changes will determine the most appropriate option of calculating Short Term Pay Protection as detailed in point 4 of this process.
- 5.3 To support the assessment of eligibility of Short-Term Protection of Earnings, the 17 week/4 month earnings prior to the specified date of change can be extracted to determine the average earnings prior to the change. Anticipated average earnings in the new post will be calculated based on the proposed working pattern and arrangements provided by the manager. These calculations cannot be provided if there are insufficient details on the proposed new working pattern or arrangements. This calculation is not a final assessment of the protectable earnings, which can only be confirmed after the consultation has closed.
- 5.4 In accordance with the OCP it is the managers responsibility to engage directly with employees in respect of the changes and any entitlement to Short Term Protection Payment. Following the end of the consultation period, the manager should provide all affected employees with written confirmation of both the duration and value of Short Term Pay Protection, along with the conditions of continued payment. If the employee disputes the Short-Term Protection value, this should be addressed directly with the Manager.
- 5.5 On finalisation of the Short Term Protectable Pay, a formal instruction should be issued to NWSSP Payroll Services to proceed with the payment of Short-Term Pay Protection i.e. issue of individual Change Forms/Spreadsheet (depending on numbers) authorised by the relevant Manager. This should clearly define the agreed method of calculation as detailed in point 4 of this process.
- 5.6 NWSSP Payroll Services will process Short-Term Protection payments in line with agreed payments and duration. Short Term Protection will be paid on a weekly/monthly basis in the employee's usual salary.

## 6. Continuity of Short-Term Protection Payments

- 6.1 As detailed in 10.3 of the OCP, if for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/shift will be paid in full for that particular pay period. Pay protection will then immediately recommence in the next pay period if applicable. See section 6.3 Entitlement to STP (Manager Responsibilities).
- 6.2 Short Term Protection of Pay is also conditional on: -

- The employee undertaking overtime, shift work, on call, emergency work and additional duties where applicable in the new post up to the level at which earnings in the new post equal the protected earnings. Where option 2 is agreed for the provision of short term protection payments, it will be appropriate to agree which element(s) will be considered to be conditional for the ongoing short term payment protection and only those agreed elements will impact on the provision of the pay protection. E.g. where the change impacts on overtime payments, the employee will be required to work overtime up to the level of protectable earnings but will not be required to work additional unsocial hours. There will be no expectation that employees will be required to work more overtime/OOHs shifts/hours than on the pay protected job/role.
- The employee accepting any subsequent offer (during the period of protection) of another suitable post within the same Employing Organisation which attracts a higher level of average earnings than that applying to the new post.

### 6.3 Entitlement to STP (Manager Responsibilities)

The Manager will be required to continuously review entitlement to Short Term Protection for the duration of protection period and bring to the attention of Workforce, Finance and NWSSP Payroll Services of any changes to the 'new post' that may impact on the employees' eligibility to maintain Short Term Pay Protection. If there are any questions/concerns relating to ongoing entitlement to Short Term Protection of Earnings, the Manager should contact the Workforce Team to discuss. It is the Manager's responsibility to ensure that an employee's pay is correct in order to mitigate the risk of over/under payments.

## Appendix 1 - Short Term Pay Protection Process Flow Chart

