

- 5.1 Corporate & Employment Policies
Presenter: Huw Thomas/Lisa Gostling
Employment Policies SBAR AUG 2020 FINAL
311-DomesticAbuseWorkplacePolicy-final Aug 2020
PPPAC - August 2020 SBAR FINAL
Overtime Policy
Reserve Forces - Training and Mobilisation Policy

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Employment Policies Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce and Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The following employment policy has been reviewed and is being submitted to the People Planning and Performance Assurance Committee (PPAC) for approval.</p> <ul style="list-style-type: none"> Domestic Abuse Policy
<p><u>Cefndir / Background</u></p> <p>All Hywel Dda University Health Board (HDdUHB) employment policies are reviewed on a 3 yearly basis.</p>
<p><u>Asesiad / Assessment</u></p> <p>Policies are reviewed in line with legislation and local and national agreements.</p> <p>Amendments to the reviewed policy are summarised below:</p> <p>Domestic Abuse Policy – some specific references to violence against women have been replaced with domestic abuse and sexual violence and policy title change. Confirmation has been provided that as these changes are only minor, this would not necessitate the revised policy requiring global consultation.</p> <p>The policy for approval is attached. Please note that references to “draft” within the policy will be removed upon approval.</p>
<p><u>Argymhelliad / Recommendation</u></p> <p>PPAC is asked to consider and approve the revised Domestic Abuse Policy.</p>

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Sub-Committee ToR Reference: Cyfeirnod Cylch Gorchwyl yr Is-Bwyllgor:	5.21 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 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Employment Policy Review Group – 7 th February 2020

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	All policies apply to all employees

Risg: Risk:	All employees must adhere to policies in line with their terms and conditions of employment
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Full equality impact assessments are undertaken for each policy/procedure



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Hywel Dda
University Health Board

Domestic Abuse and Sexual Violence Workplace Policy

DRAFT FOR CONSULTATION

Policy Number:	311	Supersedes:	All previous arrangements and policies relating to domestic abuse	Classification	Employment
Version No	Date of Eql:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4	November 2016	PPPAC			

Brief Summary of Document:	This policy will provide guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace and assist managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence. By developing an effective policy and working to reduce the risks associated with domestic abuse and sexual violence, Hywel Dda UHB will create a safer workplace and send out a strong message that all types of violence and abuse are unacceptable.
Scope:	For all Hywel Dda University Health Board employees, including agency workers, contractors, volunteers, students and trainees who may be affected by domestic abuse and sexual violence.
To be read in conjunction with:	Violence Against Women, Domestic Abuse and Sexual Violence Act 2015 592- Ask and Act –Violence against women, domestic abuse and sexual violence Policy Social Services and Wellbeing Wales Act (2014) Wales Safeguarding Procedures 2019 126 - Work life Balance Flexible Working Policy 122 – All Wales Special Leave Policy 768 – Managing Attendance at Work Policy 246- Allegations of Harm/Abuse involving Children or Adults (Professional Abuse Policy). NICE (2016) Domestic violence and abuse- (QS116)

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	203 – All Wales Capability Policy 201- All Wales Disciplinary Procedure
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Owning Committee	Workforce and Organisation Development committee
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Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality & Patient Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New policy	July 2012
2	Updated	December 2016
3	Revised	23/1/20
4	Full review	

Glossary of terms

Term	Definition
VAWDASV	Violence against Women, Domestic Abuse and Sexual Violence.
ONS	Office for National Statistics

Keywords	Violence against Women, Domestic Abuse, Sexual Violence, Child Protection, Safeguarding Children, Safeguarding Adults.
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1. INTRODUCTION

Incidents of violence against women, as well as domestic abuse and sexual violence against men, women and people identifying as transgender has a serious impact on those who experience it. It is estimated that domestic violence and abuse affects 1 in 3 women and 1 in 6 men in their lifetime (Office for National Statistics (ONS) 2019). Domestic violence and abuse affects both women and men but whilst young men are most likely to be the victims of violence generally (ONS 2019), women are disproportionately affected by all forms of intimate violence.

The effects and costs of domestic violence and abuse within the workplace remain relatively hidden and unidentified by most organisations. The Home Office (2019) note that overall in 2016/17, domestic abuse is estimated to have cost over £66 billion. They state that the largest proportion is the estimated physical and emotional costs, but lost output relating to time lost at work and reduced productivity afterwards is £14 billion.

Business in the Community (2019) demonstrate that:

- Older women and men are less likely to report their experiences of domestic abuse
- Those with disabilities are more likely to experience domestic abuse and sexual violence than non-disabled people
- Ethnic minority women and men face additional barriers to accessing support. Their experiences may be compounded by discrimination. They may be unwilling to seek help from statutory agencies because they fear a racist response
- Women and men from different cultural backgrounds might experience abuse in different forms, such as so called 'honour' based violence
- Lesbian, gay and bisexual women and men can be vulnerable to abusers who threaten to 'out' them to colleagues, employers and family members
- Transgender women and men have fewer services available to them, and can face similar emotional abuse
- Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth
- Men experiencing domestic abuse and sexual violence find it more difficult to disclose abuse and often find more barriers to accessing support. 15% of men aged 16-59 say they have been physically assaulted by a current or former partner at some point in their lives
- Perpetrators may be very reluctant to acknowledge what they are doing and to ask for help
- 75% of women that experience domestic abuse are targeted at work (CAADVA, 2012) – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults.

In 2015, The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) was enacted. This legislation seeks an improved collective public sector response, stronger leadership and a more consistent focus on the way these issues are tackled in Wales, including support to victims. . More importantly it seeks to stop the abuse happening in the first place.

For the purpose of the policy, whenever the term 'domestic violence and abuse' is used it means violence against people of any gender, domestic abuse and sexual violence as described by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. It also includes any gender based violence.

2. POLICY STATEMENT

Hywel Dda University Health Board recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse as well as employees who are perpetrators or who are alleged to be perpetrators.

Hywel Dda University Health Board supports the Welsh Government Violence against Women, Domestic Abuse and Sexual Violence Act (2015) in being wholly committed to the resolution of domestic violence and abuse (WG, 2015). Hywel Dda University Health Board is therefore committed to addressing the occurrence of domestic violence and abuse and sexual violence against any gender. Hywel Dda University Health Board will:

- Provide support in a confidential, sensitive and non-judgemental manner to employees who experience domestic abuse / violence;
- Raise awareness of domestic abuse and violence by providing training
- Take appropriate action in relation to employees who are perpetrators of domestic abuse.

Sources of support can be found at Appendix 1.

3. SCOPE

This policy will apply to all employees of Hywel Dda University Health Board. This also includes students, volunteers, locum staff, agency and bank staff, contractors and trainees. It is recognised that whilst both women and men can be victims of domestic violence and abuse, the majority of such abuse is perpetrated by men against women and their children. Where appropriate, this Policy should be used in conjunction with other Health Board policies such as the 592- Ask and Act –Violence Against Women, Domestic Abuse and Sexual Violence Policy; 201- All Wales Disciplinary Procedure, 203 - Capability Policy, 126 - Work life Balance Flexible Working Policy and 122 – All Wales Special Leave Policy.

Where a case involves child protection issues, managers must refer to the Wales Safeguarding Procedures.

Where a case involves adult safeguarding concerns, managers must refer to the Wales Safeguarding Procedures.

4. AIM

The aim of this policy is to ensure that Health Board employees who are experiencing or have experienced domestic violence and abuse are offered the appropriate response and support. It also aims to ensure that employees that are perpetrators or alleged perpetrators of domestic violence and abuse are managed appropriately.

5. OBJECTIVES

The aim will be achieved by:

- Assisting managers to provide a confidential, sympathetic and supportive response to staff who experience domestic violence and abuse.
- Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

6. PROCEDURE:

6.1. Definitions

'Violence against women' has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

'Domestic abuse' has been defined by the Home Office (2013) as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Appendix 2 sets out further detail of the above definitions.

6.2. Reasons why it is difficult to identify, domestic abuse and sexual violence

Often an employee who is experiencing domestic violence and abuse may be reluctant to tell people at work (colleague or manager) of their situation. It has been shown that, on average, an individual will experience 35 episodes of domestic violence and abuse before they decide to seek help (Walby 2009).

Reasons for reluctance can include:

- Shame and embarrassment of their situation.
- Cultural stigma.
- Lack of knowledge of what help is available to them.
- Unclear of where they can access help.
- Fear of making the situation worse.
- Fear that their children may be taken away from them.
- Fear of seeing their partner prosecuted.
- Belief that the abuse will not happen again.
- Denial that the abuse is happening.

7. EMPLOYEES EXPERIENCING DOMESTIC VIOLENCE AND ABUSE

The Health Board respects the employee's right to privacy in the event that they do not wish to inform the organisation that they have experienced, or are experiencing, any domestic violence or abuse. Employees who make it known to Hywel Dda University Health Board that they are experiencing domestic violence and abuse will be treated in a sympathetic and supportive manner. They will not be judged by other employees and will be encouraged to help themselves out of their abusive circumstances, having due regard for their personal safety, and that of their children and other adults who may be at risk in the household if applicable.

Employees can seek advice and support from their line manager or human resources department. Alternatively, employees can contact the Occupational Health Service or Staff

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Psychological Well-Being service for confidential advice. Trade Union representatives should also be able to provide advice and support. **The Wales domestic abuse helpline number should be given to the employee; Live Fear Free 0808 80 10 800.**

Employees should be encouraged to discuss any issues of domestic violence and abuse with their line manager as often the effects of abuse can affect an employee's standard of work or attendance. It is important to note that an employee who is experiencing domestic violence and abuse may demonstrate poor punctuality, poor attendance, poor work performance and productivity. The manager should be aware that these factors may be symptoms of abuse and take appropriate steps to try and establish this prior to instigating any formal procedures for example under the 768 - Management of Attendance at Work Policy and 203 – All Wales Capability Policy.

Employees who recognise or suspect that a colleague is living in an abusive situation at home should speak in confidence to their line manager or Human Resources Department. Employees should recognise that they are not trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

7.1 The Manager's Response

7.1.1 Information Guide for Managers/Workers, Initial Approach

Managers need to develop a sensitive and non-judgemental approach when dealing with employees who have experienced domestic abuse/violence. Research has shown that it can take a long time and be extremely difficult to break free of an abusive relationship. The manager should also remember that, very often, signs of abuse will not be visible and that an individual may leave their abusive environment only to return again sometime in the future (refer to Appendix 3 - possible signs of violence against women, domestic abuse and sexual violence). It should not be assumed therefore that because an individual returns or stays in an abusive relationship that the abuse was not severe or did not take place. Managers should:

- Take time to listen to the employee and believe what is said by the employee;
- Ensure that any discussion about the employee's situation takes place in private and their confidentiality is respected as far as possible (see section 7 confidentiality);
- Understand that the employee may not wish to approach their Line Manager, and may prefer to involve a third party such as a work colleague, Workforce Adviser, Occupational Health Advisor, or a Trade Union Representative;
- Be aware that there may be additional issues faced by the employee because of their age, gender, sexuality, ethnic background or disability etc.;
- Allow time for the employee to explore options and make decisions;
- The manager may wish to discuss the situation, without disclosing the name of the person, with the **Live Fear Free Helpline 0808 80 10 800**, or contact a Workforce Adviser or the corporate safeguarding team for advice.
- Offer, but not impose, practical support as set out below.

7.2 Ensuring Safety at work

- Where the employee and the perpetrator both work for the Health Board, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.

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- Improving security measures e.g. ensuring that access to buildings are open to authorised staff only;
- Staff do not divulge information about employees, especially personal details such as home addresses, telephone numbers or times of work;
- Offering permanent or temporary changes in work locations, times and patterns of work, helping to make the employee less at risk at work and on their journey to and from work. This could include change to the office layout to ensure that the employee is not visible from reception points or ground floor windows;
- Offering changes in specific duties, e.g. answering phones or working in reception area, or in exceptional circumstances, redeployment to another post if alternative arrangements are not feasible;
- Agreeing what to tell work colleagues and how they should respond if the abuser phones or calls into the workplace;
- Ensuring that the systems for recording employees whereabouts during the day are adequate and if their work requires visits outside the workplace, consider how risks can be minimised (e.g. changing duties or allowing another colleague to accompany them on certain journeys);
- Recording any incidents of abuse in the workplace, including persistent phone calls, e-mails, or visits to an employee by their abuser. Details of any witnesses to these incidents should also be noted. The record must be clear, accurate and include date(s), time(s) location(s) and details of any witnesses.
- Records must be factual not opinion based. Must be held securely and in accordance with the Data Protection Act.
- They should be held separately from official employee records.
- These records could be used if the employee wants to press charges or apply for an injunction against the alleged perpetrator.
- The employer could also apply for an injunction if the actions of an alleged perpetrator impinge on the health and safety of employees.
- Review the employee's next of kin information (the ex-partner may still be listed or the abuser may still be the partner of the victim)
- Do not make contact with the perpetrator and never attempt to mediate between an employee and a perpetrator of violence/abuse nor suggest to them that they access professional mediation services (if a perpetrator becomes aware that someone knows about the abuse and/or violence it could compromise the employee's safety or make a difficult situation even worse.)

8 EMPLOYEES WHO ARE ALLEGED PERPETRATORS OR PERPETRATORS OF DOMESTIC ABUSE AND SEXUAL VIOLENCE.

Domestic abuse and / or sexual violence perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Employees should be aware that misconduct inside or outside of work (whether or not it leads to a criminal conviction) is viewed seriously and can lead to disciplinary action and referral to a relevant professional body. **Allegations against employees of the Health Board may be subject to Policy 246- Managing Allegations against Employees of HDUHB of Harm/Abuse involving Children or Adults Policy.**

All employees must declare any criminal offence to their Line Manager.

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The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing risk to others including the victim and any identified children/adult at risk. The Health Board recognises that it has a role in encouraging and supporting employees to address their violent and abusive behaviours.

8.1 The Manager's Response

- Allegations will be dealt with fairly and in a way that provides support for the employee who is the subject of the allegation or disclosure. **They can be sign posted to the Respect resources who offer a support service for perpetrators of domestic abuse <https://respectphoneline.org.uk/>**
- Information is restricted only to those who have a need to know.
The alleged perpetrator or perpetrator will be:
 - Treated fairly and honestly
 - Helped to understand the concerns expressed and processes involved
 - Kept informed of the progress and outcomes of any investigation and the implications for any disciplinary process
 - Advised to contact their Trade Union or Professional organisation
 - Advised that they may seek advice from an appropriate source, such as the Occupational Health Department or Staff Psychological Well-Being Service.
 - In addition to considering disciplinary action against the alleged perpetrator or perpetrator, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.
 - Action may also need to be taken to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both employees or withdrawing the alleged perpetrator's access to certain computer programmes or offices.
 - However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship may choose to seek solutions jointly and in such situations, appropriate support should be given.

It is important to note that this procedure is intended to be safety focussed and supportive rather than punitive.

There are four important strands in the consideration of an allegation:-

- a police investigation of a possible criminal offence
- disciplinary action by the employer
- providing specialist, safety focussed counselling
- identifying risk

If a colleague is found to be knowingly assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as a telephone, email or a fax machine then they will be seen as having committed a disciplinary offence.

9 Malicious allegations

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, then this will be treated as a serious disciplinary offence and action will be taken in line with the Health Board 201–Disciplinary Policy.

10 Confidentiality

As far as possible, information should only be shared on a needs to know basis in order to achieve the best outcome for the employee. Where possible this should be done with the employee's permission. Managers are responsible for ensuring information is not disclosed and that all employees are aware of their responsibilities in relation to confidentiality. There are exceptions when confidentiality can be broken, for example when there are concerns about children or vulnerable adults. It is important to seek specialist advice before doing so and to discuss this with the employee Equality and Human Rights Commission (2010).

11 Safeguarding Children

There is considerable overlap between violence against women, domestic abuse and sexual violence and the abuse of children. According to child protection experts, there is significant evidence that demonstrates that men who are abusive to their female partners are more likely to physically abuse their children. In some instances the children may also be injured in the course of an assault on their mother (Stanley 2011, Safe Lives 2015).

Children may be directly, indirectly or accidentally involved in violence against women, domestic abuse and sexual violence. Additionally, many children witness and/or hear the violence directed towards their mother (or father) and all children, however young, are likely to be aware of their mother's or father's distress. These children will also be aware of the non-physical forms of abusive and controlling behaviour that are very much part of the dynamics of abuse (Jaffe et al 2007). Even in these situations, where the child is not physically abused they can be suffering significant harm (Kitzman et al 2003, Melter et al 2009). The issue of safeguarding children is everyone's business and is a shared responsibility.

The perpetrator may use the threat that their children will be taken into care if the abuse is reported. Consequently, it is essential to deal with child protection issues sensitively when discussing suspected abuse with employees.

When dealing with suspected cases of domestic abuse and sexual violence the manager must establish if the employee has any children living at home and, if so, consider whether they are in imminent danger and take appropriate action to ensure their safety. The Wales Safeguarding Procedures 2019 must be adhered to. Hywel Dda University Health Board's Safeguarding Children Team can provide support and advice. The contact details for the Safeguarding Children Team can be found within the sources of help section at Appendix 1.

11 RESPONSIBILITIES

11.1 Chief Executive Officer

The Chief Executive of Hywel Dda University Health Board has overall responsibility for effective management of organisational policies relating to Hywel Dda University Health Board employees.

11.2 Director of Workforce and Organisational Development:

Holds responsibility for this policy and ensuring this policy and any associated documentation relating to domestic abuse and sexual violence are reviewed and updated in line with future guidance.

11.3 Head of Safeguarding (Named Nurse)

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Is responsible for supporting Workforce colleagues in reviewing and updating this policy in line with future guidance. They are further responsible for ensuring the safeguarding team raise awareness of this policy with managers and employees in safeguarding training.

11.4 Workforce Advisors

Workforce Advisers are responsible for supporting service managers in applying this policy and supporting awareness raising of this policy.

11.5 Occupational Health Lead

Has a responsibility to offer support to employees who are affected by violence against women, domestic abuse and sexual violence.

11.6 Managers and Heads of Services

Managers are responsible for raising awareness of the policy to all employees. They are also responsible for ensuring any staff who experience domestic violence and abuse, and employees who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to any children and adults within the family. Any managers who require training as a result of this policy should contact their Learning and Development Department.

12 REFERENCES

The following references are the most recent evidence and have informed this policy:-

- Business in the Community (2019) Domestic Abuse: a toolkit for employers. Available at: <https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-domesticabuse-dec2018.pdf>
- CAADV (2012) Why is CAADV important? London: CAADV.
- Equality and Human Rights Commission (2010, updated 2014) Violence against women, domestic abuse and sexual violence workplace policies; Guidance for developing an effective policy Available at:- <https://www.equalityhumanrights.com/sites/default/files/violence-against-women-domestic-abuse-sexual-violence-workplace-policies.pdf>
- Home Office (2013) Information for local areas on the change to the definition of domestic violence and abuse. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf
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- Jaffe S.R., Morfitt T.E., Caspi A., Taylor A. (2007) Influence of adult domestic violence on children's internalizing and externalizing problems: An environmentally informative twin study _Journal of American Academy of child and adolescent psychiatry 41 (9) 1095-1103.
- Kitzmann K.M., Gaylord N.K., Holt A.R and Kenny E.D (2003) Child witnesses to domestic violence, a meta-analytic review. Journal of consulting and clinical psychology 71, 339-352.
- Melter H., Doos L., Vostaris P., Ford T and Goodman R (2009) The mental health of children who witness domestic violence. Child and family social_work 14 491- 501.

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- Office for National statistics (ONS) 2019 Domestic abuse in England and Wales overview: available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>
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- Stanley N. (2011) Children experiencing domestic violence: a research_review Totnes, Devon. Research in practice.
- Violence against women, domestic abuse and sexual violence (Wales) Act 2015 Available at:- www.legislation.gov.uk/anaw/2015/3/contents/enacted
- Walby, S. (2009) The cost of domestic violence: update 2009. Lancaster: Lancaster University.
- Wales Safeguarding Procedures (2019) available at http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/

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13 APPENDIX 1 - SOURCES OF HELP

External Sources

BAWSO Provides specialist support for BME communities	http://www.bawso.org.uk/	0800 7318147
Bright Sky app Bright Sky is a free to download mobile app, providing support and information to anyone who may be in an abusive relationship or those concerned about someone they know.	https://www.hestia.org/brightsky	
Broken Rainbow Provides support for lesbian, gay, bisexual and transgender people experiencing domestic abuse	https://www.brokenrainbow.org.uk/	0300 999 5428
Citizens Advice Bureau	https://www.citizensadvice.org.uk/wales/	03444772020
Dyfed Powys Police		999 /101
DYN Project Works across Wales to support men who experience domestic abuse	www.dynwales.org	0808 801 0321
Hafan Cymru	https://www.hafancymru.co.uk	01267 225555
Housing	Carmarthenshire County Council	01267 223867
	Ceredigion County Council	01545 572181
	Pembrokeshire County Council	01437 764551
Live Fear Free	http://livefearfree.org.uk	0808 80 10 800
Mankind Initiative UK	http://www.mankind.org.uk	01823 334244
Refuge One of the largest single providers of specialist accommodation and services to women and children escaping domestic violence.	www.refuge.org.uk	0300 100 1234
Respect UK association for professionals working with perpetrators and associated services. Key aim is to address the safety of those experiencing domestic abuse through promoting effective interventions with perpetrators	https://www.respect.uk.net/	

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Social Services	Carmarthenshire County Council Ceredigion County Council Pembrokeshire County Council	01267 224466 01545 574000 01437 764551
Welsh Women's Aid	https://www.welshwomensaid.org.uk/	08088010800

Internal Sources

Health Safeguarding Children Team		01267 283371
Health Board Adult Safeguarding Team		01437 772516
Staff Psychological Well Being Service (Hywel Dda University Health Board)	Withybush Hospital Also available at Glangwili and Prince Philip Hospitals (contact number as for Withybush for appointments)	1437 27

14 APPENDIX 2 – DEFINITIONS

<p>Violence against women, domestic abuse and sexual violence (VAWDASV) ‘Violence against women’</p>	<p>Violence against women, domestic abuse and sexual violence (VAWDASV) ‘Violence against women’ has been defined by the United Nations as</p> <p>Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.</p> <p>Whilst the overwhelming majority of victims are women, domestic abuse and sexual violence are not exclusively experienced by women. Data collected in Sexual Assault Referral Centres (SARCs) and by projects that support male victims of domestic abuse demonstrates this and the Welsh Government is committed to supporting all victims of violence and domestic abuse.</p>
<p>Domestic abuse</p>	<p>New definition published by the Home Office, March 2013:</p> <p>Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:</p> <ul style="list-style-type: none"> • Psychological • Physical • Sexual • Financial • Emotional • Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. • Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim”. <p>This definition, which is not a legal definition, includes ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, victims are not confined to one gender or ethnic group.</p>

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Forms of domestic abuse	<p>The following section sets out the various forms of abuse, which a person may experience in a violent relationship (Women's Aid Federation 2010):</p> <p>Physical abuse The use of weapons, punching, head butting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, rape and murder.</p> <p>Psychological Mind games, constantly moving the goalposts, blaming the other person for the abuse, blaming other factors in the relationship for the abuse, undermining parental authority, telling the person they are mad.</p> <p>Emotional Saying no-one else will want them, telling them they are fat, ugly, stupid, lazy, sexually unappealing or a bad parent.</p> <p>Economic No access to money, no access to salary, child allowance or other benefits, not named on the mortgage/tenancy papers, no access to the bank account.</p> <p>Destructive criticism and verbal abuse Shouting, mocking, accusing, name calling, verbally threatening.</p> <p>Pressure tactics Sulking, threatening to withhold money, disconnecting the telephone, taking the car away, taking the children away, reporting you to welfare agencies unless you comply with the demands regarding the parenting of the children; lying to your friends and family about you, telling you that you have no choice in any decision making processes.</p> <p>Disrespect Persistently putting you down in front of other people, not listening or responding when you talk, interrupting telephone calls, refusing to help with childcare or housework.</p> <p>Breaking trust Lying, withholding information, being jealous, having other relationships, breaking promises and shared agreements.</p> <p>Isolation Accompanied everywhere for example shopping, doctors; locked in, allowed out for set time periods only, not allowed contact with friends or family, leaving visible signs of injury to embarrass and deter you from going out, monitoring or blocking your telephone calls.</p>
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Harassment

Being followed or being checked up on, opening mail, checking mobile telephone call history or texts, repeatedly dialling 1471 to see who has telephoned, embarrassment in public.

Threats

Making angry gestures, using physical size to intimidate, shouting down, destroying possessions, breaking things, punching walls, wielding a weapon.

Sexual

Non-consenting participation in bestiality, drugs, use of objects pornography, buggery; rape, unwanted touch, forced sex with others.

Denial

Saying the abuse doesn't happen, saying you caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again.

“Honour” based violence (CPS 2015)

Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family/and or community.

Forced marriage (Home Office 2013b)

A forced marriage is where one or both people do not (or in cases of people with learning disabilities cannot) consent to marriage and pressure and abuse is used.

Female genital mutilation (FGM) (WHO 2016)

FGM comprises all procedures that involve partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons.

Coercive control (Women's Aid 2020)

Domestic abuse isn't always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. It is a criminal offence under section 76 of the Serious Crime Act (2015) Some common examples of coercive behaviour are:-

Isolating from friends and family

Deprivation of basic needs, such as food

Monitoring via online communication tools or spyware

Taking control over aspects of the victims everyday life, such as where they can go, who they can see, what they wear and when they can sleep

Deprivation of access to support services, such as medical services

Repeatedly putting the victim down, Humiliating, degrading or dehumanising

Controlling finances

Making threats or intimidating the victim.

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Older victims of domestic abuse	<p>Older victims often experience domestic abuse for twice as long before seeking help, yet are hugely under represented among domestic abuse services Some older people may be less likely to access services or be less aware of the options available.(Older Person's Commissioner for Wales,2017).</p> <p>The experience of Violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities (Safe Lives 2016).</p>
Domestic Abuse in pregnancy	<p>Domestic abuse can vary in both frequency and intensity. Employees may experience a violent or abusive attack as a 'one off' or rare incident. Given that the pattern of domestic abuse is one of escalation, there is no level of abuse which should be viewed as acceptable or insignificant. 30% of domestic abuse escalates during pregnancy and it has been identified as a prime cause of miscarriage or stillbirth. This may prevent women from seeking or perceiving proper antenatal and postnatal care. In addition, where there is abuse, this may affect attachment to the child with resultant detrimental effect on the psychological wellbeing of the developing infant/child. Routine antenatal and postnatal health assessment by midwives and health visitors includes a question on the experience of domestic abuse (All Wales Domestic Abuse Routine Enquiry Pathway, 2006).</p>

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Risks to Children	<p>The risks to children living with domestic abuse include:</p> <ul style="list-style-type: none">• Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the abuse against the non-abusive parent is predictive of the severity of abuse to the children.• The child being abused as part of the abuse.• Being used as pawns or spies by the abusive partner in attempts to control the non-abusive parent.• Being forced to participate in the abuse and degradation by the abusive partner.• Emotional abuse and physical injury to the child from witnessing the abuse.• Hearing abusive verbal exchanges between adults in the household.• Observing bruises and injuries sustained by the non-abusive parent.• Hearing their non-abusive parent's screams and pleas for help.• Observing the abusive parent being removed and taken into police custody.• Attempting to intervene in a violent assault.• Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.• Being unable or unwilling to invite friends to the house.• Frequent disruptions to social life and schooling.
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15 APPENDIX 3 - POSSIBLE SIGNS OF VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

It is important to note that the examples provided below are not a checklist. Some people may not display any signs of violence or abuse. Individuals experiencing violence and domestic abuse suffer a broad range of both physical and emotional consequences. For some, the abuse greatly affects their lives over a significant period of time and the process of recovery is often long and difficult. Others may be able to recover and start a new life again relatively quickly after leaving an abusive relationship.

Some possible signs of identifying violence against women, domestic abuse and sexual violence include:

Physical signs and symptoms:

- Injuries at various stages of healing
- Distribution of bruising e.g. breast, genitals, upper arms, face and abdomen
- Fractures of face, ribs, spiral fractures of radius and ulna
- Eyes, sub-conjunctiva haemorrhages
- Ears, ruptured tympanic membrane, 'cauliflower ear'
- Other – sleep disturbance, pelvic pain, atypical chest pain, gastro-intestinal disturbance, chronic headache, dizziness
- Possibly pregnant
- Sexual abuse
- Signs of neglect
- Self-mutilation
- Urinary tract infections
- Sexually transmitted diseases
- Incontinence or pain both bowel and bladder
- Any other suspicious injury or symptom

Psychological/behavioural signs and symptoms

- Expressions of fear, guilt, worry, inability to cope
- Symptoms of depression
- Panic attacks, anxiety
- Alcohol/drug abuse
- Attempted suicide/cry for help
- Obvious distress
- Inappropriate non-verbal behaviour
- Inappropriate partner/carer response
- Discrepancy between verbal description and physical findings
- Minimising serious injury
- Reluctance of person to speak or disagree in partner's presence



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Extension to review dates of employment and corporate written control documentation Approval of minor changes to 099 – Use of Overtime Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development Sarah Jennings, Director of Partnerships & Corporate Services Phil Kloer, Medical Director & Deputy Chief Executive Ros Jervis, Director of Public Health Karen Miles, Director of Planning, Performance & Commissioning
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 employment and corporate written control documents (policies and procedures) uploaded and accessible on the HDdUHB internet employment policy page <http://www.wales.nhs.uk/sitesplus/862/page/62308> and corporate policy page <http://www.wales.nhs.uk/sitesplus/862/page/58594> which have imminent or expired review dates. Detailed information is contained in Appendix 1 (attached).

The Workforce Team has made a minor amendment to the HDdUHB 099 Use of Overtime Policy as detailed in Appendix 2 as a result of a finding and recommendation from a Variable Pay Internal Audit.

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 have either imminent expiry dates or have exceeded the review date and require 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

PPPAC is requested to approve the extension of the expiry date to the written control documentation on the schedule attached, on the understanding that the review will be completed within the stipulated date.

PPPAC is requested to approve the minor change to the 099 – Use of Overtime Policy.

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:	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	

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:	As detailed in the assessment

Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
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:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
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 UHB 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 - Written control documentation – requesting extensions to their review dates

Employment written control documentation: request 6 month extensions

Policy ref	Title/link	Lead Officer	Executive Lead	Current review date	Justification for extension
142	All Wales Grievance Policy	Kim Warlow	Lisa Gostling	31.03.2019 extended to 28.11.2019	Revised All Wales documentation pending, however this has been delayed due to COVID-19 work pressures.
204	All Wales Secondment Policy	Kim Warlow		31.03.2019 extended to 28.11.2019	
130	All Wales Dignity At Work Policy	Kim Warlow		30.09.2018 extended to 28.11.2019	
122	All Wales Special Leave Policy Special leave guidance notes	Kim Warlow		15.03.2020	
572	All Wales Recruitment and Retention Payment Protocol	Kim Warlow		19.05.2020	
573	All Wales Organisational Change Policy	Kim Warlow		19.05.2020	
201	All Wales Disciplinary Policy & Procedure	Kim Warlow		19.05.2020	
465	All Wales Social Media Policy	Kim Warlow		28/02/2019 extended to 28.11.2019	Due to COVID-19 work pressures extensions are sought for 6 months for local health policies
313	Study Leave Policy for Medical Dental Staff	Bethan Griffiths		30.11.2019	
558	Management of Nursing Midwifery Medication Errors/Near Misses Policy	Kim Warlow		18.05.2020	
113	Learning and Development Policy	Kim Warlow		18.05.2020	
045	Personal Development and Review Policy	Kim Warlow		18.05.2020 Robert Blake reviewing 06.06.2019	
100	Organisational Induction Policy	Kim Warlow		18.05.2020	

Policy ref	Title/link	Lead Officer	Executive Lead	Current review date	Justification for extension
311	Violence Against Women, Domestic Abuse and Sexual Violence Work Place Policy	Kim Warlow		31.07.2020	
333	Bilingual Skills Strategy (English) Bilingual Skills Strategy (Welsh)	Anne Marie Thomas		30.11.2019	3 month extension sought – planning for the final version to be approved at the October 2020 PPPAC meeting

Corporate written control documentation

Policy ref	Title/link	Lead Officer	Executive Lead	Current review date	Justification for extension
174	Reuse Of Public Sector Information Procedure	Sian Marie James	Sarah Jennings	28.11.2019	Due to COVID-19 and related work pressures extension sought for 6 months
190	Written Control Document Policy	Christine James	Sarah Jennings	28.11.2019	
263	IPFR All Wales Information All Wales Policy On Making Decisions on Individual Patient Funding Requests H DUHB Local IPFR Procedure	Jan Goodridge	Phil Kloer	18.09.2020	The policy is an All Wales Policy and is monitored by the all Wales IPFR policy implementation Group on an annual basis. The policy will be updated as required to reflect any changes in legislation or guidance. This is outlined in the policy. Therefore, a 6 month extension is sought.
366	Welsh Patients Accessing Treatment in Countries Outside of the European Economic Areas - All Wales Procedure	Jan Goodridge	Phil Kloer	26.01.2019 extended to 26.08.2019	This is an All Wales Procedure and we have been advised that patients can continue to use the existing Cross Border Directive for treatment in another EU Member State until 31 December 2020 whilst the UK's future reciprocal healthcare arrangements with the EU

Policy ref	Title/link	Lead Officer	Executive Lead	Current review date	Justification for extension
					are considered. Following 31 Dec 2020, future reciprocal arrangements with the EU or individual Member States may be different. We will be advised of any changes as soon as these are confirmed.
133	Equality and Diversity Policy	Jackie Hooper	Ros Jervis	19.12.2020	A 6-month extension is sought to enable a full review and revision of the policy and procedure documents. This work will be led by the Strategic Partnerships, Diversity and Inclusion Team, working in collaboration with Workforce and OD colleagues.
153	Equality Impact Policy and Procedure	Jackie Hooper	Ros Jervis	19.12.2020	
494	All Wales Email Use Policy	Paul Solloway	Karen Miles	28.02.2019 extended to 28.08.2019	Pending All Wales guidance – due to COVID-19 and related work pressures extension sought for 6months
250	Information Assurance Policy	Anthony Tracey	Karen Miles	28.08.2020	
240	Informatics Procurement & Requests Procedure	Paul Solloway	Karen Miles	26.02.2020	
281	Mobile Working Policy	Paul Solloway	Karen Miles	29.03.2019 extended to 30.11.2019	
282	Network Security Policy	Paul Solloway	Karen Miles	29.03.2019 extended to 29.09.2019	

Appendix 2 – Use of Overtime Policy

- Version control summary
- Revised policy (attached separately)

VERSION CONTROL SUMMARY OVERVIEW

Number and title of written control document:	099 – Use of overtime policy
Type of review	Interim
Person making changes to the document:	Andrea Thomas (Hywel Dda UHB - Workforce West)

Page number	Sentence/paragraph which requires changing	Updated sentence/paragraph	Which professional group/department does the change impacts on?	Has the change been approved?
6	Senior staff paid in pay bands 8 and 9 will not be entitled to overtime payment.	Senior staff paid in pay bands 8 and 9 will not be entitled to overtime payment. If work needs to be undertaken by staff in these pay bands in order to meet service needs these can be paid in exceptional circumstances only at a lower banding e.g. covering a rota gap to maintain service delivery. This arrangement would be authorised by a senior manager. (Temporary specific provisions apply for any work associated with Covid-19). The Payroll Department have been asked to draw any claims for overtime at Band 8 and 9 level to the attention of the Senior Workforce Manager; Terms, Conditions and Benefits for advice and guidance as to whether claims are within terms and conditions of employment and can proceed for payment	A4C staff	Yes in relation to a finding and recommendation from a Variable Pay Internal Audit Report

Have the references been reviewed?	No
Do the proposed changes made require the Equality Impact Assessment to be reviewed?	No

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Use of Overtime Policy

Policy Number:	099	Supersedes:	All previous policies relating to Overtime Payments within previous organisations	Classification	Employment
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Group	15.5.2019	22.5.2019	15.5.2022

Brief Summary of Document:	This policy outlines the circumstances under which overtime payments are appropriate and the procedure to follow to ensure correct payment.
Scope:	This policy covers all staff employed by Hywel Dda University Health Board, who are covered by Agenda for Change Terms and Conditions of Service. The principles of the policy are based on the need to ensure a fair system of pay for NHS employees which supports modernising working practices.
To be read in conjunction with:	109 - Time in Lieu Procedure Workforce Expenditure Controls Guidance

Owning Group	Workforce & OD Group
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	23/3/2010
2	Revised	4/4/2013
3	Revised	August 2016
4	Revised	15.5.2019

Glossary of terms

Term	Definition
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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Overtime, time in lieu
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1. INTRODUCTION

It is acknowledged that working, long hours can take its toll, not only on those directly concerned, but also on friends, families and colleagues. Employees need to be able to choose, within limits, how to strike a balance between work and outside life that suits the individual and the needs of the service.

The Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human rights. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. It is always best to check with individual staff what their needs are, but needs may include providing information in an accessible format, considering mobility issues, being aware of sensitive/cultural issues.

2. POLICY STATEMENT

The use of overtime hours should always be minimised. Where such hours are deemed essential in order to maintain a specific service, managers must ensure that the necessary cover is provided in the most cost-effective way. Consideration must be given to the limited amount of hours required, as opposed to a whole shift, whilst having due regard to issues of safety, continuity of care, quality and the requirement to provide a specific service.

3. SCOPE

This policy covers all staff employed by Hywel Dda University Health Board, who are covered by Agenda for Change Terms and Conditions of Service. The principles of the policy are based on the need to ensure a fair system of pay for NHS employees which supports modernising working practices.

4. AIM

Hywel Dda University Health Board aims to discourage persistent long working hours. Some additional hours or overtime may be required to ensure an area functions safely and achieves its goals. Wherever possible, these will be managed through flexible working or time off in lieu as meets the needs of each individual service. However, there may be times when overtime working may be necessary.

5. OBJECTIVES

Managers and staff to be aware of this policy and its implications, adhere to its principles in carrying out their duties.

6. RESPONSIBILITIES

6.1. Chief Executive

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

6.2. Director of Workforce & Organisational Development

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.

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6.3. Managers

Managers are responsible for ensuring they are aware of all employment policies and that they bring them to the attention of their staff.

Managers should ensure that their service areas are organised in a way which minimises the need to secure additional staff hours. The Health Board accepts however that from time to time, service pressures will result in managers needing to secure additional staffing hours to ensure the continuity of service provision and the maintenance of governance standards are achieved.

Managers must:

- Follow the overtime process as set out in Appendix 1
- Plan to cover any known absence as far in advance as possible in order to minimise the need for overtime working
- Respect the right of all employees not to be required to work over their contracted hours.
- Give as much notice to staff as possible that overtime may be required.
- Ensure that overtime or additional hours has been authorised prior to the employee working them
- In the absence of the line manager, this may fall to an appropriate authorised other eg. Site Manager
- Remunerate overtime in line with NHS Terms & Conditions of Service Section 3.
- Ensure that the Working Time Regulations are adhered to.
- Introduce consistent monitoring systems at ward, department and service level to identify circumstances which would suggest excessive or unusual trends for overtime payments, including where staff are scheduled to work bank shifts following a period of sickness. This will ensure that they are not used where absence is predictable e.g. to cover maternity, long-term sickness, planned and annual leave etc
- Must avoid imposing workloads, or setting deadlines that mean their employees have to work excessive hours. Long hours working should never be seen as a measure of commitment.

6.4. Employees

Employees have an obligation to consider and assess whether they are fit and well enough to undertake overtime work.

The employee should have agreement in advance prior to working any additional hours. The employee should agree with their line manager how the excess hours will be remunerated in line with NHS Terms & Conditions of Service Section 3 (staff may request to take time off in lieu as an alternative to overtime payments).

Claims for overtime payments should be made within one calendar month of the work being carried out. Claims that are over three months old will not be paid unless there are exceptional circumstances.

7. OVERTIME PAYMENTS AND TIME OFF IN LIEU

In accordance with Agenda for Change: Terms and Conditions, of Service Handbook, all staff in pay bands 1-7 will be eligible for overtime payment. 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.

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Senior staff paid in pay bands 8 and 9 will not be entitled to overtime payment.

If work needs to be undertaken by staff in these pay bands in order to meet service needs these can be paid in exceptional circumstances only at a lower banding e.g. covering a rota gap to maintain service delivery. This arrangement would be authorised by a senior manager. (Temporary specific provisions apply for any work associated with Covid-19).

The Payroll Department have been asked to draw any claims for overtime at Band 8 and 9 level to the attention of the Senior Workforce Manager; Terms, Conditions and Benefits for advice and guidance as to whether claims are within terms and conditions of employment and can proceed for payment.

Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed standard hours of 37.5 per week unless time off in lieu is taken, which will be taken at plain time.

Where it is agreed that time in lieu is taken in place of remunerated hours, the Time Off in Lieu Policy will apply (appendix 2)

8. WORKING OVERTIME

- Managers should ensure a fair and consistent application of the policy and that working arrangements are in accordance with Working Time Regulations
- Overtime hours that are agreed should be the minimum number of hours required to ensure the needs of the service are met.
- Only in exceptional circumstances should overtime be approved.

9. MONITORING

It is the responsibility of all managers to monitor and report the necessity of overtime and the actual 'added value' that overtime activities provide to the Health Board. It is essential that managers are aware of the overtime commitments within their own area of responsibility. Detailed records should therefore be maintained at department and directorate level and reviewed regularly.

10. TRAINING

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 or obtained via the Workforce & OD department.

11. APPENDIX 1 - OVERTIME AUTHORISATION PROCESS

It is every manager's responsibility to ensure staff rotas and other work plans are completed in advance to ensure all contracted staff hours are fully utilised and use of any additional resources is avoided wherever possible.

All rotas should be completed at least 6 weeks in advance and all managers must ensure that there is a planned and even approach to the approval of annual leave that ensures that minimum staffing levels are in place at all times. Where E-Rostering is used, all rotas should be completed in line with the specific guidelines and system checks satisfied.

Any overtime or additional hours must be appropriately approved before the shift is worked

A recognised need to cover additional hours identified



Have appropriate alternatives been considered

Think creatively and consider whether a shortage needs to be covered on a like for like basis or whether there are more flexible ways of providing the necessary hours

Review working practices and required tasks to ensure appropriate employee undertake them



If no alternative found

Utilise the flexibility of part time staff to increase their hours Before offering to full time staff



Authorisation

After considering all available options managers (or the appropriate representative/deputy – e.g. site manager) may decide that overtime is the most cost effective option

Managers should ensure overtime is allocated fairly amongst staff, subject to resource considerations and also adhere to the A4C terms & conditions in section 3

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Requests should be approved by:

1. Budget Holder – if within funded establishment.
2. Service Delivery Manager – if costs would exceed the funded establishment
3. General Manager - if the overtime or additional hours are to continue for more than 1 week.

Where this spend is linked to a particular service pressure the General Manager must obtain further approval from the Director of Operations who may ask for a further Business Case and risk assessment to be completed and taken to the Executive Team for approval.

Overtime and additional hours can be booked through the E-Rostering system for many areas. Where E-Rostering is not available overtime/additional hours forms should be used.

Although the E-Rostering system can check approval levels it cannot currently confirm if expenditure is in budget. All budget holders and service delivery managers must be aware of their current budget spend to ensure effective approval.

Claims must be reviewed thoroughly when authorised to ensure all details are correct. This includes checking that appropriate breaks have been taken. Forms that are not fully completed will be returned.

All claims should be submitted within three months after the date the overtime or additional hours were worked.

To enable claims to be processed promptly by payroll, all claims must be submitted in accordance with Payroll's monthly timetable.

Overtime and additional hours will be paid as per Agenda for Change terms and conditions of service.

Overtime Payments

Any extra time worked in a week, above standard hours, will be treated as overtime and Section 3 will apply.

Section 3 of the NHS Terms and Conditions handbook states –

- All staff in pay bands 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.
- Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed standard hours of 37½ hours a week

Staff working shifts which include overtime will be entitled to percentage enhancements for their work in **standard hours**. Their **overtime will be paid in line with Section 3**.

12. APPENDIX 2 - TIME IN LIEU

Where it is agreed that time in lieu is taken in place of remunerated hours, the Health Board 109 - Time Off in Lieu Policy will apply.

Time owing is time worked over an employee's contracted hours which can be taken as time off in lieu, provided there has been prior agreement with their manager.

Each individual member of staff is responsible for maintaining their own time in lieu record, which must then be held securely in their department.

In managing their service, managers must enable employees who have accrued lieu time to take the time back as quickly as possible and within one month where possible.

Where for service delivery reasons, it is not possible for the time to be taken back within one month, managers must plan with their staff when the lieu time can be taken within 3 months of its accrual.

If time owing has been accrued by working a whole shift, then it is reasonable that this time is taken as a whole shift. However, occasions may occur in response to service delivery needs, where managers may request that staff take shorter periods of time off in lieu.

Payment in lieu of TOIL (normally made after 3 months in accordance with Agenda for Change) will not be made where the Health Board has made a reasonable offer for the employee to take the time in lieu, which has been refused.

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 'Reserve Forces Training and Mobilisation Policy' is overlaid on the lower-left portion of the map.

All Wales

**Reserve Forces
Training and Mobilisation
Policy**

Sections

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**All Wales
Reserve Forces -
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Designated NHS
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01

All Wales Reserve Forces Training and Mobilisation Policy

Approved by: Welsh Partnership Forum

Issue Date: March 2020



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01 All Wales Reserve Forces Training and Mobilisation Policy

1. General Introduction

1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.

1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their NHS Organisation. The designated contact for each NHS Organisation will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.

1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.

1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.

1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

2. The Legal Framework

2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.

2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces.

- Defence Reform Act 2014 (DRA 14)
- The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
- The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.



3. Practical Support for Training

3.1 NHS Wales Shared Services Partners will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.

3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.

3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.

3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.

3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

4. Mobilisation

4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12

months.

4.2 An employee who wishes to volunteer for mobilisation must seek prior agreement of their employer through their line manager. Any such request will be considered within 5 working days.

4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.

4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.

4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

5. Financial Assistance for Employers

5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the MoD e.g.

- Overtime costs if another employee is used to cover the work of the Reservist.
- Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
- Advertising for replacement or agency costs.
- Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.

5.2 While the Reservist is mobilised,



the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MOD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the NHS Organisation should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.

5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.

5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

6. NHS Pension whilst on Active Service

6.1 A Reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12 <https://www.nhsbsa.nhs.uk/employer-hub/technical-guidance/pay-and-contributions>

7. Annual Leave whilst Mobilised

7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.

7.2 Reservists will have a period of 'post tour' leave which they accrue at the rate of one day for every nine calendar days deployed (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

8. Carry Over of Annual Leave

8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

9. Pay Progression

9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.

9.2 Line managers who carry out PADR and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that



the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

10. Support on Return to Work (Demobilisation)

10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:

- The need to update them on changes and developments in the organisation.
- The need to offer specific refresher training where it is sought/considered necessary.
- Where the job duties have changed since mobilisation a period of skills training may be required to assist them with new aspects of the job.
- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact and/or writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible, if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

12. Useful Sources of Help

Reserve Forces and Cadet Association for Wales

Tel: 02920 375746
www.wales-rcfa.org

Address: NHS Pensions Agency
PO Box 2269
Bolton
BL6 9JS

Tel: 0300 3301 346
www.nhsbsa.nhs.uk



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Appendix 1: Designated NHS Organisation Contacts

Appendix 1: Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.



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Appendix 2: Exemption and Deferral from Mobilisation

3 Appendix 2: Exemption and Deferral from Mobilisation

1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of their absence.

1.2 The definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;

- Serious loss of sales, markets, reputation, goodwill or other financial harm.
- Serious impairment of the ability to produce goods or provide services.
- Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.

1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

Address: Army Adjudication Officer
Army Personnel Centre
PO Box 26703
GLASGOW G2 8YN
Tel: 0800 389 6585
Fax: 0141 224 2689
Email: apc-cmops-mob-so2@mod.uk

Address: Royal Navy and Royal Marines Adjudication Officer
West Battery (MPG-2)
Whale Island
PORTSMOUTH PO2 8BX
Tel: 02392 628858
Fax: 02392 628660
Email: NAVYLEGAL-RESERVESAD
JSO2@MOD.UK

Address: Royal Air Force Adjudication Officer
Royal Air Force Adjudication Service
c/o Imjin Barracks
GLOUCESTER GL3 1HW
Tel: 01452 712612 ext 6107
Fax: 01452 510939
Email: aira1-adjmlbx@mod.gov.uk

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.



1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

Address: Reserve Forces Appeal
Tribunal
Tribunals Service
Alexandra House
14 – 22 The Parsonage
Manchester
M3 2JA

Email: rfat@tribunals.gsi.gov.uk

1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.



