



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 February 2021 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Extension to Review Dates of Corporate Written Control Documentation |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Andrew Carruthers, Director of Operations Joanne Wilson, Board Secretary |
| SWYDDOG ADRODD: REPORTING OFFICER: | Christine James, Policy Co-Ordination Officer |

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 Hywel Dda University Health Board (HDdUHB) currently has a number of corporate written control documents (policies and procedures) uploaded and accessible on the HDdUHB internet policy page <https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/>, which have imminent or expired review dates. Detailed information is contained in Appendix 1 (attached).

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.

Assurance

A review has been undertaken to identify all written control documentation which has either imminent expiry dates or exceeded the review date and requires an extension in order to allow time for a full review to be undertaken. The attached schedule details the written control documentation for which lead authors are requesting an extension to the review dates. The extension date requested per written control documentation has been determined by the lead officer in each case. Assurance has been provided by the lead author that the document remains fit for purpose during the extension period.

In accordance with the revised HDdUHB's 190 - Written Control Documentation Policy, it is the responsibility of the owning committee to ensure that a written control document is reviewed and approved in a timely manner.

The policy process ensures that the owning committee and the lead officer are contacted nine months prior to the expiry date, thus allowing sufficient time for the review to be undertaken in a timely manner.

Argymhelliad / Recommendation

The People, Planning and Performance Assurance Committee (PPAC) is requested to approve the extensions of the expiry dates to the written control documentation on the

schedule attached, on the understanding that the review will be completed within the stipulated date.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 5.22 Approve corporate and workforce policies and plans within the scope of the Committee |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | Not Applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report | 10. Not Applicable |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---------------------------------|
| Ar sail tystiolaeth: Evidence Base: | Legislation and national policy |
| Rhestr Termiau: Glossary of Terms: | Included within body of policy |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee: | As detailed in the assessment |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | Not applicable |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance, may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery |

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| Gweithlu: Workforce: | Not applicable |
| Risg: Risk: | 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 |
| Cyfreithiol: Legal: | It is essential that HDdUHB has up to date policies and procedures in place |
| Enw Da: Reputational: | Not applicable |
| Gyfrinachedd: Privacy: | Not applicable |
| Cydraddoldeb: Equality: | A full equality impact assessment has been undertaken for each separate policy/procedure |

Appendix 1 – Corporate written control documentation – requesting extensions to their review dates

| Ref | Title/Link | Executive Lead | Review date | Justification for extension |
|-----|---|-------------------|-------------|--|
| 193 | Retention and Destruction of Records Policy (Including Health Records) (PDF, 871Kb) | Andrew Carruthers | 26/06/2021 | Assurance is provided that the documents remain fit for purpose and that an extension of 12 months to the review dates of all corporate records policies due to work pressures encountered as a result of COVID-19 will enable full reviews to be undertaken. |
| 192 | Health Records Management Policy (PDF, 394Kb) | | 26/06/2021 | |
| 191 | Health Records Management Strategy (PDF, 285Kb) | | 26/06/2021 | |
| 190 | Written Control Documentation Policy | Joanne Wilson | 24/02/2021 | A full review process is currently being undertaken, however due to work pressures encountered as a result of COVID-19 across all areas, this has been delayed. An extension is sought until 31/12/2021 to ensure a comprehensive review is complete |
| 173 | Freedom of Information Act Policy (PDF, 526Kb) | | 24/06/2021 | |
| 174 | Reuse of Public Sector Information Procedure (PDF, 281Kb) | | 26/02/2021 | |
| 263 | All Wales Making Decisions on Individual Patient Funding Requests Policy (PDF, 231Kb) | | 27/02/2021 | Clarity has been sought from Ann-Marie Matthews, Lead for Individual Patient Funding Requests (IPFR) on an All Wales basis, who has advised that there are no 'review' dates in place for these two documents. The documents are monitored and discussed at regular intervals by the IPFR Policy Implementation Group and any changes in legislation or guidance will initiate a review of the IPFR Policy and any other policies that are linked to the IPFR Policy. Therefore, approval is sought to remove the review date from the policy documents. |
| 702 | HDUHB All Wales Prior Approval Policy (PDF, 442Kb) | | 08/05/2021 | |



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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 February 2021 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Approval of Revised All Wales Written Control Documents: 122 – All Wales Special Leave Policy 572 – All Wales Recruitment and Retention Payment Protocol |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Lisa Gostling, Director of Workforce & OD |
| SWYDDOG ADRODD: REPORTING OFFICER: | Kim Warlow, Head of Workforce |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Planning and Performance Assurance Committee (PPPAC) is asked to approve the following revised documents:

- All Wales Special Leave Policy.
- All Wales Recruitment and Retention Payment Protocol.

This report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the above mentioned written control documents and therefore these documents are in line with legislation/ regulations, available evidence base, and can be implemented within HDdUHB.

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.

Special Leave Policy

This policy sets out the special leave arrangements for all staff across NHS Wales and has been reviewed on an All Wales basis and approved through the NHS Wales Business Partnership Forum.

All Wales Recruitment and Retention Payment Protocol

This Recruitment and Retention Payment Protocol has been reviewed and approved by the All Wales Business Partnership Forum.

Asesiad / Assessment

The revised policy and protocol have been reviewed with the involvement of key stakeholders including all Wales Health Board representation at the All Wales Policy Review Group which includes both Health Board and Trade Union members, followed by formal ratification through the NHS Wales Business Partnership Forum.

A screening Equality Impact Assessment (EqIA) has also been undertaken both locally and on an All Wales basis.

Following approval, the policy and protocol will be shared and uploaded to HDdUHB's intranet site, replacing existing versions.

Argymhelliad / Recommendation

The Committee is requested to approve:

- 122 - All Wales Special Leave Policy.
- 572 - All Wales Recruitment and Retention Payment Protocol.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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|---|--|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 5.22 Approve corporate and workforce policies and plans within the scope of the Committee. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | Not Applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report | 10. Not Applicable |

Gwybodaeth Ychwanegol:

Further Information:

| | |
|--|---|
| Ar sail tystiolaeth: Evidence Base: | Legislation and national policy. |
| Rhestr Termau: Glossary of Terms: | Contained within each written control document. |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee: | As detailed in the assessment. |

Effaith: (rhaid cwblhau)

Impact: (must be completed)

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| Ariannol / Gwerth am Arian: Financial / Service: | Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery. |
| Gweithlu: Workforce: | Policies apply to all staff. |
| Risg: Risk: | 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. |
| Cyfreithiol: Legal: | It is essential that the HDdUHB has up to date policies and procedures in place. |
| Enw Da: Reputational: | Not applicable. |
| Gyfrinachedd: Privacy: | Not applicable. |
| Cydraddoldeb: Equality: | A full equality impact assessment has been undertaken for each separate policy/procedure. |

SUMMARY EQUALITY IMPACT ASSESSMENT –

| | |
|----------------------|-----------------------------------|
| Organisation: | Hywel Dda University Health Board |
|----------------------|-----------------------------------|

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|-------------------------------|--------------------|--|
| Proposal Sponsored by: | Name: | Kim Warlow |
| | Title: | Workforce Management |
| | Department: | Workforce and Organisational Development |

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|----------------------|--------------------------------|
| Policy Title: | All Wales Special Leave Policy |
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| Brief Aims and Objectives of Policy: | <p>This policy sets out the approach of the NHS Organisations in Wales, including Hywel Dda University Health Board (HDdUHB) to special leave and the procedure for dealing with applications for leave.</p> <p>This policy is intended to ensure that HDdUHB complies with section 57A of the Employment Rights Act 1996, as amended by the Employment Relations Act 1999, which came into effect on 15th December 1999. These regulations provide a right for employees to request a reasonable amount of time off work to deal with unexpected or sudden emergencies and to make any necessary long-term arrangements; together with section 50 of the Employment Rights Act 1996, these regulations ensure that employees are allowed reasonable time off work to perform certain public duties.</p> <p>It is expected that HDdUHB will pay due regard to the duties of the Equality Act 2010 when applying the policy.</p> |
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| | | |
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| Was the decision reached to proceed to full Equality Impact Assessment?: | Yes | No ✓ |
| | <p>There is no evidence to indicate that applying the policy in HDdUHB will result in an adverse impact in relation to equality, diversity or human rights, or have a different impact from that identified in the All Wales EqIA.</p> <p>The findings of the All Wales Special Leave Equality Impact Assessment found that the principles and values of the policy are grounded in the promotion of fair and equal treatment. The policy makes explicit reference to the legal duty to consider reasonable adjustments for disabled employees and the requirement to collect and report on the equality monitoring of the process to ensure that there is no unintended discrimination arising from the implementation of the policy.</p> <p>https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/our-work/employment-policy-and-procedures/policies---equality-impact-assessment-forms</p> <p>It will be the responsibility of managers to ensure that they apply the policy consistently, fairly and with due consideration of individual circumstances on a case by case basis.</p> | |
| If no, are there any issues to be addressed? | Yes ✓ | No |
| | <p>Lack of robust workforce monitoring data to be addressed through all Wales action plan and local implementation. Action will be taken to ensure data gaps are addressed through Workforce Information Systems Programme and Electronic Staff Record (ESR). Also, training for managers will be arranged to ensure that the provisions of the policy are applied fairly and equally should be addressed through all Wales OD leadership programme.</p> <p>Discussion of the updated policy at HDdUHB's Employment Policy Review Group in January 2020. Representatives in attendance found the following relevant to EqIA.:-</p> <p>7. Different types of Special Leave</p> | |

7.1 Unplanned/Times of unforeseen need

7.1.1 Emergency carers and dependant leave

Comment by HDdUHB - In order to achieve the 'Carer Confident' quality standard to lead the way as an employer for choice for carers, a number of policies should specifically mention carers in the narrative. It is not suggested at this stage that any enhanced provision of terms are needed in this NHS Wales policy as individual employers can choose to develop their own carers policies locally, however if carers can be mentioned in terms of general narrative this would be beneficial.

It would also be beneficial to provide a definition of a carer – *“someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse”*.

Comment from HDdUHB – Do we need to continue to refer to “whether opposite or the same sex”, isn't it now considered “the norm” – Response JCH 20/02/2020 – including this is a form of being explicitly inclusive in order that staff in same sex relationships have no doubt that the policy includes them.

7.1.3 Bereavement

Comment from HDdUHB - Could this section be made clearer to include the discretion of managers to grant additional time based upon employee circumstances.

It may be worth considering extending special leave to include the day after the funeral where death is of an immediate family member, for compassionate reasons and it may prevent staff from taking immediate sick leave following the funeral. In these circumstances, the day after the funeral can be just as difficult and if staff had an extra day of special leave for this, it may enable them to not have to think about work until after the funeral, at which point they might feel more able to make a decision about returning to work as opposed to making that decision beforehand when the funeral would be their main focus. It will not work in all cases, however is worthy of a discussion.

| | |
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| | <p>For death of an extended family member, could this be made clearer to include who would be classed as extended family.</p> <p>Update December 2020</p> <p>All Wales Policies are currently undergoing a programme of reformatting into a more user friendly format. The latest version of this policy adopts this approach and does not fundamentally change the principles or practical implementation of the policy. The changes made at this time have therefore been assessed as having a neutral impact in relation to equality, diversity and human rights.</p> |
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| Is the Policy Lawful? | Yes ✓ | <p>The policy has been drawn up with reference to the following:-</p> <ul style="list-style-type: none"> • Trade Union and Labour Relations (Consolidation) Act 1992 • Criminal Justice and Public Order Act 1994 • Employment Rights Act 1996 • Human Rights Act 1998 • Public Interest Disclosure Act 1998 • Public Interest Disclosure Act 2013 • Employment Relations Act 1999 • The Gender Recognition Act 2004 • Crime and Disorder Act 1998 • Employment Act (Dispute Resolution) Regulations 2004 • The Equality Act 2010 |
|------------------------------|--------------|--|

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| Will the Policy be adopted? | Yes ✓ | This is an update of an existing policy |
|------------------------------------|--------------|---|

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| | If no, please record the reason and any further action required: | |

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| Are monitoring arrangements in place? | Yes ✓ | Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken. |
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|--------------------------|-------------|--|
| Who is the Lead Officer? | Name: | Lisa Gostling |
| | Title: | Director of Workforce and Organisational Development |
| | Department: | Workforce and Organisational Development |
| Review Date of Policy: | | |

| Signature of all parties: | Name | Title | Signature |
|--|---------------|--|---------------------------------------|
| | Kim Warlow | Workforce Management | |
| | Jackie Hooper | Senior Diversity and Inclusion Officer | 20/02/2020 Update 17 December 2020 |
| <p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p> <p>Comments from HRPRG will be forwarded to the All Wales Group for consideration. The EqIA will be reviewed and updated if required following receipt of the final version of the policy.</p> | | | |

A light green map of Wales is centered on a teal background. The map shows the outline of Wales and its internal county boundaries. The text "All Wales" is positioned to the left of the map, and "Special Leave Policy" is overlaid on the lower-left portion of the map.

All Wales

Special Leave Policy

Sections

01

Special Leave Policy

02

Appendix A:
Application for
Special Leave

01

Special Leave Policy

Approved by: Welsh Partnership Forum

Issue Date: December 2020



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01 Special Leave Policy

1. Policy Statement

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to

resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.

- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued

dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

2. Introduction

This policy sets out the approach of the to special leave and the procedure for dealing with applications for special leave.

This policy is intended to ensure that the

complies with section 57A of the Employment Rights Act 1996, as amended by the Employment Relations Act 1999, and the Civil Partnership Act 2004. This legislation provides a right for employees to request a reasonable amount of time off work to deal with unexpected or sudden emergencies and to make any necessary long-term arrangements; section 50 of the Employment Rights Act 1996, ensures that employees are allowed reasonable time off work to perform certain public duties.

In line with the Equality Act 2010, the is committed to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender,

gender reassignment, marriage and civil partnership, age, sexual orientation, religion or belief, language and human rights. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.

recognises the right of all employees subject to this policy to be treated fairly and with dignity and respect.

also recognises it has a legal duty to make any reasonable adjustments to the workplace, or to the way work is done, to ensure that a disabled employee is not substantially disadvantaged.

attaches considerable importance to assisting employees in balancing the responsibilities of their work with their domestic and family responsibilities. It is recognised that in the majority of instances these commitments can be planned and are therefore outside of the remit of this policy.

supports its employees, at times of urgent and unforeseen need, by consideration of the provision of additional leave according to circumstance.

The situations that this policy is intended to deal with are:

- Emergency carers and dependant leave
- Unexpected crisis leave
- Bereavement leave

Leave granted under this policy is not intended for long term or foreseeable domestic and family situations, which may be provided for in other ways, e.g. annual leave, unpaid leave, reduced working hours etc.

The policy will also consider the awarding of reasonable time off to staff to enable them to undertake civil and public duties requiring them to be away from the



workplace in the following circumstances:

- Time off for public duties
- Jury service
- Reserve and cadet forces
- Attending job interviews

(This list is not exhaustive)

Special Leave is not an entitlement; however, requests for special leave will be considered sympathetically in the light of individual circumstances and may be granted at the discretion of the line manager. It is important for employees to consider the needs of the

and to make every effort to make alternative arrangements wherever possible.

3. Scope of Policy

This policy applies equally to all employees and aims to give clear guidelines to employees and managers when dealing with requests for paid and/or unpaid special leave.

There is no minimum service requirement to make a request for special leave.

This policy recognises that there are 2 types of special leave; unforeseen/unplanned need for personal reasons; and time off to perform public duties. Section 7 of the policy looks at the differential between the two distinct types of leave in detail.

4. Principles

Managers should interpret the policy in a flexible and caring way. Managers will wherever possible and appropriate seek to grant requests for special leave, within the scope of the policy, bearing in mind workplace demands in the case

of planned leave (see section 7.2). An underlying principle of the approach of the policy is that managers should “know their employees” and be familiar with any issues that the employee may have and be aware of needs of their employees. The manager in “knowing their employee”, has the ability to apply discretion in the application of the policy.

Treating all employees in a trusting and respectful manner, at such times, is good management practice, which can bring positive long-term benefits to the employment relationship, between the manager and the employee.

Employees will need to openly discuss with their manager the reasons and circumstances that have led to their special leave request. There should be an acknowledgment by the employee that special leave may only be granted by the agreement of their manager, in consultation with their Workforce & OD department, if appropriate.

This policy includes the provision for staff to be granted a period of paid or unpaid leave, dependent upon the circumstances. It is also important to stress that it is not necessary for employees to use up their annual leave entitlement before they can apply for special leave.

All special leave must be applied for and granted consistently throughout the

5. Responsibilities under the policy

5.1 Line Managers

Line managers are responsible for:

- ensuring that employees are aware of the policy;
- all requests for paid and unpaid special leave are made on the relevant application form (appendix A);

- decisions about special leave requests are made on the basis of the employee's individual circumstances and are consistent with the policy;
- considering flexible working, in consultation with the employee, if there is pattern emerging of utilising leave, sickness and special leave to cover short-term issues
- monitor the usage of special leave and where refused identify what alternatives have been offered;
- retaining relevant documentation within the employee's personal file;
- ensuring notification of any period of paid or unpaid special leave to payroll, including completion of the Electronic Staff Record (ESR) on Self Service where available;
- maintaining regular contact where appropriate with individual staff members;
- offering/signposting counselling as appropriate.

5.2 Employees

Employees are responsible for:

- ensuring they are familiar with this policy;
- ensuring they have relevant and appropriate arrangements, including contingency arrangements to allow them to fulfil their contractual obligations;
- ensuring that they tell their employer as soon as possible the reason for their absence and how long they expect to be absent;
- ensuring all requests for paid and unpaid special leave are made using the relevant special leave application form (appendix A), having been discussed with their line manager.

6. Types of Leave

6.1 Definition of paid leave

The pay that an individual would normally have expected to receive for the shift(s)

had they been in work.

6.2 Unpaid leave

Leave taken when an employee's time off from work is not covered by existing benefits such as sick leave, annual leave and is not remunerated.

6.3 Time off in lieu

Time that an employee who has worked additional hours (unpaid not overtime) over and above their contracted hours may take off from work with the agreement of their employer.

6.4 Annual leave

Annual leave is paid time off from work granted by employers to employees to be used for whatever reason the employee wishes (see NHS Terms and Conditions of Service – Section 13 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

6.5 Flexitime leave

Leave to be taken from time built up as part of a formal or informal flexitime arrangement.

6.6 Parental leave

Leave for eligible employees for the purpose of caring for their child (see NHS Terms and Conditions of Service Section 33 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales)



Conditions - Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

7. Different types of Special Leave

7.1 Unplanned/Times of unforeseen need

7.1.1 Emergency carers and dependant leave

An employee has a right to take a reasonable amount of time off work when it is necessary to:

- (a) provide assistance when a dependant falls ill, gives birth, is injured or assaulted;
- (b) make longer-term care arrangements for a dependant who is ill or injured;
- (c) take action required in consequence of the death of a dependant;
- (d) deal with the unexpected disruption, termination or breakdown of arrangements for the care of a dependant (such as a child-minder falling ill); and/or
- (e) deal with an unexpected incident involving their child while a school or another educational establishment is responsible for them.

A **dependant** is:

- (a) the employee's spouse, civil partner, parent or child;
 - (b) a person who lives in the same household as the employee, but who is not their tenant, lodger, boarder or employee; or
 - (c) anyone else who reasonably relies on the employee to provide assistance, make arrangements or take action of the kind referred to above
- (see NHS Terms and Conditions of Service Section 33).

A **carer** is:

someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

It should be noted that this does not include any situations, which are pre-planned or where the employee has prior knowledge of the arrangements. In these instances, special leave will not apply, and the expectations will be for the employee to make alternative arrangements such as requesting annual leave.

Usually no more than 3 days may be granted per episode, or no more than 6 days paid leave pro rata in any rolling 12-month period, as other types of leave may be taken to extend the period of absence. As an alternative or in addition to the above, "home working" may be an option in some circumstances.

7.1.2 Unexpected crisis leave

There may be times when employees may need to deal with situations not mentioned in the policy but are nevertheless considered important enough to affect the ability of the employee to attend work and which may be resolved by limited time off. An example of such a situation may be the need to deal with urgent unexpected house repairs or following a burglary or flood. Usually no more than 1 day will be granted to deal with the initial crisis. This type of leave is not meant for example to await delivery of a household item or awaiting a pre-arranged engineer to call as these would not be regarded as emergencies.

7.1.3 Bereavement

An employee will be allowed to take a reasonable amount of time off, for

bereavement, as follows:-

- For bereavement purposes, individual, social, cultural, religious and geographical circumstances should be considered when granting special leave. Depending on these circumstances managers are able to grant either:
 - Special leave for the period up to and including the day after the funeral (if there are specific religious and/or cultural requirements for example in some religions/cultures individuals may be buried within 24 hours, discretion should be used when considering the amount of time required);
 - Special leave for the day of the funeral and/or the day of/after bereavement;
 - Annual leave, flexi-leave or unpaid leave for the day of the funeral.

It is recognised that grieving can go on for much longer than the initial bereavement and therefore the use of the managing attendance at work policy, annual leave, flexible working and unpaid leave should be considered.

- Death of a child, in respect of which the employee is the child's parent or for which an employee has had primary caring responsibility. Section 23 of the NHS Terms and Conditions of Service Handbook provides for two weeks paid leave. In line with the bullet point above, a significant period of time off in excess of two weeks may be required and appropriate conversations will need to be held on an ongoing basis between the employee and manager in a sensitive manner about the amount of ongoing special leave required and flexibility and support for the employee on their return to work. Section 23 also provides further detail regarding the wider provisions of support for employees in such difficult circumstances.

7.1.4 Staff Experiencing Domestic Abuse

The effect of domestic abuse is wide ranging. Members of staff may need time off work to access legal or financial advice, to arrange child care or alternative accommodation and to seek medical advice. Managers should be flexible when supporting a member of staff who is experiencing domestic abuse and treat each instance sensitively and individually. Members of staff should not be expected to provide proof of their circumstances. Generally, up to 3 days may be granted for each required leave period with up to 10 days paid leave pro rata in any rolling 12-month period. Other types of leave may be taken to extend the period of absence

7.1.5 Medical Appointment

Reasonable time off for medical and dental appointments is covered in the All Wales Managing Attendance at Work Policy.

7.2 Planned Time Off

7.2.1 Time off for public duties

Individuals have the right to reasonable paid time off work to carry out certain public duties and services. These rights will vary depending on the type of work, and what the duty or service is. When contemplating undertaking such roles, staff should discuss this with their line manager and together they should consider the likely impact this will have on their work attendance and the needs of the service.

Individuals are allowed reasonable time off work for public duties (up to 18 days pro rata) if they are one of the following:

- a magistrate, sometimes known as a justice of the peace
- an elected local councillor

- a member of a police authority
- a member of any statutory tribunal (e.g. an Employment Tribunal, Fitness to practice hearings)
- a member of the managing or governing body of an educational establishment
- a member of the General Teaching Council for Wales
- a member of the Natural Resources Wales
- a member of the prison independent monitoring boards
- a member of any other applicable organisation referred to in section 50(2) of the Employment Rights Act 1996

Individuals requesting time off for public duties need to discuss these arrangements with their line manager in a timely manner, confirming the nature of the duties and the amount of time to be taken.

Any individual who has been allowed paid time off for public duties must refrain from then claiming or accepting any fee or allowance for undertaking that public duty. For the avoidance of doubt, in this context, 'fee or allowance' is not intended to cover any subsistence payment or reimbursement of expenses incurred in the performance of the public duties.

7.2.2 Job Interviews

Requests for leave to attend job interviews within the NHS or Welsh Government's Health and Social Care Department will not be unreasonably refused. However, NHS organisations may insist that annual leave is taken to attend interviews outside of the NHS rather than special leave granted.

7.2.3 Jury Service/Court Witnesses

Individuals will initially continue to be paid by the NHS organisation for an initial period of jury service or court attendance as a witness that they are required to

undertake. The individual should discuss with their line manager whether or not they will continue to be paid as normal during the entire period of jury service or court attendance as a witness, and consequently, whether they will need to make a loss of earnings claim to the Court or elsewhere.

Individuals should provide documentary evidence of the request for jury service/ court attendance as a witness and discuss with their line manager in a timely manner.

Employees must be aware that if the court advises that they are not required for court service on any given day or if the court finishes early the employee must contact work and agree working arrangements for the period.

Alternative arrangements to cover this e.g. home working / annual leave may be agreed through discussion with their line manager.

7.2.4 Reserve and Cadet Forces

Refer to Reserve Forces – Training and Mobilisation Policy.

7.2.5 Fertility Treatments

It is recognised that infertility can cause considerable distress and

is supportive of employees who may decide to undertake fertility treatment.

will provide limited paid leave for this purpose, where the request is supported by documentary evidence, from the employee's GP or consultant/specialist.

As fertility treatment can be a lengthy process, managers should discuss with the employee concerned, the likely duration of their treatment, together with the number of occasions and where possible dates, when they are likely to need time off work, to attend hospital for

their fertility treatment appointments.

It should be noted that following implantation, in law the employee will be considered to be pregnant and as such should be treated as pregnant and the normal pregnancy provisions applied.

will provide an employee who is to receive fertility treatment, with normally up to three days paid leave and a period of agreed unpaid special leave, in any rolling 12-month period. Each case should be treated on its own merits and alternative arrangements may also be considered, e.g. annual leave.

Where an employee experiences side effects or ill health as a result of their fertility treatment, which renders them unfit for work, such absences must be reported, certified and recorded in accordance with the sickness absence policy.

will provide an employee who is the partner of someone receiving fertility treatment with support and reasonable time off.

7.2.6 Wales for Africa

Requests for leave to attend initiatives as part of the "Wales for Africa" programme will be given fair consideration where not covered in local policies.

8. Appeals

An individual who considers the

has failed to comply with the provisions described previously in this policy should refer to the appeal process within the

Grievance Policy and Procedure.

9. Training and awareness

All staff will be made aware of this policy upon commencement of employment with the NHS Organisation. Copies can also be viewed on the NHS Organisation's Intranet or obtained via the Workforce and OD department and/or line manager.

10. Equality

recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect.

recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

11. Personal Data

Whenever

processes personal data about employees in connection with this policy, we will process it in accordance with our Data Protection Policy. We will only process employee personal data if we have a lawful basis for doing so. We will notify you of the purpose or purposes for which we use it.

12. Freedom of Information Act 2000

All NHS Organisations' 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 NHS organisation may be found in the publications scheme.

13. Records Management

All documents generated under this policy are official records of the

and will be managed and stored and utilised in accordance with the

Records Management Policy.

14. Monitoring

An accurate record of all special leave requests should be maintained on the Electronic Staff Record (ESR), to enable the organisation to consider whether there any issues that may be contributing to unintended discrimination. This information must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that the process is fair and equitable for all individuals and groups, and to demonstrate that the

is meeting its employment equality monitoring duties.

15. Review

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

Signed on behalf of the Staff Side:

Signed:

Name:

Title:

Date:

Signed on behalf of the Management Side:

Signed:

Name:

Title:

Date:

02

Appendix A: Application for Special Leave



Please note that if your organisation is using ESR self-service then special leave should be recorded through this mechanism

Application for special leave

Personal Details

Full name:

Employee number:

Position:

Organisation (Department):

Work base:

Contact telephone number:

Circumstances of leave

Emergency carers & dependant leave – Section 7.1.1 of policy (please give details)

Unexpected crisis leave – Section 7.1.2 of policy (please give details)

Bereavement – Section 7.1.3 of policy (please give details)

Time off for public duties – Section 7.2.1 of policy (please give details)

Job Interviews – Section 7.2.2 of policy (please give details)

Jury service/Attendance at court as a witness – Section 7.2.3 of policy (please give details)

Fertility Treatments – Section 7.2.5 of policy (please give details)

Wales for Africa – Section 7.2.6 of policy (please give details)

Other reason (please specify)

Number of days requested

Total number of days requested:

From (date):

To (date):

Signed:

Date:

To be completed by Line Manager

Special leave granted (this episode):

Is the special leave paid or unpaid?:

Number of days granted:

Number of days granted (in last 12-month period)

From (date):

To (date):

If not granted, please give reason:

Signed:

Date:

Name:

Position:

Copy to be placed on employee's personal file. This form can be completed retrospectively as long as permission for the special leave has been granted verbally.



SUMMARY EQUALITY IMPACT ASSESSMENT –

| | |
|----------------------|-----------------------------------|
| Organisation: | Hywel Dda University Health Board |
|----------------------|-----------------------------------|

| | | |
|-------------------------------|--------------------|--|
| Proposal Sponsored by: | Name: | Kim Warlow |
| | Title: | Workforce Management |
| | Department: | Workforce and Organisational Development |

| | |
|----------------------|--|
| Policy Title: | All Wales Recruitment and Retention Payment Protocol (RRP) |
|----------------------|--|

| | |
|---|---|
| Brief Aims and Objectives of Policy: | <p>The NHS pay system is predicated on the basis that employees will receive equal pay for work of equal value. However, it is accepted that market forces will apply to some jobs and some geographical areas. These market forces can be addressed by the payment of a local Recruitment & Retention Payment (RRP).</p> <p>1.2 The principles and rules in respect of the payment of a RRP are laid down in section 5 and annex 10 of the NHS Terms & Conditions of Service Handbook.</p> <p>1.3 Where organisations wish to introduce an RRP, the implementation of this protocol must be undertaken in partnership.</p> <p>The aim of the protocol is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.</p> |
|---|---|

| Was the decision reached to proceed to full Equality Impact Assessment?: | Yes | No✓ |
|--|-----|--|
| | | <p>The protocol states that:-</p> <p>5.2.1 The case for payment of an RRP must be robust enough to resist the challenge of an Equal Pay / Equal Value claim, i.e. that the payment is made as a consequence of a material factor which, if applicable, can be objectively justified. Thus as a general principle, NHS Organisations should demonstrate that they have exhausted all practical non-pay measures to resolve a recruitment and/or retention problem before considering payment of an RRP and that the payment of a RRP is likely to resolve the issue.</p> <p>The policy may impact people from Black, Asian and Minority Ethnic (BAME) backgrounds disproportionately as shortages within occupations are often medical, nursing and allied professions fields, where there is a significant proportion of BAME staff compared to other professions.</p> <p>There is no evidence at this stage to indicate that applying the protocol in Hywel Dda University Health Board (HDdUHB) will result in an adverse impact in relation to equality, diversity or human rights. The protocol has been assessed as having a neutral impact in relation to protected groups.</p> <p>It will be the responsibility of managers to ensure that they apply the policy consistently, fairly and with due consideration of individual circumstances on a case by case basis.</p> <p>The protocol prescribes that HDdUHB should “ monitor the awarding of any new RRPs to ensure compliance with the Equality Act 2010 by avoiding direct or indirect discrimination in respect of a protected characteristic as specified in that Act, in particular gender, and by meeting the public sector equality duty’.”</p> |

| | | |
|---|------------|-------------|
| If no, are there any issues to be addressed? | Yes | No √ |
| | | |

| | | |
|------------------------------|--------------|--|
| Is the Policy Lawful? | Yes √ | |
|------------------------------|--------------|--|

| | | |
|------------------------------------|---|--|
| Will the Policy be adopted? | Yes √ | This protocol is prescribed on an All Wales basis across the NHS in Wales. |
| | If no, please record the reason and any further action required: | |

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

| | | |
|---------------------------------|-------------------------------------|--|
| Who is the Lead Officer? | Name: | Lisa Gostling |
| | Title: | Director of Workforce and Organisational Development |
| | Department: | Workforce and Organisational Development |
| Review Date of Policy: | Three yearly or sooner if required. | |

| Signature of all parties: | Name | Title | Signature |
|--|---------------|--|------------|
| | Kim Warlow | Workforce Management | |
| | Jackie Hooper | Senior Diversity and Inclusion Officer | 17/12/2020 |
| <p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p> | | | |

“NHS Organisation”

Recruitment & Retention Payment Protocol

Approved by: Welsh Partnership Forum

Issue Date: December 2020

Review Date: December 2023

C O N T E N T S

1. Introduction
2. Purpose of this Protocol
3. Scope
4. Definitions / Glossary
5. Standards and Practice
6. Monitoring

Appendix A – Outline Business Case for a Recruitment & Retention
Payment (RRP)

1. Introduction

- 1.1** The NHS pay system is predicated on the basis that employees will receive equal pay for work of equal value. However, it is accepted that market forces will apply to some jobs and some geographical areas. These market forces can be addressed by the payment of a local Recruitment & Retention Payment (RRP).
- 1.2** The principles and rules in respect of the payment of a RRP are laid down in section 5 and annex 10 of the NHS Terms & Conditions of Service Handbook.
- 1.3** Where organisations wish to introduce an RRP, the implementation of this protocol must be undertaken in partnership.

2. Purpose of this Protocol

The aim of the protocol is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.

3. Scope

The policy is applicable to NHS Terms and Conditions of Service (AfC) posts where market pressures would otherwise prevent the Organisation from being able to recruit and retain staff in sufficient numbers (for the posts concerned) at the normal salary for the job.

4. Definitions / Glossary

Recruitment and Retention Payment (RRP) – are additions to the pay of a post or group of similar posts where market pressures would otherwise prevent the employer from being able to recruit or retain staff in sufficient numbers at the normal salary for jobs of that weight.

Short-term RRP – will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future.

Long-term RRP – will apply where the relevant labour market conditions are more deep rooted and the need for the premium is not expected to vary significantly in the foreseeable future.

5. Standards and Practice

5.1 Types of recruitment and Retention Payment

There are two types of Recruitment and Retention Payment (RRP) currently available for consideration. They include locally agreed long-term RRP and locally agreed short-term RRP. Employers should decide in partnership with local staff representatives whether the problem is likely to be resolved in the foreseeable future (in which case any premiums should be short term) or

whether it is likely to continue indefinitely (in which case any premium should be long term).

All National RRP's ceased on 1 April 2013.

5.2 Determining the need for Local RRP

5.2.1 The case for payment of an RRP must be robust enough to resist the challenge of an Equal Pay / Equal Value claim, i.e. that the payment is made as a consequence of a material factor which, if applicable, can be objectively justified. Thus as a general principle, NHS Organisations should demonstrate that they have exhausted all practical non-pay measures to resolve a recruitment and/or retention problem before considering payment of an RRP **and** that the payment of a RRP is likely to resolve the issue.

5.2.2 The main factors that will indicate a *prima-facie* case for consideration of a RRP are a consistent failure to recruit to a specific post(s) and/or a high level of staff turnover in a specific post(s). Thus in determining whether an RRP is appropriate, the following evidence should be gathered at departmental level in consultation with other appropriate departments e.g. finance, planning for inclusion in the outline business case (and in line with Annex 10 of the NHS Terms and Conditions of Service Handbook):

- evidence that all the new vacancies have been advertised in relevant local, regional, national and/or professional media
- evidence that recent adverts have produced insufficient suitable applications to fill all vacancies
- where recent adverts have produced insufficient suitable applications, the following information should be ascertained:
 - the media used
 - number of application packs requested
 - number of applications returned
 - reasons why those who applied were not suitable
 - the quality of recruitment documentation (advert, job description, person specification etc) should be scrutinised
 - consideration should be given to surveying people who requested application packages but did not submit for applications
 - where an applicant(s) was offered a position but rejected the offer, the reasons for not accepting the position
 - relevant national vacancy data
 - local labour market information
 - any expected increase in the supply of staff suitable for the post (e.g. new trainees).
- length of vacancy
- the turnover rates for the staff group concerned (has turnover risen sharply recently after a long period of stability? Is it only recently appointed staff who leave etc?)
- where possible, local turnover rates should be compared with national rates

- leaver questionnaires should be analysed and ideally exit interviews should be held to assess how far pay is a factor in an employee's decision to leave the organisation
- the position of neighbouring Organisations in relation to recruitment and/or retention of the staff group concerned (where neighbouring organisations employ the staff group concerned only)
- external non NHS rates of pay

NOTE: Some evidence should be provided against all the key bullet points above or, if it is not possible to provide evidence, an explanation as to why the evidence cannot be provided should be documented (e.g. it is not possible to detail turnover rates because it is a newly developed post or role etc.).

5.2.3 The department seeking payment of an RRP will complete Sections 1 – 6 of the attached Outline Business Case for a Recruitment and Retention Payment pro-forma (appendix A), which outlines the case and evidence base for the RRP. The pro-forma will be submitted to the Director of Workforce & OD.

5.2.4 The organisation's Workforce & OD Department will establish a panel comprising a balance of Management (Senior Manager(s) together with a representative from Workforce & OD) and TU Representatives (from trades union not involved in the application). It is recommended that the minimum panel should consist of two management and two trade union representatives who should be sourced from within the organisation but who have no connection with the managerial area or trade union representing the staff group submitting the application.

5.2.5 The panel should meet to review the evidence gathered and, if it deems it appropriate, may ask representatives from the management area/staff group concerned to attend a meeting with the panel so that clarification regarding the detail of the application can be sought.

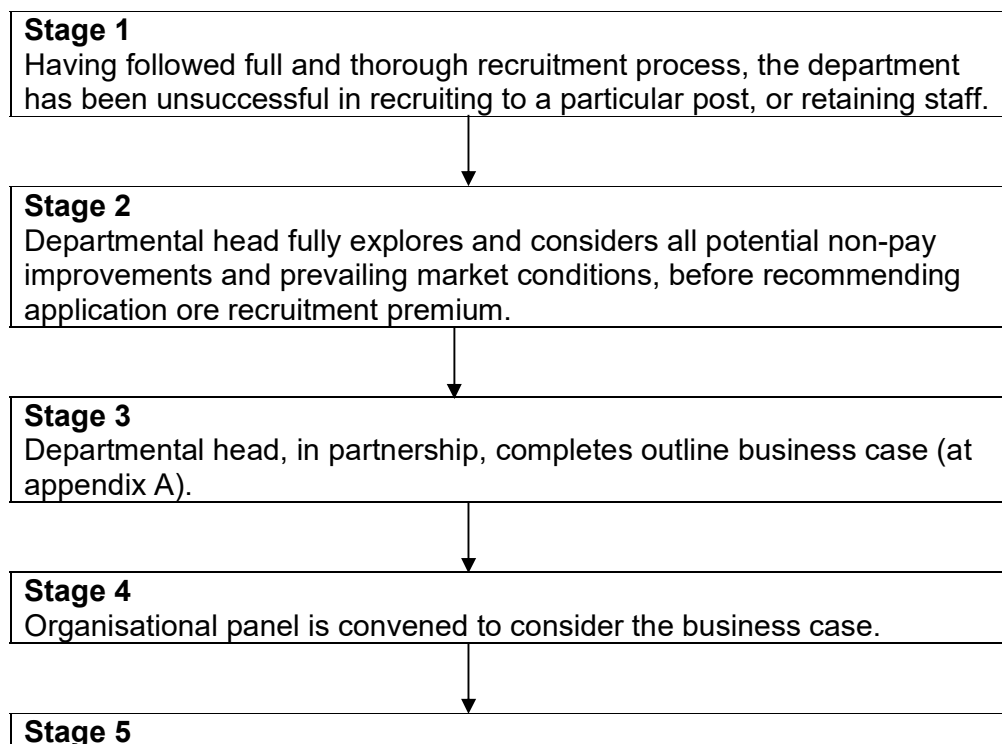
5.2.6 The panel will need to determine whether an RRP is appropriate and if so the type of RRP needed (short or long term) together with the level of any such RRP (refer to section 5 of the AFC Terms and Conditions of Service Handbook). The first test will always be, from the evidence gathered, can the recruitment and/or retention problem be resolved by the application of non-pay measures? It may be necessary for potential non-pay solutions to be applied and the impact of these analysed before making a final determination on the application of an RRP.

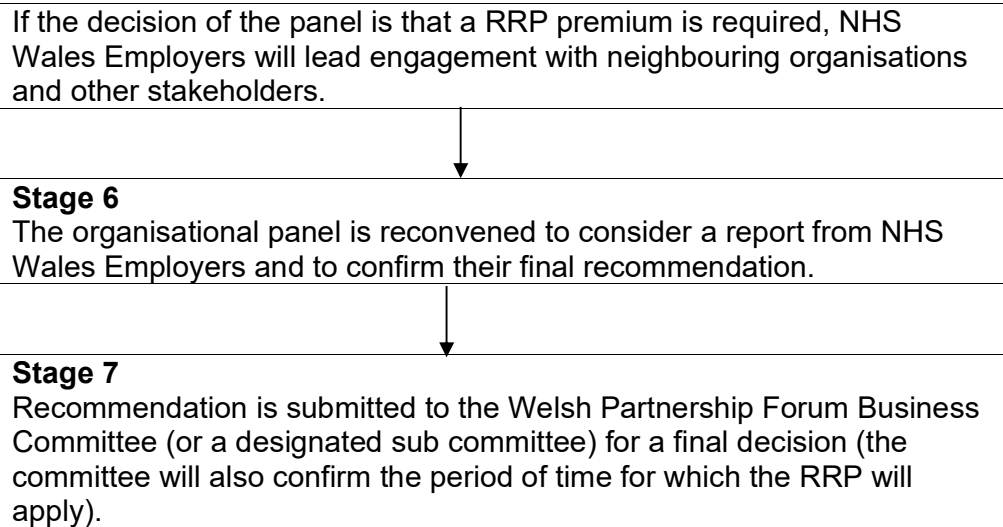
5.3 Consultation Process

5.3.1 Once an NHS Organisation has decided that a recruitment and/or retention problem can best be resolved through payment of an RRP, there is a requirement to consult with neighbouring employers, staff side organisations, and other stakeholders before implementing any premium. This section aims to provide a consistent method and timescale for conducting this consultation.

- 5.3.2** The NHS Organisation seeking payment of an RRP will amend and complete the Outline Business Case Pro-forma, with the exception of Section 7, and in particular should ensure that other stakeholders are clearly identified in Section 6.
- 5.3.3** NHS organisations will submit the completed pro-forma to NHS Wales Employers (NWE). NWE will then simultaneously circulate the completed pro-forma to the Joint Chairs the Local Partnership Fora of the neighbouring organisations, and any other stakeholders identified in Section 6 of the outline business case.
- 5.3.4** Once circulated the organisations/individuals will have 21 days in which to respond with comments to NHS Wales Employers.
- 5.3.5** At the end of the consultation period, the panel constituted by the NHS Organisation to consider the RRP will be re-convened to review the RRP in light of the comments received. A written report will be presented by NWE in order that Section 7 of the pro forma can be completed. If any changes are made to the proposed RRP as a result of these comments, NWE will inform those involved in the consultation process of the final recommendation.
- 5.3.6** NHS Wales Employers will receive the final recommendation (with supporting evidence) and submit this to Welsh Partnership Forum Business Committee (or a designated sub committee) for a final decision (the committee will also confirm the period of time for which the RRP will apply).

The above activities are summarised in the process pathway below:





5.3.7 Any extensions to the length of time for which a RRP will apply will also need to be agreed by the Welsh Partnership Forum Business Committee (or a designated subcommittee). A review process will be initiated 12 months before the expiry date of the RRP. The RRP will cease once expired unless re-submitted to the committee for an extension.

6. Monitoring

The NHS Organisation should monitor the awarding of any new RRP's to ensure compliance with the Equality Act 2010 by avoiding direct or indirect discrimination in respect of a protected characteristic as specified in that Act, in particular gender, and by meeting the public sector equality duty'.

Appendix A – Proposal for a Recruitment and Retention Payment (RRP)

NHS Wales Outline business case for a recruitment and retention payment (RRP)

Ref: _____

Date: _____

| |
|---|
| Section 1 |
| NHS organisation _____ |
| Department _____ |
| Contact _____ |
| RRP Application being considered for the following staff group: |
| Post(s) affected: _____ |
| Pay Band: _____ |
| Number of posts: _____ |
| Section 2 |
| <u>RRP Proposed</u> : tick as appropriate |
| <input type="checkbox"/> New RRP |
| <input type="checkbox"/> Review of existing RRP |
| <input type="checkbox"/> Short Term RRP – Length of time: _____ |
| <input type="checkbox"/> Long Term RRP – Length of time: _____ |
| Proposed value: _____ |
| Is this due to: |
| <input type="checkbox"/> Difficulties in recruiting staff |
| <input type="checkbox"/> Difficulties in retaining staff |
| <input type="checkbox"/> Both |

Section 3 (Please provide documented evidence)

Statement of need and evidence – factors to include: results of exit interviews, response to adverts, information on market rates, turnover, external non NHS rates of pay, etc.

Section 4 (Please provide documented evidence)

Summary of other measures (and outcomes) already considered/carried out – e.g. flexible working, training, and recruitment initiatives.

Section 5 (Please provide documented evidence)

Expected measurable benefits

Section 6 (Please provide documented evidence)

Health economy implications – who else could be affected by this application and what stakeholders should be consulted over this application?

Section 7

Comments from the wider health economy (to be completed following engagement)

Section 8 (Please provide documented evidence)

Suggested value or RRP (per full time post)

£

Number of employees

Total cost

£

Section 9

Expected Review Date: _____

Name of proposing manager: _____

Post: _____

Signature: _____ Date: _____

Workforce & OD Director signature: _____

Date: _____

Finance Director signature: _____

Date: _____

| |
|-----------------------------|
| Staff Side signature: _____ |
| Date: _____ |

For Office Use Only:-

Date Business Case Received: _____

Date Circulated and List of Recipients: _____

Comments received by: _____

Date recommendation submitted to WPF Business Committee: _____