

Bundle Remuneration & Terms of Service Committee 14 January 2019

3.00pm, Carlton Court, St Asaph, LL17 0JG

- 1 R19.1 Apologies
- 2 R19.2 Declarations of interests
- 3 R19.3 Draft public minutes 26.11.18 - for approval
R19.3 Minutes_RATS_26.11.18_PUBLIC_V0.02 draft SG amends.doc
- 4 R19.4 Summary action log - for discussion
R19.4 RaTS Summary Action log PUBLIC_live document v16.0 7.1.19.docx
- 5 R19.5 Summary of in committee matters discussed at previous meeting, to be reported in public: Executive
portfolios; Tawel Fan internal decision review; Upholding Professional Standards in Wales, Pay protection.
- 6 R19.6 WP66 Menopause Policy - All Wales, for adoption
R19.6 Menopause Policy Front Cover.docx
R19.6aFINAL NHS Wales Menopause Policy 19 Dec 18.pdf
- 7 R19.7 WP65 Organisational Change Policy and Report - All Wales, for adoption
R19.7 WP65 Organisational Change Policy and Report together Final.docx
- 8 R19.8 Nursing & Midwifery Council Registration and Revalidation Annual Report - for discussion; Trevor
Hubbard to attend
R19.8 2018 12 24 NMC Registration Revalidation Report and coversheet FP v2 final approved.doc
- 9 R19.9 Issues of significance to inform the Chair's Assurance Report to the Board
- 10 R19.10 Any other business
- 11 R19.11 Date of next meeting - 13.5.19
- 12 R19.12 Resolution to exclude the Press and Public
- 13 IN COMMITTEE:



Remuneration & Terms of Service Committee (R&TS)

DRAFT Minutes of the Meeting Held on
26.11.18 in Carlton Court, St Asaph

Present: Mr M Polin Mrs J Hughes Mr M Hughes Mrs MW Jones	Chairman Independent Member Independent Member Independent Member / Vice-Chair
In Attendance: Mr G Doherty Mrs S Green Mrs L Jones	Chief Executive Executive Director of Workforce & Organisational Development Assistant Director
Agenda Item	Action
R18.59 Apologies for absence None.	
R18.60 Declarations of interests None.	
R18.61 Minutes of meeting held on 30.7.18 for accuracy and matters arising The minutes were agreed as an accurate record.	
R18.62 Summary action log The summary action log was reviewed and updated accordingly. The actions were covered by items listed on the agenda.	
R18.63 Summary of In Committee Matters from the Previous Meeting to be Reported in Public It was noted that a pay protection report, director remuneration and realignment of Executive portfolios had been discussed.	
R18.64 Policies for approval: R18.64.1 Smoke Free Policy WP31	

<p>Mrs Green stated that it might be necessary to grant delegated authority in future for some policies, to avoid delays in approving those which had already been agreed on an All Wales basis. There was also a need to work through the issue of distinguishing a policy from a procedure or guideline. Mrs Green agreed to review both matters and report back to the Committee. Following discussion, the Smoke Free Policy was approved, on the understanding that it may be necessary to review the policy again at a later date, with Public Health input. Mr Doherty noted that the level of activity required to ensure compliance with the policy was an important consideration.</p> <p>R18.64.2 Managing Attendance Policy</p> <p>Following discussion on staffside input, managers' discretion and implementation, this All Wales Policy was approved.</p>	SG
<p>R18.65 Procedures for Approval:</p> <p>R18.65.1 Adverse Weather Conditions and Transport Disruption WP25</p> <p>Following discussion regarding application of policy and contingency planning, this All Wales document was approved.</p> <p>R18.65.2 Time Off in Lieu WP35</p> <p>At Mrs Green's request, this item was withdrawn, pending further discussion and inclusion of roster information.</p>	
<p>R18.66 Pay Review Update with equality impact assessment</p> <p>Mrs Green explained that medical and dental staff would be paid their new rates in December. Very senior managers were due to be paid their uplift in November, with arrears following in December. Mrs Green highlighted key points covered by the update provided, including the closure of Band 1 to new entrants and the cessation of automatic incremental pay progression. She also reported that the pay award included criterion linked to payment of unsocial hours when absent due to sickness. This criterion included the achievement of no greater than 4.5% sickness rate by December 2018 and 4.2% by March 2019 on an NHS Wales basis. It was noted that this did not alter the performance targets set for the Health Board. In response to a question from the Chair, Mrs Green described arrangements in place to seek to treat managed primary care practice staff fairly and in line with those under NHS terms and conditions. A transition plan was to be put in place to address inconsistencies, noting that this needed to be cognisant of any plans to transfer practices out of the Health Board. The update was noted and recommendations accepted.</p>	
<p>R18.67 R&TS revised terms of reference, approved by the Board on 6.9.18</p> <p>The updated terms of reference were noted and accepted.</p>	
<p>R18.68 Issues of significance to inform the Chair's Assurance Report</p>	

It was noted that business discussed would be summarised in the Chair's Assurance Report to the Board.	
<p>R18.69 Any other business</p> <p>None.</p>	
<p>R18.70 Date of next meeting to be held in public</p> <p>14.1.19, 3.00pm, Carlton Court.</p>	
<p>R18.71 Resolution to exclude Press and Public</p> <p>It was resolved to move into private session.</p>	

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Remuneration and Terms of Service Committee

Summary Action Plan – Public

Officer	Minute reference and action agreed	Timescale	Latest update position	Revised timescale
Actions from Meeting Held 30.4.18				
S Green	R18/23.2 NMC Registration & Revalidation Annual Report Arrange for detailed breakdown of NMC referral data for Chair and CEO	June	23.7.18 – reminder sent Update 30.7.18 – breakdown will be submitted to Sept meeting by Anne-Marie Rowlands Update 3.12.18 – AMR states that a report is to be submitted for the January 2019 R&TS meeting. Update – on January agenda.	Closed
26.11.18:	R18.64.1 - Mrs Green stated that it might be necessary to grant delegated authority in future for some policies, to avoid delays in approving those which had already been agreed on an All Wales basis. There was also a need to work through the issue of distinguishing a policy from a procedure or guideline. Mrs Green agreed to review both matters and report back to the Committee.	January 2019	Update due at January R&TS meeting	

V16.0 7.1.19



Report Title:	WP66 Menopause Policy
Report Author:	Lesley Hall, Assistant Director of Workforce & Organisational Development
Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	<p>This is an all Wales policy and is intended to provide clarity and direction for Betsi Cadwaladr University Health Board on how to deal with menopause related issues, for those individuals experiencing menopause or those affected indirectly.</p> <p>The policy sets out the key principles to which BCUHB should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.</p>
Approval / Scrutiny Route Prior to Presentation:	Consultation with Trade Union partners at all Wales level.
Governance issues / risks:	This is a new policy.
Financial Implications:	
Recommendation:	The Committee is asked to approve the revised policy WP66.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
Undertaken at all Wales level.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0



NHS Wales Menopause Policy

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Menopause Policy

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NHS Wales Menopause policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: December 2018

Effective Date: December 2018

Review Date: December 2021

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Menopause policy

1.0 Policy Statement

Core Principles for NHS Wales

- **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 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 have a zero tolerance of bullying or victimization of any patient, service user or employees. 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 in order to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to colleagues and act on feedback and concerns.

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 to maintain/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 employees 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 simplified and consistent approach when it comes to managing workplace employment issues.

This All Wales Menopause policy and supporting toolkit are intended to provide clarity and direction on how NHS organisations in Wales should deal with menopause related issues, either for individuals experiencing the menopause or those affected indirectly for example, partners, colleagues or line managers.

The policy sets out the key principles to which NHS organisations in Wales should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.

2. Aims and objectives

The aim of this policy is to make managers aware of the

(Organisation name)

responsibility to understand the menopause and related issues and how they can affect staff, their partners, families and work colleagues by educating and informing managers about potential symptoms and how they can support individuals in the workplace; raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available; and subsequently reduce menopause related sickness by supporting staff to remain in work rather than having to take sick leave (or in some cases resign) meaning that the organisation retains valuable skills and experience.

The

(Organisation name)

recognises that staff may need additional consideration, support and adjustments during this transitional time before, during and after the menopause and ensure that staff are treated according to their circumstances and needs. To ensure that individuals feel confident in discussing menopausal symptoms and asking for support and adjustments in order to continue with their role within the organisation.

(Organisation name)

is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

This policy is supported by a set of guidance sections and needs to be read in conjunction with these.

3. Definitions and background

The **menopause** is part of the natural ageing process for women, although it can be brought on as a result of other medical conditions or certain surgical interventions. It refers to the point in time when menstruation has ceased for twelve consecutive months. After a woman has not had a period for a year, this is considered to be 'post-menopausal'.

This organisation recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well.

The **peri-menopause** is the period of hormonal change leading up to the menopause and can often last four to five years although for some women it may continue for many more years or for others may last just a few months. It varies greatly in different individuals. During the time of the peri-menopause individuals may begin to experience symptoms due to changes in their hormone levels. These symptoms may vary in degree between different individuals. Due to the fact that they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Many women experience

the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (**premature menopause**). Some women experience a medical/surgical menopause which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery.

People from the non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those within these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons; peoples' individual experiences of the menopause may differ greatly.

Some people seek medical advice and treatment for the symptoms of the peri-menopause (the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms) and menopause (defined biologically as reaching a natural end to reproductive life). A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women.

Some people using HRT may experience side effects which may also require adjustments in the workplace.

4. Legislative setting

The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

The **Equality Act (2010)** prohibits discrimination against people on the grounds of certain 'protected characteristics' including sex, age and disability. It is also important to

note that conditions linked to the menopause may meet the definition of an 'impairment' under the Equality Act and require reasonable adjustments.

The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on this organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

5. Key principles

(Organisation name)

aims to create an environment where individuals feel confident enough to raise issues about their symptoms and ask for support and adjustments at work. The organisation is committed to ensuring that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place.

(Organisation name)

has a positive attitude to the menopause/perimenopause and will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.

(Organisation name)

takes a proactive stance and will promote a greater understanding of the menopause/perimenopause and seek to eradicate any exclusionary or discriminatory practices.

(Organisation name)

recognises that the menopause/perimenopause is a very individual experience and that people can be affected in different ways and to different

degrees, and therefore different levels and types of support and adjustments may be needed.

(Organisation name)

will provide appropriate information and support to staff and other individuals.

(Organisation name)

will carry out risk assessments which take the specific needs of individuals into consideration (including stress risk assessments).

(Organisation name)

recognises that managers should “**know their staff**” and be familiar with the needs of their staff and any associated issues. In ‘knowing their staff’ managers will understand when to apply discretion in respect of this policy and its guidance sections. Manager discretion should be used when assessing a staff member’s individual needs and circumstances, in situations where there is a reasonable expectation of improvement without the need for formal intervention. Managers should create a supportive team culture that removes any barriers to disclosing information to their Line Manager, and the Line Manager should equally be trained to understand the impact of the menopause and act accordingly without breaking the confidence of the individual.

6. Training and awareness

All staff will be made aware of this policy upon commencement 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.

7. Equality

(Organisation name)

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

(Organisation name)

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.

8. General Data Protection Regulations 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the

(Organisation name)

Data Protection Policy.

9. Freedom of Information Act 2000

All

(Organisation name)

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

(Organisation name)

publications scheme.

10. Records management

All documents generated under this policy are official records of the

(Organisation name)

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

(Organisation name)

Records Management Policy.

11. Monitoring

Any information recorded and held 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

(Organisation name)

is meeting its employment equality monitoring duties.

12. Review

This policy will be reviewed in three years. 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:	

1 Guidance Section 1 What is the menopause?

01

Guidance Section 1 What is the menopause

The menopause is normally a natural biological transition point in life– part of the normal ageing process experienced by all women, though not everyone experiences it in the same way.

We tend however to use the term 'menopause' to describe the transition years when the ovaries spontaneously fail to produce the hormones oestrogen and progesterone. Periods become less frequent and then stop altogether. The menopause is said to have occurred when periods have stopped for 12 consecutive months.

Menopause

Comes from two Greek words men (month) and pausis (cessation or stop)

Literal meaning is therefore the last menstrual period that occurs

*Don't forget that while all women experience the menopause, they are not the only ones affected. Managers need to understand that trans and non-binary staff may go through the menopause too (often with little support available) and need to be treated with dignity and respect, and men may need support while their wife or partner is menopausal. Everyone has different experiences and you shouldn't make any assumptions but listen to your member of staff and support their individual needs sensitively.

Sometimes in these sections we refer to 'women' – this is because the majority of people experiencing the menopause are women and sometimes it gets clumsy if we try to list everyone affected every time but please bear in mind that other staff could be affected too!

02

Guidance Section 2 When does the menopause occur?

In the UK, natural menopause usually occurs between 45 and 55 years of age, with the average age being 51.

However, a significant number of individuals experience the menopause before the age of 40 (some even in their teens or twenties). This is known as premature menopause or primary ovarian insufficiency and estimates suggest that around 1 in every 100 women in the UK will experience this. Premature menopause may be as a result of medical or surgical intervention or it can just happen on its own, with no clear cause.

Whilst menopause is generally a natural process involving gradual change, it can be sudden and acute following medical or surgical intervention (e.g. surgical hysterectomy, chemotherapy or radiotherapy).

03

Guidance Section 3 What happens during the menopause?

The menopause brings physical changes to the body. For many people experiencing the menopause, it can result in physical, psychological and emotional changes to which it can be difficult to adjust.

The particular changes involved can affect different people in different ways.

- Not everyone has symptoms - some experience few or no problems around this time
- 80% of women in the UK report noticeable changes – though the type, amount and severity of those symptoms can vary, ranging from mild to severe.
- 45% of women find their symptoms difficult to deal with.
- Approximately 25% of women experience very debilitating symptoms

In addition, the menopause typically occurs at a challenging time in many women's lives - they may be managing chronic health conditions, whilst bearing the greater share of caring and domestic responsibilities as well as being in employment. This can impact on emotional wellbeing and lead to excessive levels of stress. Without appropriate support, women can be left feeling isolated and vulnerable and this can affect their work and the role that they do.

Perimenopausal Stage

The perimenopausal stage describes the period of hormonal change leading up to the menopause. It can often last for four to five years (though it may continue for many more years for some people, whilst lasting just a few months for others).

During the perimenopause, the levels of hormones produced by the ovaries

fluctuate, leading to menstrual irregularities in the time between periods, and length of period and flow, until they stop altogether. Sometimes they can stop suddenly.

Changes in hormone levels (particularly oestrogen) can lead to symptoms which can have an adverse impact on personal and work life. Whilst everyone's experience of the menopause will be different, most may experience some of the following:

- **Hot flushes** – hot flushes experienced by most people and described as a sudden feeling of heat, starting in the face, neck or chest, before spreading throughout the body. Most flushes last only a few minutes but during this time there can be sweating with the face, neck and chest becoming red and patchy and the heart rate becoming quicker or stronger. For some people these can be occasional, but others may have many daily – and though generally harmless, these can be uncomfortable, disruptive and embarrassing.
- **Night sweats** – night sweats are when you sweat so much that your night clothes and bedding are soaking wet, even though where you are sleeping is cool.
- **Sleep disturbances/difficulty sleeping** – sometimes because of hot flushes and/or night sweats, though it may also be as a result of the anxiety felt during menopause. This may lead in turn to fatigue, irritability, loss of concentration and/or forgetfulness.
- **Mood disturbances** – including low mood and increased susceptibility to anxiety, which can also lead to tiredness, tearfulness and an inability to concentrate.
- **Problems with memory** - and/or concentration.

- **Vaginal symptoms** – such as dryness, itching and pain/discomfort during sexual intercourse.
- **Heavy periods and clots** – and some periods may last longer. Periods are usually irregular and harder to prepare for.
- **Urinary problems** – including recurrent urinary tract infections such as cystitis. Many women feel an urgent need to pass urine or to pass it more often than normal.
- **Reduced sexual desire (libido)** – which may be as a result of falling hormonal levels.
- **Palpitations** – heartbeats that suddenly become more noticeable.
- **Migraines and headaches**
- **Joint stiffness, aches and pains**
- **Reduced muscle mass**
- **Skin irritation**

These symptoms (which can vary in degree) may be experienced even though menstruation continues so women who are still having regular periods may not realise that they are experiencing the perimenopause and not understand the cause of their symptoms.

Menopause Symptoms in Other Circumstances

There are other circumstances in which symptoms may be experienced:

- Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.
- Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting around 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment.

- Surgical and medical treatments as part of an individual's gender transition can result in menopause symptoms.

Post Menopause

Symptoms continue on average for four years from the last period, and can continue for up to 12 years.

There is potentially an increased risk of certain conditions, including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

04

Guidance Section 4 Why is the menopause a work place issue?

4 Guidance Section 4

Why is the menopause a work place issue?

Within
(Organisation name)

**52 % of our workforce
(organisation to insert own figures)
are women between the ages of 46
and 55.**

**This means that a significant number
of staff may be going through
the menopause or experiencing
perimenopausal symptoms at any
time. In addition, between 1% and
10% of women experience an early
or premature menopause and so
may be trying to deal with the same
symptoms.**

Sometimes going through the menopause can be uneventful, but for others it can impact on their working lives, with it becoming increasingly difficult to function effectively at work as a result of their symptoms. This can leave them feeling less confident, more susceptible to fatigue and stress at work. It has also been recognised that certain aspects of work, working conditions and environment may exacerbate menopause symptoms.

A lack of knowledge about the menopause may mean that someone can be misdiagnosed as constantly having health issues which restrict them from fulfilling their normal role and having time off work. In addition, symptoms may impact on their performance, leading potentially to capability or disciplinary proceedings. They may be afraid to approach anyone for help and therefore suffer in silence, losing confidence and feeling isolated before leaving work altogether. It has been estimated that approximately 10% of women actually leave work because of their severe symptoms and lack of support in the workplace (Source My

Menopause Doctor)

It is therefore important that employers understand, address and manage these issues in order to protect the health and wellbeing of their workforce. Without effective support, employers risk losing key and valuable talent, expertise and experience.

Annual Report of the Chief Medical Officer (Department of Health), 2014
The Health of the 51%: Women

This report recognises the menopause as a workplace issue and recommends the following advice for employers:

- Flexibility of working hours and working arrangements
- Encouraging women to talk to co-workers and line managers if they have troublesome symptoms at work
- Greater awareness of managers about the menopause as a possible occupational health issue
- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation
- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation

The Chief Medical Officer's recommendations are based on research undertaken by the University of Nottingham – 'Women's Experience of

Working Through the Menopause'. Further information about the findings can be found [here](#).

It is also worth noting that whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware. Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee. Further information about the legal considerations can be found [here](#).



5 Guidance Section 5 Supporting an employee through the menopause

05

Guidance Section 5 Supporting an employee through the menopause

Menopause is a very personal experience and can affect people at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time. Attitudes can vary from empathy and understanding, through to insensitivity and “jokey”, to a complete lack of sympathy.

Support from Line Managers

The most important and valuable thing a manager can do is listen and wherever possible, respond sympathetically to any requests for adjustments at work

People who are experiencing the menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively.

Managers can only be sympathetic and supportive though if they are aware that their member of staff is experiencing difficulties. Research has shown that people may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms. This is particularly the case if their manager is younger than them or male and, as menopause can affect levels of confidence, if the person they are talking to has no idea about the menopause. This can be particularly true for trans or non-binary staff who are not ‘out’ to their colleagues or manager, and also for men who may be embarrassed to admit that they are affected by the experiences of their partner.

It is therefore important that as a manager, you are aware of the symptoms associated with the menopause and understand the issues affecting people going through it. This will help in fostering an environment where we are all more comfortable talking about the menopause, the symptoms and measures that could help in minimising these. You will need to be sensitive to any feelings of discomfort, listen to concerns and complaints and consider what can be done to reduce and minimise the impact symptoms may be having on the staff members performance within the workplace - could adjustments be made to allow them to manage their symptoms better?

The main symptoms of menopause are described [here](#). There are a number of websites and publications which provide additional information to help you feel confident and comfortable in talking to staff going through menopause. See [Guidance section 8: Seeking help and self-help](#).

Remember:

- You will need to maintain confidentiality in handling health information about the menopause.
- Any specific needs identified (including reasonable adjustments that are agreed) should be recorded and reviewed regularly.
- You should be aware of the potential impact of menopause on performance. If someone’s performance suddenly dips, it is worth considering whether the menopause may be playing a part in this.
- Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee –

seeking advice from the GP and/or occupational health practitioner.

- Staff should not experience any detriment because they may need time off during this time. Any absences should be managed in line with the Managing Attendance At Work Policy and the Manager in knowing “their employee” should use discretion when applying the policy.

Risk Assessments

A risk assessment should be undertaken in order to consider the specific needs of individuals going through the menopause and ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required. Particular issues to consider include temperature, ventilation and the materials used in any uniform which is provided. Welfare issues (including toilet facilities and access to cold water) should also be considered. See [Appendix 1 – Risk Assessment Checklist](#).

Adjustments

It has been recognised that certain aspects of work and the working environment can aggravate menopausal symptoms. It is therefore important to consider whether adjustments can be made to help people experiencing those symptoms by removing any barriers that get in the way of them doing their job. It is recognised however that every workplace is different (e.g. in some workplaces it is not possible to open a window). Any adjustments should be identified through discussion with the individual concerned and, where appropriate, with additional advice from Occupational Health.

The following are adjustments which could be considered in order to help with various menopause symptoms but most important of all is the need to listen to the individual and to respond sympathetically.

Other Adjustments

These may include:

- Flexibility to attend clinics, hospital or appointments and for women and men seeking advice relating to the menopause in line with the Managing Attendance At Work Policy.
- Flexibility to take breaks when needed rather than at pre-determined times - while undergoing the menopause employees may experience bouts of feeling unwell at work so a flexible and sympathetic approach to breaks is needed, including to take medication in a private space, to walk around and ease any pain. There may also be a need to leave work suddenly to return home.
- Consideration of phased return after sick leave in line with the Managing Attendance At Work Policy for women suffering with particularly severe symptoms and impairment.
- Provision of private spaces for women to rest temporarily, to talk with a colleague or to phone for personal or professional support.
- Consideration of role – stressful environments, high work demands, and long hours can aggravate menopausal symptoms and, in some cases, have been shown to bring on an earlier menopause.

Whilst it is important to consider whether adjustments can be made to help employees experiencing menopausal symptoms, many use self-help management or seek medical help to manage the symptoms themselves. For further information, please see [here](#).

Hot Flushes and Daytime Sweats

With research showing that hot flushes are the most common symptom of menopause, poor ventilation and high working temperatures can prove an aggravation. Individuals can take measures to alleviate this themselves, but suggested adjustments would include:

- Facilitating a comfortable working environment for those affected - temperature and ventilation-controlled areas (or the provision of a desk fan that can be controlled by the individual). Staff going through the menopause may ask to sit near a door or window. Consider positioning within an area with a breeze if possible.
- Encouraging suitable workplace clothing made from natural fibres if at all possible.
- Providing flexibility wherever possible for employees wearing uniform (preferably not nylon) which may exacerbate symptoms – allowing them to remove certain items/layers where possible. In addition, providing additional uniforms in order for them to be able to change during the day where the need arises.
- Providing access to cold water supplies.
- Ensuring easy access to toilet facilities and showers/washing facilities.
- Making adjustments to duties – hot flushes can be difficult to cope with when undertaking high visibility work such as formal meetings and formal presentations.

Hot Flushes, Night Time Sweats and Sleep Disturbance

These symptoms may result in both the individual experiencing them and their partner being very tired at work. Suitable adjustments may include:

Revisiting working time arrangements – flexible enough in order to deal with

symptoms, including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly. Many staff have a time of day when they are able to work most productively and adjusting working hours to suit that time is a reasonable adjustment.

Urogenital Problems

This will include an increased frequency and urgency to pass urine, with a need to access toilet facilities more frequently and to drink more fluids. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing more frequent breaks to go to the toilet.
- Providing easy access to drinking water.

Heavy and/or Irregular Periods

Sometimes there can be heavier or unpredictable periods during the perimenopausal stage. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing for more frequent breaks to go to the toilet.
- Providing storage for sanitary products near the toilet.

Psychological Problems

A lack of confidence, forgetfulness and/or memory loss, difficulty in concentrating and a change of mood is reported by many people going through the menopause. This can mean that it may become more difficult to carry out certain tasks temporarily and that performance is affected. Work related stress can exacerbate these symptoms. Suitable adjustments may include:

- Encouraging employees to discuss concerns openly at one-to-one meetings with their manager or Occupational Health. Sometimes employees may prefer to speak initially to someone else e.g. a female manager in their department, a trade union representative or Workforce & OD.
- Agreeing possible adjustments where possible.
- Providing access to counselling services.
- Addressing work related stress through risk assessment and implementation of the HSE's management standards.

Weight Gain

Weight gain may result in difficulties with mobility. Suitable adjustments may include:

- Promoting physical wellbeing at work.

Psychosocial and Social Impact

Some people report feelings of isolation. Suitable adjustments may include:

- Promoting physical and mental wellbeing at work.
- Providing access to counselling.
- Providing an ability to network with colleagues experiencing similar issues.

General Itchiness

Suitable adjustments may include:

- Encouraging employees to wear clothes made from natural fibres.
- Providing comfortable working conditions.

Muscular Aches and Bone and Joint Pain

For individuals experiencing these symptoms, moving and handling or adopting static postures may be more uncomfortable. Suitable adjustments may include:

- Making any necessary temporary adjustments through review of risk assessments and work schedules.

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Guidance section 6 Menopause and the Law

6 Guidance Section 6 Menopause and the Law

Whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware.

The Health and Safety at Work Act (1974)

The Act requires employers to ensure the health, safety and welfare of all employees - and this will include women experiencing the menopause. Under the Act, employers are required to carry out risk assessments under the Management Regulations and these should include specific risks to menopausal women, considering their specific needs and ensuring that the working environment will not worsen their symptoms. Particular issues for consideration will include temperature and ventilation, together with welfare issues such as toilet facilities and access to cold water. Further information about risk assessments can be found [here](#).

The Equality Act (2010)

The Act protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership pregnancy and maternity
- race
- religion or belief
- gender
- sexual orientation

The Public Sector Equality Duty

(Wales) was created by the Equality Act. The duty places a legal obligation on the organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

Sex Discrimination

Employers could risk facing claims for sex discrimination under the Act if they fail to properly support their female employees who are experiencing the menopause. An example could be refusing to take menopause symptoms into account as a mitigating factor when applying a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory problems) arising from other conditions would have been taken into account as a mitigating factor for male staff.

The first successful Employment Tribunal concerning the menopause was in 2012 (Merchant vs BT plc). Ms Merchant alleged that she had been discriminated against on the grounds of her gender when her employer failed to deal with her menopause symptoms in the same way that it would have dealt with other medical conditions. Ms Merchant had been underperforming and had reached the final written warning stage of the

capability process. She provided her employers with a letter from her GP stating that she was going through the menopause which could affect her levels of concentration at times and that she was also suffering stress as she was a carer for two family members.

Whilst the employer's capability process required an investigation as to whether underperformance was due to health factors, the possible impact of menopause was not investigated – rather, the manager concerned relied on his own knowledge of the menopause, together with the symptoms experienced by his wife and a colleague. Ms Merchant had subsequently been dismissed prior to her claim to the Tribunal.

The Tribunal concluded that the dismissal was discriminatory and unfair, stating that a man suffering from ill health with comparable symptoms from a medical condition (in this case, affecting concentration) and with performance issues would not have been treated in the same way. The failure to refer Ms Merchant for an occupational health assessment following receipt of her GP's letter, before taking the decision to dismiss, was held to be direct sex discrimination.

Harassment

An example of harassment might be a manager commenting that there is no point promoting a menopausal employee because they are 'hormonal'. Even if not addressed directly at a particular employee, this could cause staff to be upset and to worry about their careers – which could be considered harassment.

Disability

Whilst the menopause is not in itself a disability, conditions arising from it may meet the definition of an 'impairment' under the Equality Act. As an example,

depression or urinary problems linked to the menopause and which have a substantial and long term adverse effect on ability to carry out normal day to day activities, mean that the person concerned would be considered to have a disability under the Act. An employer is required to make reasonable adjustments where a disabled worker would be at a substantial disadvantage compared with a non-disabled colleague.

Case law has therefore shown the need to take medical information into account in capability situations where ill health has been raised by the employee – seeking advice from the GP and/or Occupational Health practitioner.

7 Guidance Section 7 How the menopause can affect different people (protected characteristics)

07

Guidance Section 7 How the menopause can affect different people (protected characteristics)

There are many different factors and personal circumstances that may affect how someone experiences the menopause, including the protected characteristics described in the Equality Act.

The following examples illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they should be considering.

Remember that not everyone experiences the menopause in the same way. It is important not to make assumptions but to listen to the needs and experiences of the individual concerned.

Some people may have more than one protected characteristic and therefore may experience multiple levels of barriers and discrimination. Needs should be addressed sensitively on an individual basis.

Existing Health Conditions and Disabilities

Many individuals report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause. It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.

There are reports that a wide range of conditions that can be affected by

the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others. A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.

If a woman has an existing condition that is worsened by the menopause, she may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

Black, Asian and Minority Ethnic (BAME) people and the Menopause

Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.

People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

Racism at work can increase work related stress which may worsen some menopausal symptoms.

Research by the TUC has also shown that BAME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

Trans people and the Menopause

Stonewall describe 'trans' as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier

age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey found that almost half of trans people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.

LGBT+ and the Menopause

Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may

increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

Many people report that stress can impact on menopausal symptoms. If they are experiencing homophobia at the same time as symptoms of menopause this can also increase stress which may exacerbate some symptoms. A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.

Women and the Menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.

Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult

time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or still birth.

Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time- for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Men and the Menopause

Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.

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Guidance Section 8 Seeking help and self help

8 Guidance Section 8 Seeking help and self help

Don't Suffer in Silence ...

Consider:

- Discussing symptoms and seeking support from a trusted manager. If you don't feel able to talk to your Line Manager, at least initially, you can talk to another manager in your department, Workforce & OD, a trade union representative or the Equality Manager.
- Consulting a GP on managing the menopause - and to ensure the symptoms are not the result of anything else.
- Speaking with Occupational Health about symptoms in order to obtain advice and support.

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives. If you are struggling to cope please seek a professional opinion from your GP, Occupational Health or other healthcare professional.

Healthier Lifestyle

Current health promotion advice highlights the importance of lifestyle choices before, during and after the menopause. Lack of sleep, stress, unhealthy eating and unhealthy lifestyle can increase the symptoms of menopause.

In addition to helping with certain symptoms, the following may also help reduce the risks of osteoporosis (brittle bones), diabetes and heart disease in later life:

- Eating healthily and regularly – research has shown that a balanced diet can help in alleviating some symptoms, in keeping bones healthy and in not gaining weight.
- Drinking plenty of water.
- Exercising regularly - to reduce hot flushes, improve sleep, boost mood and maintain aerobic fitness levels.
- Not smoking – to help reduce hot flushes and the risk of developing serious conditions such as cancer, heart disease and stroke.
- Ensuring alcohol intake is within recommended levels and cutting down on caffeine and spicy food – all of which can trigger hot flushes.
- Having access to natural light.
- Staying cool at night – wearing loose clothes in a cool and well-ventilated room to help with hot flushes and night sweats.
- Ensuring adequate rest and relaxation – to reduce stress levels and improve mood (through, for example, activities such as mindfulness, yoga and tai chi).
- Trying vaginal lubricant or moisturiser – available from shops and pharmacies for anyone experiencing vaginal dryness.

9 Guidance Section 9 Women's experience of working through menopause: The research

09

Guidance Section 9 Women's experience of working through menopause: The research

In 2011, the British Occupational Health Research Foundation (BOHRF) published research undertaken at the University of Nottingham.

Conducted by Professor Amanda Griffiths and entitled 'Women's Experience of Working through Menopause', the study found that:

- Nearly half of the women found it somewhat or fairly difficult to cope with work during menopausal transition with 5% reporting it to be very or extremely difficult. Nearly half said that they did not find it difficult at all.
- Many women said that they are/were little prepared for the onset of the menopause, with even less feeling equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager and the majority felt that they needed further advice and support.
- Workplaces and working practices were not designed with menopausal women in mind.
- Heavy and painful periods, hot flushes, mood disturbance, fatigue, poor concentration and memory presented significant and embarrassing problems for some, leaving them feeling less confident. Hot flushes were made more difficult to cope with from working in hot and poorly ventilated environments, formal meetings and high visibility work such as formal presentations.
- Women often did not feel comfortable in disclosing their difficulties to their managers, particularly with younger or male managers.
- Where they had taken time off because of their symptoms, only half of the women had disclosed the real

- reason for absence to their manager.
- Others had considered part-time working (though having concerns about the impact on their career if they were to do so) or had thought about stopping work altogether.
- Over half of the women said that they were unable to negotiate flexible working hours or working practices to the extent that they needed in order to deal with their symptoms.
- Over half of the sample believed that it would be useful to have information or advice from their employer about the menopause and how to cope with their work.
- Workplace temperature appeared to be an issue for many, with nearly half reporting not having temperature control in their normal working environment. Some could not open windows whilst others experienced interpersonal difficulties doing so in shared workplaces.
- Although no objective measures of performance were undertaken, some women felt their job performance had been affected negatively by the menopause. Some reported having worked extremely hard to overcome their perceived shortcomings due to menopause. Nearly a fifth thought that it had had a negative impact on perceptions of managers and colleagues about their competence at work and reported feeling anxious about these perceived performance deficits.

Strategies for Coping

The research also showed that many women had developed strategies for coping with problematic symptoms of menopause at work. These included:

- Obtaining fans or opening windows.
- Adjusting their working hours or routine.
- Active coping strategies - including disclosure, requesting formal adjustments, trying to control emotions, using positive reinterpretations and humour.
- Taking precautionary measures – including wearing layers of clothes and having a change of clothes at work.

sweating and anxiety attacks. Respondents reported high workplace temperatures, poor ventilation, poor or non-existent rest or toilet facilities and a lack of access to cold drinking water were causing problems.

- 49% spoke of the relationship between stress and increased symptoms.
- Working hours were also cited as a problem for women working through the menopause.

In addition, whilst the majority did not use HRT to help cope with the more troublesome symptoms at work, of those who had, nearly three-quarters said that work was one of the main reasons for trying it and 91% of these said it had helped.

Many women had also adopted more general strategies for dealing with menopausal symptoms including changing their diet, doing more exercise, wearing layers of clothing, trying to sleep longer at weekends, seeking out information about the menopause, maintaining a sense of humour, making time for themselves and making changes to their appearance to try and counteract their increasingly negative self-image.

In 2016 the Wales TUC carried out a major survey of almost 4,000 workers on the issue of the menopause, and published the findings in 2017 'The Menopause: a workplace issue'. Almost 9 out of 10 of those with direct experience of the menopause felt that it has an effect on working life. Significant numbers of those responding to the survey also reported witnessing the menopause being treated negatively or as a joke within their workplaces. The survey showed that only a very small number of workplaces have policies in place to support women who experience difficulties during the menopause.

TUC RESEARCH (2003)

- 45% said their managers did not recognise problems associated with the menopause.
- Almost one in three reported management criticism of menopause-related sick leave.
- Over a third spoke of embarrassment or difficulties in discussing the menopause with their employers.
- One in five reported criticism, ridicule and even harassment from their managers when the subject was broached.
- The working environment was responsible for making some menopause symptoms worse, particularly hot flushes, headaches, tiredness and a lack of energy,

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Guidance Section 10 Further information and advice

10 Guidance Section 10

Further information and advice

If you would like further information about the menopause, you may wish to look at the following websites, using the links provided below.

[NHS Menopause Guidance](#)

Provides an overview, together with information about menopausal symptoms and treatment options.

[Wales TUC Cymru](#)

The Wales TUC has produced a new toolkit for trade unionists looking at the issue of The Menopause in the Workplace.

[Menopause Matters](#)

An independent website which gives up-to-date information about the menopause, menopausal symptoms and treatment options.

[The Menopause Matters Forum](#)

Provides the opportunity to chat to other women experiencing the same problems and concerns.

[British Menopause Society](#)

The BMS provides education, information and guidance to healthcare professionals specialising in all aspects of reproductive health.

[Women's Health Concern \(WHC\)](#)

WHC is the patient arm of the British Menopause Society and provides factsheets about the menopause, linked articles (e.g. about experiencing a healthy menopause), FAQs and recommended further reading.

[Manage My Menopause](#)

A not for profit organisation providing tailored menopausal advice about post reproductive health.

[Women's Experience of Working Through the Menopause, December 2010](#)

British Occupational Health Research Foundation. A report of research commissioned by the British Occupational Health Research Foundation, to explore women's experience of working through the menopause.

[The Daisy Network Charity](#)

A registered charity providing free information and support to women with Premature Ovarian Insufficiency (POI) also known as Premature Menopause.

[Simply Hormones](#)

Provides blogs and articles about the menopause and opportunity to sign up to receive free Menopause Survival Kit, newsletters and updates

[Simply Hormones - Menopause: A Guide for Men](#)

Information to help men understand more about the menopause, including some "helpful hints".

[RCM guidance on the menopause](#)

[UNISON guidance on the menopause](#)

[The Menopause and Work: Guidance for RCN Representatives](#)

[2017 Government report](#)

[NICE Guidelines](#)



10 Appendix 1 Risk Assessment Checklist

This document should be retained on the individual's e-file and reviewed by the individual and manager on a regular basis.

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from Workforce & OD and/or Occupational Health).

Name: _____ Dept: _____ Date: _____

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does the employee have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of contact?						

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Appendix 1 Risk Assessment Checklist

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Stress	Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services, HSE Stress Management Standards						
Occupational health arrangements	Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Unions support / discussion groups	The employee has been made aware of other support mechanisms in the workplace which may be able to help? E.g. Occupational Health, EAP Menopause Cafe						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Physical							
Work stations	Are work stations / locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?						
Temperature	Is the employee/ employer aware of the workplace maximum and minimum temperature and is it implemented?						
	Is ventilation available and is it regularly maintained?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window. How is this implemented?						
	Do uniforms and PPE equipment reflect the needs of the individual?						
	Is the employee aware of what additional uniform can be provided and how to get this?						
	Are the clothes provided made of natural fibres?						
	Environment / duties	Have workstation risk assessments been reviewed to take menopause into account?					
	Are there opportunities to switch to lighter or different duties?						
	Do manual handling assessments take any issues around menopause into account?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Are there flexible arrangements in place in relation to breaks?						
	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for agile working? If not why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Is air conditioning / humidifiers functioning efficiently?						
	Is the environment too noisy?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in patient acuity / job demands? Are you able to concentrate to undertake and record complex medicine calculations / complex pieces of work? Do you have the ability to deal with emotionally challenging clinical / staff / customer situations? Etc.						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						
	Are you able to move freely / adjust posture etc.?						
	Do you undertake remote working?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Could remote working support you to perform effectively in your role? E.g. Ad Hoc Home Working Policy?						
Working conditions	Do you work night shifts?						
	Do you work shifts in general?						
	Are you a lone worker?						
	Do you work ad hoc / regular overtime / on call?						
	How do you travel to work? Do you drive for business purposes?						
Other risk / issues Please identify							
What are the hazards	Consideration	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved

PLEASE NOTE:
The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments.

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

<p>Details of adjustments agreed:</p> <p>Details of adjustments not approved (including reasons for the decision)</p>
<p>Date of annual review meeting (N.B. this review can be cancelled if the employee decides the meeting is not required)</p>
<p>I confirm that the meeting was undertaken for _____ on _____ and that any agreed adjustments listed above will be carried out.</p> <p>Signed: _____ (Line Manager) Signed: _____ (Employee)</p> <p>Print name: _____ (Line Manager) Print name: _____ (Employee)</p>

**Health Board
Local Partnership
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Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

8th January, 2019

Report Title:	WP65 Organisational Change Policy for NHS Wales
Report Author:	Welsh Partnership Forum
Responsible Director:	Mrs Sue Green Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	All Wales Policy which has been issued with minor amendments. The report also updates on the management of employees who are in receipt of pay protection.
Approval / Scrutiny Route Prior to Presentation:	Scrutiny through sub group of Welsh Partnership Forum
Governance issues / risks:	N/a
Financial Implications:	N/a
Recommendation:	The Board/Committee is asked to ratify the revised policy and note the process for management of employees in receipt of pay protection.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
EQIA carried out at all Wales level			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Organisational Change Policy for NHS Wales

1. Purpose of Report

The updated policy was originally issued to the Service in March 2017 for implementation from 1st April 2017. This paper documents the changes in the attached revised version which are minor in nature, and also describes the process for supporting individuals who require redeployment or are placed on pay protection.

2. INTRODUCTION/CONTEXT

In early 2018, a high level review of the policy was undertaken, while recognising that the policy had yet to be used extensively across organisations. The specific changes to the policy are minor, and are noted in the schedule in appendix 1. A fuller review will take place once the policy has been used more extensively. The revised policy was approved for implementation by the Welsh Partnership Forum at the meeting held on 23rd November 2018.

3. PROCESS FOR REDEPLOYMENT OF STAFF/MANAGING STAFF ON PAY PROTECTION

3.1 Redeployment on grounds of organisational change.

The policy which was revised in March 2017 outlined much more specific and time limited processes for redeploying staff who are displaced as a result of organisational change. This includes the designation of an individual as a redeployment candidate for a maximum of 3 months, and ensuring that displaced individuals are matched to appropriate vacancies to secure alternative employment within this timescale. It should be noted that there has been no requirement to designate an employee as a redeployment candidate in the health Board since the introduction of the revised policy.

3.2 Redeployment on grounds of ill health.

Redeployment on the grounds of ill health is not within the remit of the organisational change policy. A draft policy has been developed and is being reviewed at the BCUHB policy group.

3.3 Pay Protection.

There are currently approximately 150 individuals on long term pay protection in the organisation. While the revised policy provides a maximum of 6 years, various legacy policies provided a maximum of 15 years. Receipt of pay protection is conditional on the employee working to move to a post on their protected band, however in the absence of an electronic solution, this has previously been extremely difficult to monitor. An electronic solution has now been piloted on a defined group of staff at Ysbyty Glan Clwyd, and this is being rolled out for all staff in the organisation in receipt of pay protection.

This process will include meeting all staff on pay protection to ascertain appropriate roles/grade/location. Once these details have been entered on Trac, employees (and their manager) will receive suitable job alerts. If 3 posts are refused for a reason that is not accepted then pay protection will be withdrawn.

The roll out of the electronic process will be completed by the end of February 2019. It is envisaged that this will support the reduction of numbers of staff on pay protection. However, it should be noted that employees on high levels of pay protection will have more limited opportunities available to them.

Short term pay protection applies when an employee is required to undertake a change which may affect earnings but does not require a change in pay band/grade, such as change to shift pattern. This is payable for a maximum of 12 months and is managed locally

4. RECOMMENDATIONS

It is recommended that the committee approves the Organisational Change Policy and notes the action being taken to manage staff on pay protection.

APPENDIX 1

Organisational Change Policy – Schedule of agreed amendments as approved by the WPF on 23rd November 2018.

Paragraph 9.2 – Principles for Filling Posts

The following bullet point included: -

- *employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;*

The following bullet point has been removed: -

- *a post may be considered as substantially unchanged if the scope of the role remains unaltered or it matches “two thirds” or more of an existing job description and person specification;*

and replaced with: -

- *a post may be considered as substantially unchanged if the scope of the role remains unaltered and it matches “two thirds” or more of an existing job description and person specification;*

Paragraph 9.3 – Appointment/Selection Process

An additional sentence has been added to the second paragraph as follows: -

The mapping outcome should be published and drawn to the individual employee’s attention.

Paragraph 9.9 – Appealing Against a Decision

Replaced “if” with “of”

The paragraph has been amended to read: -

In the case of a dispute in respect of the selection process associated with organisational change.....

Appendix 1- Flowchart – Procedure for Filling Posts During Organisational Change

The flowchart to be amended as follows (see 9.2 above): -

From: *Will your post remain substantially unchanged and/or the scope of the role has not changed? i.e. matches $\frac{2}{3}$ of new JD/PS;*

To: *Will your post remain substantially unchanged? (i.e. the scope of the role remains unaltered and it matches ‘two thirds’ or more of an existing job description and person specification).*

Version: 1



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University Health Board

WP65

ORGANISATIONAL CHANGE POLICY

Date to be reviewed:	March 2020	No of pages:	45
Author(s):	Welsh Partnership Forum	Author(s) title:	Joint Chairs of the Partnership Group
Responsible dept / director:	Workforce & Organisational Development Director of Workforce & Organisational Development		
Approved by:	Welsh Partnership Forum / Local Partnership Forum		
Date approved:	23 November 2018		
Endorsement by:	BCUHB		
Date endorsed:	7 December 2018		
Date activated (live):	December 2018		

Documents to be read alongside this document:	
Review A	Purpose of Issue/Description of current changes: Updated Issue

Purpose of Issue / Description of current changes:

This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within Betsi Cadwaladr University Health. BCUHB will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.

At times of organisational change it is particularly important to ensure that support, guidance, training and development opportunities are made available to all staff employed by BCUHB in accordance with best practice.

First operational:	December 2018				
Previously reviewed:	date	date	date	date	date
Changes made yes/no:	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no

Proprietary Information

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3. Policy statement
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8. Managing employees at risk of displacement
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Appendix 1 – Procedure for filling posts during organisational change flow chart

Appendix 2– Redundancy policy

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Appendix 4 - Transfer to a new employer

Appendix 5 – Redeployment Policy

1. Introduction

This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within Betsi Cadwaladr University Health. BCUHB will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.

At times of organisational change it is particularly important to ensure that support, guidance, training and development opportunities are made available to all staff employed by BCUHB in accordance with best practice. The wider NHS in Wales will be responsible for assisting in the redeployment of employees from any NHS organisations affected by organisational change.

2. Scope of the policy

This policy replaces the Organisational Change Policy published in March 2009.

The Organisational Change Policy will apply to all BCUHB employees. It will apply to all situations of organisational change, whether these are internally generated service reviews or externally approved mergers or de-mergers.

3. Policy statement

3.1 In the application of this policy all employees will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender,, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership (also known as “protected characteristics”). No employee should be treated less favourably due to their hours worked (full-time or part-time) or trades union membership.

BCUHB are required to monitor the implementation of this policy and ensure that they assess its impact across the “protected characteristics” and in respect of human rights. This will require the collection, monitoring and reporting of workforce equality data for all employees identified as being at risk and subject to the provisions of the policy.

4. Principles to be observed

4.1 It is the policy of BCUHB to prevent all avoidable compulsory redundancies, which could potentially occur as a result of organisational change. As such, it is the aim of this policy to ensure that BCUHB retains the valuable knowledge, skills and experience of its workforce, by utilising a number of strategies, to assist displaced employees to find suitable alternative employment and / or retraining opportunities, which will enable them to continue to contribute positively to the service.

4.2 Subject to the processes outlined below, when the need arises to redeploy employees, BCUHB will;

- a) consider the use of short term temporary staff in any period of change, to maintain service requirements until the change is completed and to maximise potential redeployment opportunities;
- b) use early retirement and / or voluntary severance schemes where circumstances and / or resources allow;
- c) after consultation, identify (in pay and conditions) suitable alternative work in the employing organisation for employees affected by change;
- d) transfer employees affected to suitable alternative work with other organisations, by agreement with the employees concerned and the organisations concerned;
- e) support employees who wish to retrain and are qualified to undergo training for posts in other disciplines / areas, where reasonable; and
- f) by means of the development review / personal development plan process, assist and support employees to overcome constraints which may prevent them undertaking a new role.

All employees are entitled to be represented by a recognised trades union official, local trades union representative or accompanied by a workplace colleague, when subject to any of the arrangements arising from this policy.

5. Consultation with staff interests

5.1 Each employing organisation's senior managers will continue to work in effective partnership with representatives of Trades Union on the implications for employees in respect of strategic and other major plans concerning the organisation and provision of services. Such discussions will take place through local partnership arrangements.

5.2 In conducting such consultations, management will follow the principles set out in the following section **6 The Introduction of Change**. They will also be required to provide in advance, written details of any proposed organisational change and / or the workforce implications, to facilitate discussion with the employees affected. Such consultations should be conducted over a specified period of time, which should be of no less than four weeks duration unless agreed otherwise as noted in para 5.3.2c.

5.3 Collective Consultation of Proposed Redundancy

5.3.1 BCUHB and the Trades Unions recognise that, where organisational change includes or leads to a proposal to dismiss 20 or more employees as redundant (within the meaning of the definition within the Trades Union and Labour Relations (Consolidation) Act 1992 (TULRCA)) at one establishment within 90 days or less, then the statutory consultation framework under s188 TULRCA

will be engaged. BCUHB and the Trades Unions also recognise the desirability of exploring alternatives to redundancy before such proposals are formulated.

5.3.2 To ensure that these requirements are addressed within the context of this policy, BCUHB and the Trades Unions have agreed the following:

- a) as far as possible, the procedures set out in the OCP will be followed in order to avoid a situation in which an employing organisation is proposing to dismiss 20 or more employees as redundant at one establishment within 90 days or less;
- b) where proposals to dismiss employees as redundant are in prospect but have not been formulated, BCUHB will notify the local and regional representatives of the relevant Trades Unions in writing that this is the position and will invite them to participate in a formal "OCP Consultation Period". The notification will specify the start date for the OCP Consultation Period which will be not less than 7 days from the date of the notification;
- c) the OCP Consultation Period will normally last for a period of at least four weeks from the start date specified in the written notification. The OCP Consultation Period may be extended or shortened by such further period as may be agreed in writing by BCUHB and each of the relevant Trades Unions but the unanimous agreement of all parties will be required to such a duration;
- d) the OCP Consultation Period may involve representatives of the relevant Trades Unions at local, regional and/or national level although the Trades Unions' choice of representation will not unreasonably delay the progress of substantive consultation during the OCP Consultation Period;
- (e) that in agreeing to participate in the OCP Consultation Period on any given occasion, the respective Trades Unions accepts that:
 - (i) there is not a "proposal" such as to trigger an obligation on BCUHB to consult under s.188 TULRCA; and/or;
 - (ii) if there is such a proposal (or one is subsequently formulated after the OCP Consultation Period), none of the relevant Trades Unions will seek to argue that consultation on that proposal under s188 TULRCA has not begun "in good time" (or that BCUHB is otherwise in breach of s188) by reason of BCUHB employer having first participated in the OCP Consultation Period; and
 - (iii) if there is a proposal to which s188 applies (or one is subsequently formulated after the OCP Consultation Period), the consultation undertaken during the OCP Consultation Period will be taken into account when assessing the nature, duration and content of the further consultation to be carried out in accordance with s188 TULRCA, bearing in mind that the shared aim of s.188 and OCP

consultation is to find ways to avoid redundancies if possible. Further consultation under s188 will, as a general rule, take place after the OCP Consultation Period.

6. The introduction of change

6.1 BCUHB

- a) Recognises that employees and their representatives have an expectation that management will discuss with them the reasons for and the implications of any proposals or options, which appear likely to have a significant impact on the nature of the work they perform or the arrangements or conditions under which the work is carried out; and
- b) Undertake that its managers will, in a timely manner, discuss with employees and their representatives, at departmental and other appropriate levels, the workforce implications of particular proposals or developments, which appear likely to, or have the potential to have a significant impact on the work of individuals, the departments or staff group concerned, before any final decisions are taken.

6.2 The Trades Unions

- a) Recognise that in the interests of patient care and the efficient use of resources, the organisation's managers have a responsibility to review from time to time the activities of individuals and groups of employees and the arrangements and conditions under which such activities are performed; and
- b) Undertake to advise their members to participate in the introduction of changes arising from such reviews, where the principles set out in this policy are followed.

6.3 Both management and Trades Unions also recognise that there is no single universal prescription, which can be meaningfully followed in every case where changes are proposed.

Where, however, the changes proposed are of a significant nature, some prior discussion regarding the reasons for them, any available options and their implications will be necessary. As a general rule, such discussions are best conducted between the responsible manager, the employees affected and their representatives.

Where the changes envisaged appear likely to affect the location, hours of work, grades / bands or earnings of the employees concerned, the responsible manager should consult the accredited representative(s) of the employee(s) concerned, at the earliest possible stage.

6.4 Particular consideration should be given to the following points during the discussion of any proposed changes, as applicable;

- a) health and safety implications;
- b) training or re-training needs;
- c) staffing requirements;
- d) arrangements for redeploying or transferring any displaced employees;
- e) arrangements for recruiting any additional employees;
- f) any required changes to shift patterns, location and / or hours of work;
- g) any grade / band implications; and
- h) applicability of any relevant protection arrangements.

7. Anticipating and preparing for change

7.1 Restrictions on vacancy filling

Restrictions on the filling of vacancies in certain categories of posts (other than on a short term temporary basis) will be introduced to assist in creating suitable alternative positions for employees affected by the change.

Employers will consult with trades unions in a timely manner, in respect of the categories of posts which need to be brought within this restriction, as required.

7.2 Temporary appointments to maintain services

A number of fixed term appointments or secondments may be required to maintain services whilst rationalisation or reorganisation of services or organisations takes place. These temporary arrangements will be required either to fill gaps in the service or organisation that is undergoing change, or to fill gaps elsewhere, to 'reserve' places for employees who will become displaced but who are required to remain in their current post for the time being, to maintain adequate services.

The reasons for the temporary nature of the appointment must be given clearly in writing to any employees appointed in this capacity and an estimate should be given as to how long the appointment will last. In these circumstances fixed term appointments or secondments will not normally be made where the position concerned is likely to continue for a period of more than one year.

7.3 Creating Flexibility

To reduce the potential for compulsory redundancies, there may be a need to consider the merits of inviting employees to volunteer for a voluntary severance payment or redundancy at an early stage and prior to the implementation of the selection process.

7.4 Employees affected by the change and notice provisions

A list of employees at risk of being displaced from their substantive post as a result of each approved reorganisation, rationalisation or reduction of services should be compiled at the earliest practicable date. Managers will be responsible for the compilation of such lists, in conjunction with Workforce and OD departments and for informing relevant representatives.

Whilst every effort must be made to find a suitable alternative employment and arrange redeployment in line with the change timetable, employees affected must be advised by their line manager as to their position in writing, throughout the change process.

Careful consideration must be given, in the light of the circumstances of the change programme, as to the timing of the issue of any notices of redundancy.

8. Managing employees at risk of displacement

8.1 Placing employees at risk of displacement

The timing of when employees will be declared at risk is important and this will be agreed in partnership with the trades unions, at the start of any period of organisational change.

8.2 Consideration for posts in a new structure

Employees that will be affected by any change process and who are at risk of being displaced from their substantive post will receive priority consideration for appointment to suitable alternative roles in the new structure.

8.3 Seconded and acted up employees

Specific arrangements govern seconded, acting up and fixed term employees and these are covered in Appendix 3.

8.4 Support arrangements

Managers must ensure that local arrangements are established to assist employees who are at risk of being displaced or whose posts are potentially at risk. The following points can be regarded as a checklist of support facilities, which could be offered:

- access to career advice;
- access to counselling;
- access to suitable senior staff to act as mentors and provide external advice and guidance as appropriate;
- arrangements for accessing and/or restricting vacancies as appropriate, using NHS jobs;
- assistance and advice on CV writing, application form filling, interviewing skills, etc.;
- assistance with access to NHS jobs, job centres, recruitment consultants, etc.;
- facilities and assistance for sending CV's to all-Wales NHS bodies, organisations and employers;
- contact with and access to retraining opportunities and allowances, further education establishments, etc.; and
- access to independent financial and pension advice in the event of redundancy or early retirement.

The above list is not exhaustive. It is intended to be a general guide on areas for consideration.

9. Procedure for filling posts during organisational change

9.1 Scope

This procedure will apply to all employees affected by organisational change.

Employers should make appropriate arrangements to ensure that all employees affected by change, including those on any form of authorised absence, which may include maternity leave, parental leave, carers leave, term-time working, long term sick leave or secondment, are considered at each stage of this procedure and are not disadvantaged in any way.

9.2 Principles for filling posts

The arrangements for filling posts should be based on the following broad principles, applied to all employees with a permanent contract of employment, but may exclude those employees employed on fixed term contracts (please refer to Appendix 3);

- all those eligible for consideration for a post should be treated on the basis of equality;
- all employees should have a legitimate expectation that they will be supported to secure a post with similar pay and conditions of service (suitable alternative employment);
- where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the 'Arrangements for Salary Protection', set out in section 10 of this policy ;

- in making decisions consideration should be given to making adjustments to accommodate the different circumstances of employees with caring responsibilities outside of work and give flexibility around part time employees;
- employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;
- reasonable consideration/adjustments should be made to accommodating employees with flexible working arrangements e.g. term-time working, job-share, part-time so as to avoid, wherever possible, these employees being disadvantaged by the process. All requests to work flexibly must be given full and fair consideration and handled consistently;
- reasonable adjustments should be made to a role and/or working environment to support disabled employees to gain an alternative post or suitable alternative employment;
- opportunities for career development and maximising an employee's employment potential should be encouraged wherever possible;
- where the implementation of change covers more than one organisation there should be consistency in approach between all organisations involved in terms of time-scales and processes to ensure equality;
- all job applicants should be treated fairly and with dignity and respect: Principles of equality will apply and the process will be transparent;
- the organisation must commit to supporting employees in their efforts to secure employment for all employees affected by the change, including the use of redeployment schemes, trial periods and retraining;
- all appointment decisions should be based on merit and on the suitability of each candidate for the post, based on an assessment of their knowledge, skills, experience etc., against the new post's person specification and job description;
- details of available posts in a new structure must be available to all employees (including indicative pay band, title, job description and person specification) and provided in a timely manner, including to those on an authorised absence;
- where posts or groups of posts are judged not to have altered substantially, the principles of 'slotting in' and 'prior consideration' should be applied;
- a post may be considered as substantially unchanged if the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification; and
- all employees must be considered against the roles in the new structure and slotting in and prior consideration must be applied at the outset to determine the potential appointment status to the structure of the existing employees (subject to sections 9.3 to 9.10 below).

9.3 Appointment/Selection process

Organisations should seek to progress to appointing to new structures in a timely manner and with the minimum of delay.

To progress this, managers should undertake a "mapping exercise" where employees within the existing structure are considered against the posts in the new structure, so as to understand the scope of slotting in, prior consideration

and restricted competition. The mapping outcome should be published and drawn to the individual employee's attention.

Employees who are eligible for slotting in should be identified and their new/revised roles confirmed in writing at the outset of the process.

Where appointments to posts are subject to prior consideration or restricted competition, an interview will be the minimum selection process requirement. The process of selection will be carried out by reference to the relevant job description and a person specification and KSF outline (for employees on AfC terms and conditions), including the following objective criteria, against which the requirements of the post will be measured:

- qualifications;
- relevant experience;
- skills and knowledge and any other particular aptitudes/attributes identified for the post;
- suitability for trial period/retraining to meet the criteria; and
- the need for reasonable adjustments to posts in accordance with the Equality Act 2010.

Every employee involved in the process will be able to receive feedback on their performance during the selection process, from a nominated member of the interview selection panel.

9.4 Slotting in

Slotting in will apply where a post is substantially unchanged and there is only one candidate or equal numbers of posts and candidates, who currently undertake this role. In this circumstance the post would not be advertised and the individual(s) whose post(s) meets the criteria would be slotted into the post(s).

Consistency in the approach to and the application of the slotting in principles are essential. A flowchart is attached at **appendix 1**, which describes the steps to be followed.

In cases of disagreement about whether the job is substantially unchanged, the current and new job descriptions and person specifications will be considered by an independent review undertaken by a panel including a member of the Workforce and OD team, a management and a trades union representative. Anyone involved in the review will have no working relationship or have had any involvement in previous discussions relating to the review, with the aggrieved employee(s). It will be the role of this independent panel to review the original outcome and to reach an objective decision. Should the employee(s) continue to disagree with the independent review decision, they may lodge an appeal, in accordance with stage 2 of the All Wales Grievance Policy and Procedure.

9.5 Prior consideration

Prior consideration will apply where a post is substantially unchanged (e.g. the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification) and there is more than one potential candidate. Selection will be undertaken by interview.

Where an employee is eligible to express an interest in more than one post they will be required to indicate their preferences in rank order.

Consistency in the approach to and the application of the prior consideration principles are essential. A flowchart is attached at **appendix 1**, which describes the steps to be followed.

If following the prior consideration process employees have been unsuccessful in being allocated to a post, they may be eligible for consideration in respect of a restricted competition post at the same or a lower level, if there are no other employees at that level with slotting in or prior consideration rights.

9.6 Restricted competition

Where a post is considered to be new or substantially changed it should be filled in the first instance by restricting competition to employees directly affected by the changes.

9.7 Collection of information

Employees who are identified as being "at risk" of being displaced and who are not eligible for "slotting in" or "prior consideration" should be informed of their position and interviewed by their manager, with appropriate support and advice from their Workforce and OD department, as soon as possible and, if they so wish, in conjunction with their staff representative. This should be confirmed in writing. This provision will also apply to employees who are not appointed following the conclusion of a "prior consideration" process.

A formal record should be created for each employee considered to be at risk of being displaced, to record relevant personal details, circumstances, preferences (post the change), knowledge, skills, qualifications and experience.

To co-ordinate the number of employees at risk of displacement in any large scale reorganisation, it may be necessary for affected employees to have their range of knowledge and skills assessed using a consistent format. This will ensure that appropriate vacancies and opportunities can be identified speedily and without the need for these employees to be interviewed on more than one occasion. This process will be undertaken in partnership, by appropriately skilled managers and staff representatives.

9.8 Priority for redeployment

Priority will be afforded to those employees that are displaced from their substantive posts, in consideration for appointment to roles in the new structure and who are not appointed to a role under “slotting in” or “prior consideration”. If employees are unsuccessful in securing a post, they will become a redeployment candidate and will be able to be considered for posts in BCUHB through “restricted competition”.

9.9 Appealing against a decision

In the case of a dispute in respect of the selection process associated with organisational change, an employee may lodge a grievance, in accordance with the all Wales Grievance Policy, at Stage 2 of the procedure.

9.10 Actions to be considered following the appointment process

Following the appointment process, the organisation will need to consider the position of any employees not appointed to posts in the new structure. Every practicable effort will be made to avoid compulsory redundancies. Organisations and affected employees are required to further explore the following options:

- redeployment elsewhere within the organisation;
- redeployment within BCUHB within Wales;
- secondment arrangements with other NHS bodies and public sector organisations in Wales where practical and feasible; and
- re-training to undertake a new role.

10. Protection of Pay and Conditions of Service

10.1 Scope

Protection will apply to any employee, who, as a consequence of organisational change, is required to move to a new post, their shift pattern/rota changes or they suffer a reduction in basic hours worked within the standard working week.

This provision does not apply to individuals who voluntarily move to a post carrying a lower salary.

It provides:

- a. Short-term protection of earnings, whether or not downgrading is involved.
- b. Long-term protection of basic salary where downgrading is involved.

The short term and long term protection arrangements set out below replace any local/legacy arrangements previously in place.

10.2 Definitions

New post

-for the purposes of defining entitlement to protection, this section refers to employees undertaking a new post. This specifically refers to the post the employee undertakes immediately following an organisational change; this may be a new role considered as suitable alternative employment or the same role but with revised contractual arrangements e.g. a different shift pattern or hours of work.

Basic salary

- basic salary is the weekly or monthly sum due in respect of basic hours worked in the substantive post by the employee within the standard working week on the day immediately preceding the first day of employment in the new post (i.e. the last day in the old post). This excludes any payments made in respect of temporary movement to a higher band or seconded positions. This will normally be the incremental point within a band/grade and will form the basis of the sum used to calculate protection for the duration of Long Term Protection.

Earnings in the new post

- means the sum of the basic salary in the new post and any remuneration in respect of overtime, shift work, on call and emergency work and other additional duties where appropriate. Earnings in the new post will be subject to national pay awards and increments (where applicable).

Protectable earnings

- the weekly or monthly average earnings over the 17 weeks/four months or appropriate rota where applicable, immediately preceding the first day of employment in the new post.

Downgrading

- occurs when the new post, irrespective of its title, has:

- a salary scale with a maximum incremental point, lower than that applying to the post held previously or;
- a salary lower than that held in the previous post.

10.3 Short Term Protection of Earnings

Short-Term Pay Protection applies when, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade. An example would be change to work/shift pattern. Organisations should ensure that any situation where an employee may be subject to short term protection is continuously managed with the impact on the employee being minimised so far as is possible.

Employees are entitled to have certain earnings (“protectable earnings”), following the change, protected in accordance with the following table –

Reckonable Service	Protection Period (Months)
Up to 2 years	2
After 2 Years' Service	4
After 3 Years' Service	6
After 4 Years' Service	8
After 5 Years' Service	12

The employee's earnings are protected at the average weekly/monthly pay level received in the 17 weeks/four months immediately preceding the first day of employment in the new post, or in line with their previous rota if applicable. For employees who have been on Maternity Leave a representative reference period will be identified to ensure an appropriate level of short term protection is applied.

The earnings eligible for protection are:

- Contracted Hours
- Unsocial hours payments
- Regular or contracted overtime/extra hours
- Allowances for:
- Stand-by/on-call duty/work done
- Any other appropriate allowances / earnings described in the relevant Terms and Conditions Handbook.

Earnings in the new post/rota/shift pattern will be offset against protectable earnings. If for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/ shift/ will be paid in full for that particular pay period.

When calculating earnings, the rates used for calculating payments in respect of additional hours, overtime, shift work and other additional duties shall be those applicable to the new post.

The continued receipt of short-term protection of earnings is conditional on the employee undertaking any overtime, shift work on call , emergency work and additional duties where applicable which may be needed in the new post up to the level at which earnings in the new post equal the protected earnings. Beyond this point normal arrangements will apply and payments will be made at the rates applicable to the new post.

Short-term protection of earnings are also conditional on the employee accepting any subsequent offer (during the period of protection) of another suitable post within BCUHB attracts a higher level of average earnings than that applying to the new post.

10.4 Long-term protection of basic wage or salary where downgrading is involved

Long Term Pay Protection applies when, through organisational change, an employee is moved from one post to another and who is downgraded as a result to suitable alternative employment or where an employee's duties change which

result in a down-grade to a post carrying a lower band/grade. In such circumstances employees will be entitled to full protection of basic salary until:–

- a) the period specified in the table below expires, or;
- b) the employee is appointed to a post in which the normal salary is equal to or exceeds the protected salary, or;
- c) the employee moves on his or her own application to a post with a salary which is lower than that of the new post, or;
- d) the employee refuses to apply for three posts deemed to be suitable alternative employment, or;
- e) the employee refuses an offer of suitable alternative employment, or;
- f) the employee retires, or;
- g) the basic salary of the new post is equal to or exceeds the protected salary.

Reckonable Service	Length of Protection Period
After 2 Years' Service	6 Months Protection
After 3 Years' Service	1 Year Protection
After 4 Years' Service	2 Years Protection
After 5 Years' Service	3 Years Protection
After 6+ Years' Service	6 Years Protection

When an employee commences in their new post they will be placed on the appropriate incremental pay point commensurate with their service history. This may provide for incremental progression within the new band/grade. The basic salary during the period of protection will be assessed against the salary in the old post to maintain the level of protection for the full eligible Length of Protection Period. As noted in g) above, the basic salary of the new post may at some point be equal to or exceed the protected salary, in which case protection will end.

Long-term protection entitlement is assessed on the basis of actual hours worked in the new post, paid at the hourly rate applicable to the previous post. If the hours in the new post exceed hours worked previously, long-term protection entitlement is based on (hours worked previously) x (rate applicable previously) with any additional hours in the new post being paid at the rate applicable to the new post. Any additional earnings derived from work in the new post will be remunerated at the rate appropriate to the new post.

Long-term protection of basic wage or salary is also conditional on the employee giving an undertaking to move to a post on their previous i.e. protected band/grade with BCUHB and actively seeking/applying for such opportunities as they arise. BCUHB has a duty through this policy to actively support individuals with securing such appointments and will ensure that suitable opportunities and vacancies are brought to individuals' attention. Accordingly there is an explicit requirement that staff, whilst in the receipt of long term protection, will be proactive in managing their careers as a condition of the continued receipt of protection. The refusal to apply for suitable alternative employment on three occasions; or to accept an offer of a suitable alternative post will result in the immediate cessation of protection.

To support staff on long-term protection BCUHB will use the provisions of the Redeployment Policy so as to enable staff to be afforded “restricted competition” status at any appropriate interview(s) for posts at their previous band/grade provided there are no employees at risk of redundancy who are eligible for priority interview.

Moving to an alternative post during protection may be instrumental in employees re-establishing their careers, but such moves may not necessarily result in individuals securing a post at their previous band/grade. In such circumstances, there will be no loss of eligibility for protection, where an employee moves within BCUHB to a post not at the previous band/grade but where such a move is considered supportive in their career development/a step to returning to the previous band/grade. In such circumstance the level of protection may need to be recalculated based on the new post.

Exceptionally, protection may be transferred when an employee moves on his or her own application to a post with another Health Board or NHS Trust in NHS Wales with a basic wage or salary which is equal to that of the existing post, but only at the discretion of the organisation which would have to meet the cost of protection after such a move and only where that organisation can justify the continuation of protection as being in the interest of the service.

10.5 Possible Protection of Pension Following Down-Grading / Reduction in Hours

Employees who are members of the BCUHB Pension Scheme (with more than 2 years' pensionable service) who are eligible for long term pay protection following organisational change may apply to have their pension protected at the higher rate, subject to the approval of the BCUHB Pensions Agency. Individuals are advised to contact the Pensions Department on this matter, within 3 months of the reduction in salary to discuss how this option is accessed.

10.6 Interaction between Long and Short-Term Pay Protection

An employee to whom both short-term and long-term protection is applicable shall be paid both entitlements at the same time for the duration of the short-term protection. At the end of the short term protection period payment will be made on the basis of the remaining entitlement to long-term protection.

10.7 Appeals

Appeals arising out of the application of this section of the policy shall be dealt with by application of Stage 2 of the Grievance Procedure.

11. Excess mileage and travel

Where an employee's base is changed as a result of organisational change and this results in additional mileage from home to base then the excess miles incurred can be claimed.

Excess mileage will be reimbursed in accordance with the Reserve Mileage Rate for a period of up to 4 years. Alternatively, staff may claim a lump sum equivalent to 2 years excess travel payments.

If the employee moves their residence/home closer to their new work base during the period of entitlement, the excess mileage/travel will be reduced accordingly. If the individual moves their residence/home further from their new base no additional mileage/travel will be paid.

For those employees who have lease cars, any reimbursement will be subject to national insurance and tax deductions.

Staff are able to retain their entitlement to excess travel should they apply and obtain promotion or transfer to a new role on the same band at their new base.

If the employee voluntarily takes up another post at a different location then payment of excess mileage will cease from date of appointment.

Non driving employees will be reimbursed for additional incurred public transport costs for a period of four years, or are entitled to receive two years' excess mileage paid as a lump sum.

Car parking charges will be reimbursed where an employee is redeployed under this policy, to a site where such charges are mandatory and the charges will therefore be necessarily incurred. Reimbursement of car parking charges in these circumstances will be made for a period of four years (arrangements for parking including location and rate should be agreed by the organisation and the employee in advance). As an alternative to the above, BCUHB may offer two years car parking fees paid as a lump sum. Lump sum payments will be subject to a pro rata 'claw back' clause, should the employee leave their employment before the end of the two year period.

12. Relocation / removal expenses

Organisations should have a relocation/removal expenses policy, which makes provisions for the payment of removal expenses, in circumstances where employees are required to move their home base and the organisation is satisfied that the arrangements proposed are reasonable in the circumstances.

Employees, who may be contemplating relocating their home as a result of, or in anticipation of an organisational change process, should obtain confirmation of the entitlement to relocation/removal expenses, prior to entering into any binding arrangements.

13. Review, evaluation and monitoring arrangements

13.1 Formal Review

This policy will be reviewed formally by the Welsh Partnership Forum by March 2020.

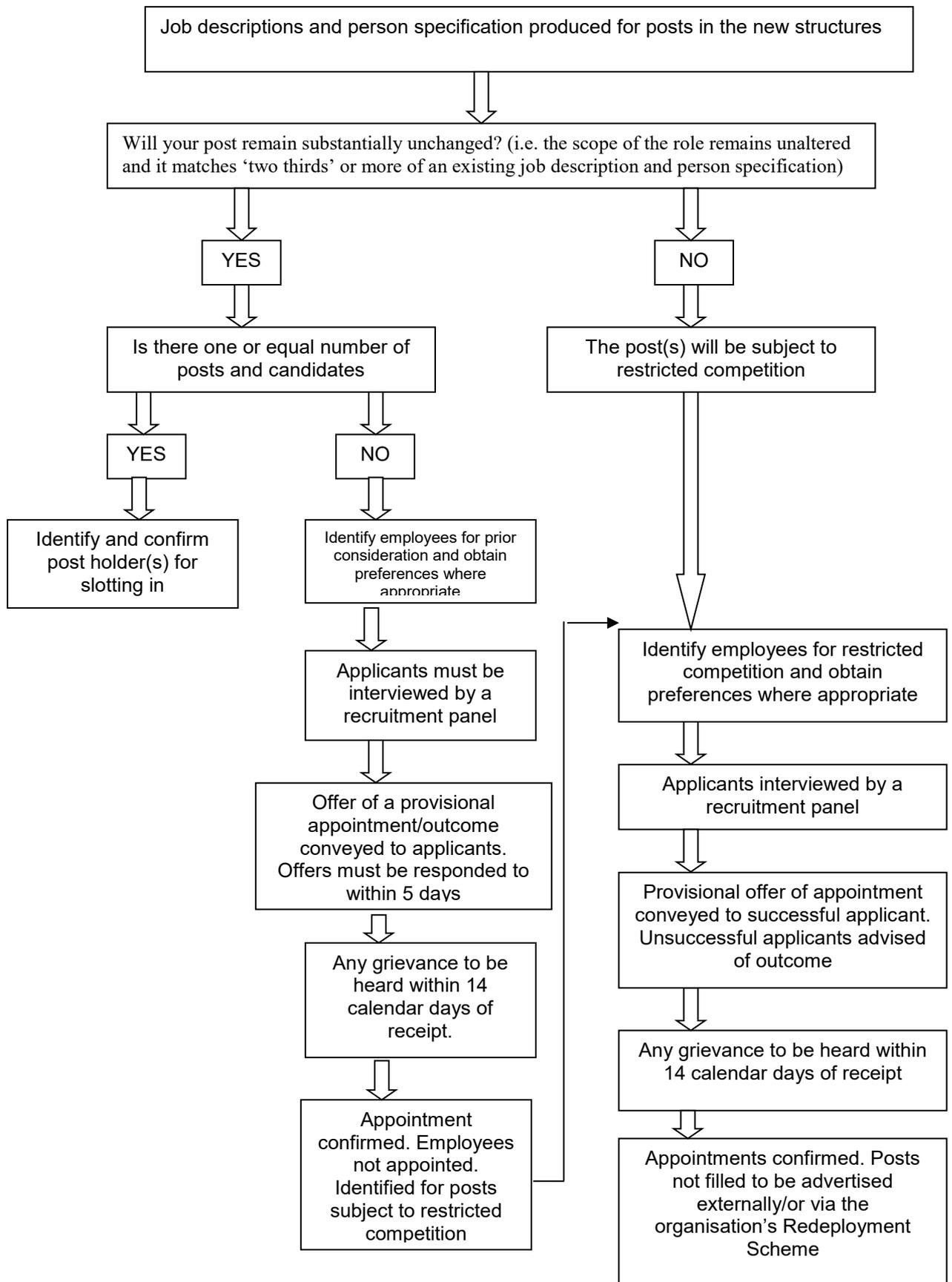
13.2 Evaluation

There will be ongoing evaluation of this policy with the trades unions, employees and BCUHB, particularly in the context of equality impact assessments.

13.3 Monitoring

A monitoring proforma will be developed and the policy will be monitored, in partnership, after each organisational change, to ensure that the principles have been adhered to.

Procedure for filling posts during organisational change flow chart



Redundancy policy

1. Statement of Intent

1.1 Definition of Redundancy:

Redundancy can be defined as a dismissal, which is wholly or mainly attributable to:

- The fact that the employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed by them, or has ceased or intends to cease to carry on that business in the place where the employee was so employed; or
- The fact that the requirements of that business for employees to carry out work of a particular kind or for employees to carry out work of a particular kind in the place where they were so employed, have ceased or diminished or are expected to cease or diminish. (Section 139 (1), Employment Rights Act 1996).

BCUHB are committed, as far as is possible, to providing continued employment for existing permanent employees. These organisations are therefore required to take all reasonable, practical and affordable steps to retain valuable skills, knowledge and experience and avoid making employees compulsorily redundant.

This policy sets out all the measures which organisations must explore to avoid compulsory redundancy and the procedure to be followed, in the event of compulsory redundancy having to be affected.

The organisations will:

- encourage full and open consultation with employees and their representative(s) during a period of change, which may result in redundancy;
- facilitate the redeployment of employees;
- ensure appropriate and fair processes are followed; and
- endeavour to ensure that wherever possible, or affordable, reductions in employee numbers are achieved through natural wastage, or by means of voluntary early retirement or voluntary early release.

2. Procedures

2.1 Consultation

Where it is evident or strongly considered that changes planned will have a significant impact on employee contracts or will result in redeployments or redundancies then the statutory requirements concerning the provision of information to, and consultation with, recognised trades unions/staff

representatives will be followed in accordance with section 5.3 of the OCP - Collective Consultation of Proposed Redundancy.

Employees at risk of redundancy will have the right to representation throughout the process.

Management must do their utmost in all circumstances to ensure that the consultation process commences at the earliest possible stage.

2.2 Measures to be taken to minimise or avoid redundancies

Wherever practicable all possible steps will be taken to minimise or avoid redundancy in accordance with the provisions set out in the Organisational Change Policy.

Any offer of alternative employment, which is considered to be suitable should be made in writing, providing sufficient details of the post and allowing reasonable time for the employee to consider it, prior to expiry of the notice period. The offered alternative post should be available no later than four weeks, from the date the old contract is ended. The offer should, where appropriate attempt to indicate the principal ways in which the new job differs from the old. Where this procedure is followed but the employee fails to respond to any such offer, the employee shall be deemed to have refused suitable alternative employment.

The acceptance of any alternative employment, which is considered suitable, may by agreement be subject to a four week trial period. Trial period arrangements, including mechanisms for assessment and review should be agreed between the manager and the employee before the trial period beings.

If during the trial period it becomes clear that the redeployment is not in fact suitable, this will not affect the employee's entitlement to any redundancy payments that might be due under their old substantive contract. Redundancy payments will be put at risk if an employee withdraws without reason from an agreed trial arrangement.

2.3 Selection Methods

Selection methods will be agreed locally according to the circumstances of the reduction in posts, the staff groups involved and the requirements of the service and the organisation following the change. Any or all of the following may be considered as criteria for selection, bearing in mind the requirement that selection must be based on objective criteria:

- length of service;
- attendance record;
- sickness record (use of this criteria must be carefully managed in accordance with the Equality Act (2010));
- disciplinary record;
- qualifications;
- skills;

- competencies;
- work experience; and
- performance records (based on formal documented and objective evidence e.g. performance management/development review documentation).

The organisation must take care when designing and applying their selection criteria, to avoid using factors, which may directly or indirectly discriminate against any employee, on the grounds of gender, race, disability, religion or belief, age, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership. The same consideration should be given to part-time employment status and trades union membership. Organisations must undertake an equality impact assessment of the chosen selection method.

2.4 Time off to look for work

Employees will be given reasonable time off, with pay and reimbursement of expenses, to consult with management, trades union and staff representatives, to visit any new locations where they may be seeking alternative employment, to attend for interview and to attend training and retraining.

2.5 Retraining

Appropriate preparatory training, induction and on or off the job training will be provided to enable employees to move into areas of work, not fully covered by their original training or recent experience. This will include attendance at any courses or seminars that may be pertinent to current vacancies.

2.6 Additional assistance

Each employee who is displaced or at risk of redundancy will be given the opportunity for individual counselling, including provision of information e.g. entitlements and specific support as identified in section 8.6 of the OCP Support arrangements.

2.7 Notice periods

Contractual notice should be served to any employees that are given notice of termination of employment by reason of redundancy.

Circumstances will dictate whether the organisation can offer a notice period which is longer than the employee's contractual notice. Notice periods may be extended, to maximise the opportunity to find the employee suitable alternative employment.

Subject to mutual agreement an employee may leave before the expiry of their notice period if:

- they obtain other employment outside BCUHB. In such a circumstance the new termination date will become the revised date of redundancy, for the purposes of redundancy calculations; or
- the employee, after having been given notice by their employing organisation, gives written counter notice, which with agreement may be less than the contractual period, with no loss of redundancy payment rights.

An employee may also be required to leave if:

- they engage in conduct resulting in another reason for dismissal, during their redundancy notice period.

In respect of the above, the organisation reserves the right to make an outright payment in respect of notice and the redundancy entitlement, by way of full and final settlement, subject to statutory regulation.

2.8 Equality

In applying this redundancy policy, organisations will ensure that any proposed arrangements do not discriminate on the basis of disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, trade union membership, age (except in so far as it is affected by the age retirement policy) etc. Part time employees should be treated in the same way as full time employees in all respects.

3. Entitlements of employees who are redundant

- 3.1** All BCUHB employees who are eligible to receive a redundancy payment will have their entitlement calculated and paid in accordance with section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.
- 3.2** Provision also exists for eligible BCUHB employees to retire early without reduction of their pension benefits subject to the specific criteria set out in the NHS Pension Scheme membership rules and the provisions of Section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.
- 3.3** It should be noted that these redundancy pay provisions apply to all BCUHB employees not just those covered by the Agenda for Change BCUHB Terms and Conditions of Service.

4. Right of appeal

4.1 Redundancy process grievances

In the case of dispute in respect of the redundancy process, associated with organisational change, an employee may lodge a grievance, in accordance with the All Wales grievance policy.

- 4.2** Employees who are served notice of redundancy must be advised of their right of appeal. Any such appeal should be lodged within 21 days of the date of the letter of notice. Such appeals will be managed and conducted in accordance with the relevant organisation's dismissal procedure.

Arrangements for managing seconded, acting up and fixed term employees.

1. Seconded and acted up employees

The procedure for filling posts during organisational change, set out in section 9 of this policy, will not be applicable to a 'seconded' or 'acted up' role, which will be affected by the organisational change process, unless the employee has been in the post for a period of four continuous years or more, on the date on which they are displaced.

An employee who is 'seconded' or 'acting' up may however be included in the provisions of section 9, if they hold a substantive role which is subject to organisational change. In these circumstances the secondment or acting up arrangement may cease if appropriate where the employee may be slotted in or have prior consideration rights in regard to their substantive role.

1.1 Seconded and acted up employee with less than four years continuous service

Where an employee has been seconded or acted up in a post for a period of less than four continuous years, on the date on which they are displaced, the banding/grading and terms and conditions of service of their substantive post will be used to determine offers of suitable alternative employment, should they be unable to return to their substantive post.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive post**, it will be the responsibility of their substantive employing organisation to find them suitable alternative employment where possible, at the end of the secondment/acting up period. This post should be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive employing organisation**, it will remain the responsibility of their former substantive employing organisation to find them suitable employment. This post should be where possible at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee's substantive employing organisation no-longer exists, it will be the responsibility of the successor organisation to the original employing organisation to honour their return to their substantive post, where this is still available, or to find them suitable employment where possible, should the post no longer be available or exist. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where a seconded employee has a substantive contract but never held a substantive post with their employing organisation, i.e. their contract is hosted, it will be the responsibility of their employing organisation to find them suitable employment where possible. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee enjoyed in their secondment post.

1.2 Seconded and acted up employee with four or more years continuous service

Where an employee has been seconded or acted up in a post for a period of four continuous years or more, on the date on which they are displaced this will be considered to be their substantive post.

In these circumstances the employee's secondment/acting up banding/ grading and terms and conditions will be used to determine offers of suitable alternative employment, should they not be appointed to a post using the slotting in or prior consideration principles.

2. Fixed term employees

Under the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002, an employee on a fixed term contract, (e.g. the employee has been appointed to work in a fixed term or temporary post until a specified end date, event or task) is entitled to equal treatment. This equal treatment applies in terms of pay, benefits, equal opportunities for promotion, training and further development, including the right to be informed of all suitable available vacancies, and equal access to the occupational pension scheme, unless the less favourable treatment can be objectively justified by the employer.

Where an employee has been appointed on a fixed term contract and is affected by organisational change, the manager should liaise with the Workforce and OD department. Where an employee has been employed specifically to cover e.g. maternity leave, sickness absence, or to undertake a specific project, it is unlikely that they will have an entitlement to the provisions outlined in section 9 of this policy.

Where an employer is proposing to dismiss an employee on a fixed term contract, there should be full consultation with the affected employee and a thorough consideration of alternative employment prior to this decision being taken.

Transfer to a new employer

1. **Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014**

2. The Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 are commonly known and referred to as the TUPE Regulations. These Regulations provide employment rights to employees when their employer changes as a result of a transfer of an undertaking. The effect of these Regulations is to preserve the continuity of employment and terms and conditions of those employees that are transferred to a new employer, when a relevant transfer takes place. This means that employees employed by the previous employer when the transfer takes effect will automatically become employees of the new employer on the same terms and conditions of service. The Regulations also contain specific provisions to protect employees from dismissal before or after the transfer.

The Regulations therefore ensure that employees are not penalised when they are transferred by being placed on inferior terms and conditions. Therefore, not only are their pre-existing terms and conditions transferred across on the first day of their new employment with the new employer, the Regulations also impose limitations on the ability of the new employer and the transferred employees to agree a variation to terms and conditions thereafter.

3. **Partnership and Management Change Agreement**

The Partnership and Management Change Agreement issued by the Welsh Assembly Government Workforce Forum in February 2008 provides employees with a further reassurance, as it requires the public sector to treat TUPE as applicable upon any change of employer as a result of reorganisation in the public sector.

4. **Information rights**

The Regulations requires the existing employer to provide information to the new employer regarding transferring employees, prior to the relevant transfer date. The Regulations state that this information should be given at least 28 days before the completion of the transfer, or if special circumstances make this not reasonably practical, as soon as is reasonably practicable.

As such existing employer is required to provide the new employer with specific information (in writing or other forms which are accessible to the new employer) which will assist then to understand the rights, duties and their obligations in respect of the transferring employees.

5. Consulting with affected employees

The TUPE Regulations place a duty on both the existing and new employers to inform and consult employees who may be affected by the transfer. The Regulations do not prescribe a timescale for such consultations, other than to state that such consultations should take place “long enough before a relevant transfer to enable the employer of any affected employees to consult with the appropriate representatives”.

5.1 Employees who are trades union members

BCUHB encourages all employees to join a trades union. Where employees may be affected by a TUPE transfer are represented by a recognised trades union(s), the existing employer must inform and consult with a recognised authorised official i.e. local or full-time officer of that union(s).

5.2 Non-unionised employees

Where employees that may be affected by the transfer are not represented by a recognised trades union, the employer is required to inform and consult with an appropriate representative of these employees.

The employer will enable employees who wish to elect a representative to do so and will inform and consult with them as appropriate.

6. Refusal to transfer

It is accepted that some employees will struggle to accept change and may fail to make the adjustment, and may therefore need to be counselled as to their options. The legal position of those employees who may decide not to transfer is that they will be voluntarily leaving their employment without any entitlement to notice or other severance compensation.

Employers should treat such employees sympathetically and arrange to meet with them to fully explore their reasons for refusing to accept a transfer and discuss alternative re-deployment opportunities should they exist.

7. Re-engagement following redundancy

For BCUHB Terms and Conditions of Service purposes, BCUHB are ‘associated employers’. Therefore if an employee is made redundant and accepts and commences a new BCUHB post within four weeks of leaving the previous post, they are not entitled to redundancy pay under the regulations. Steps should therefore be taken by BCUHB to actively identify and pursue suitable vacant/advertised posts, to avoid a redundant employee receiving a significant redundancy and/or termination payment and then taking up another post elsewhere in the BCUHB, after the four week period. Detailed legal advice may be necessary according to the individual circumstances and compliance with WG policy and directives.

8. Career planning and support for displaced employees

Local mechanisms will be established to provide support to those employees that are displaced or who may need support to adjust to a new working environment. The aims of developing such a scheme are to:

retain skills and experience within BCUHB;

- avoid unnecessary loss of staff and reduce redundancy costs;
- effectively support individuals whose career is in transition;
- ensure fair and equal treatment of employees across BCUHB; and
- provide personal support for those employees who may not be displaced but who are generally concerned about the effects of organisational change on them.

ORGANISATIONAL CHANGE WITHIN BCUHB

REDEPLOYMENT POLICY

1. Introduction

Betsi Cadwaladr University Health Board is committed to attracting and retaining excellent, committed staff and values the depth and breadth of experience, knowledge and skills that they hold and contribute to the service.

The changing needs of Betsi Cadwaladr University Health Board, as a result of ongoing organisational change and the requirement to pro-actively manage these changes, means that some employees may need to be redeployed into alternative roles, should they be displaced from their current post and / or their post has been identified as being at risk of redundancy. In these circumstances, it is recognised that the employees affected will have experience, knowledge, skills and expertise, which will enable them to continue to contribute to the success of BCUHB, should they be given suitable opportunities to do so.

It is the responsibility of BCUHB to make all reasonable efforts to assist employees, where necessary to find suitable alternative employment, to enable them to continue their careers within the National Health Service. This will include fully supporting the potential and actual redeployment of BCUHB staff from outside of their own organisations, into suitable vacancies in other organisations in circumstances where it is appropriate and where there is agreement to do so.

During any period of organisational change, the following Redeployment Policy will be utilised by BCUHB when there is a requirement for them to seek to find suitable alternative employment for employees that have been displaced from their current post and / or their post has been identified as being at risk of redundancy.

The Policy must be read in conjunction with other NHS Wales policies.

2. Scope

This Policy will only apply in instances where redeployment is appropriate as a result of organisational change.

This Policy will apply to all BCUHB employees who hold a substantive or fixed term contract that have been displaced from their current post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process.

Each NHS Wales organisation will establish arrangements within their Workforce & OD Departments to co-ordinate and manage the process of managing

employees who are eligible for redeployment and will ensure that collaborative arrangements are put in place with their counterparts within BCUHB.

Displaced employees will be designated as a Redeployment Candidates, once it has been confirmed in writing that they have been unsuccessful in securing a suitable post within the new organisational structure, i.e. they have been formally displaced or their post has been identified as being at risk of redundancy and it has been confirmed that continuing in their current post is not tenable.

Such employees will retain the designation as a Redeployment Candidate for a maximum period of 3 months, unless they secure a substantive post in the intervening period. It is anticipated that BCUHB, working co-operatively, should be able to find candidates, suitable alternative employment within the above timescale. It should be noted that any staff at risk of redundancy will be given precedence in identifying suitable alternative employment over staff who are already in an alternative post and on protection. Additionally, an employee being made redundant, and who is taking leave such as statutory maternity leave, must be offered any suitable vacancy before any other employee. Also, they do not have to apply for it. If the organisation has doubts about the employee's suitability for the role, it can assess/interview them for the role – and if they are found to be suitable, they must be offered the role first. However, if there is not a suitable role, they can be made redundant if the decision is not because of their legally-protected leave, and the redundancy process is fair.

All Redeployment Candidates will have all of their employment rights protected, as required by the Employment Rights Act (1996). It should be noted and specifically communicated to employees in writing that where they are redeployed to a post within a new NHS Wales employer, they would be given a new start date in post with that employer, however their continuous BCUHB would be counted as reckonable in respect of sick pay, annual leave and incremental credit.

3. Purpose

This Policy will assist employees to identify suitable alternative posts within NHS Wales, when they are unable to continue in their current substantive post, by providing a commitment and process which allows them preferential consideration when applying for identified vacant posts.

The purpose of the Redeployment Candidate designation is to:

- ensure that displaced employees are made aware of vacancies prior to them being advertised via the open competition process;
- ensure that displaced employees are matched to appropriate vacancies, to secure alternative employment in accordance with the 3 month timescale and in accordance with best practice;
- ensure that a fair, equitable and consistent approach is adopted in the management of suitable alternative employment, within NHS Wales, during any organisational change process;

- maintain continuity of service and service efficiency and effectiveness during all organisational change processes;
- ensure that all employees remain valued and that their ongoing contribution to the NHS Wales is recognised and supported during any organisational change process;
- provide effective and ongoing support to employees who have been displaced from their current post or their post has been identified as being at risk of redundancy and is no-longer tenable for them to continue working in that post:
- assist and support employees to find suitable employment and where possible, provide for their career development and aspirations; and
- ensure that NHS Wales's organisations meet all of their relevant legal obligations, as regards finding suitable alternative employment for employees at risk of redundancy, in accordance with the Employment Rights Act (1996).

4. Equality Statement

All employees subject to redeployment will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in civil partnership. No employee should be treated less favourably due to their hours worked (full-time or part-time) or trades union membership.

Selection for suitable alternative employment or training / re-training will be on the basis of the employee's qualifications, knowledge, skills and relevant experience, against the job description, essential person specification criteria and requirements of the role.

5. Roles and responsibilities

The effective operation of this all Wales Policy is dependent on the full co-operation of all Welsh NHS LHBs and Trusts working collaboratively, to ensure that all appropriate vacancies are made available to staff Redeployment Candidates.

Each LHB and Trust will therefore review and consider all of their new vacancies, against any notified Redeployment Candidates, to determine whether they may provide suitable alternative employment opportunities.

NHS Wales LHBs and Trusts will not therefore arrange open competition interviews for new vacancies, until potential eligible redeployment candidates have been considered for these posts, via the agreed recruitment process.

5.1 Executive Organisational Change Redeployment Lead

The Director of Workforce and OD will have overall organisational responsibility for ensuring the effective resourcing and operation of this Policy.

It will also be their role to facilitate local discussions with senior managers and appointing managers within their own organisation (as well as cross organisational discussions with their counterparts), where it is identified that there are challenges, which may be preventing an employee being deployed to a suitable alternative post, which they clearly have the knowledge, skill and experience to fulfil.

The Director of Workforce and OD will also ensure that their organisation implements a vacancy control process. This process will ensure that no vacancies are authorised to be advertised via an open competition process, until it has been confirmed that these vacant posts will not offer a potential suitable alternative opportunity, to any Redeployment Candidates.

5.2 Head of Department

Initial responsibility for finding suitable alternative employment opportunities for an employee, displaced from within a departmental structure, will rest with the Head of Department*

The Head of Department* will initially be required to make every effort to find a suitable alternative position for the affected employee, within their new structure.

The Head of Department* must liaise with their HR representative, supporting the organisational change within their structure, to obtain and provide appropriate advice to the affected employee, in relation to the Organisational Change Policy, redeployment etc. This will be necessary to ensure that any employees designated as Redeployment Candidates receive timely and appropriate support and advice throughout the change process.

* **N.B.** This responsibility may rest with the head of department, functional head, line manager or professional lead, depending on the organisation's structure.

5.3 Nominated HR Officer/Manager

Each NHS LHB and Trust will nominate a HR Officer / Manager, to support Redeployment Candidates in their search for suitable alternative employment. Such HR nominees will act as the "Case Manager" for all such redeployments cases.

It will be the role of the nominated Case Manager to:

- work proactively with redeployment candidates to assist them to secure where possible suitable alternative employment, within 3 months of being designated as such;
- Seek completion of and signature on the Agreement Form to confirm that

- both parties (the employee and the LHB/Trust) are committed to work together, within the specified period to find a suitable post;
- ensure the identified employee's information is recorded by the LHB / Trust in a system which can ensure appropriate management of all employees designated as Redeployment Candidates;
 - review all vacancies that are submitted via the vacancy control process, to establish whether any of these posts could offer a potential suitable alternative opportunity, to redeployment candidates.
 - make regular contact with redeployment candidates;
 - as necessary, assist redeployment candidates to access NHS jobs and download vacancy information;
 - ensure that all appropriate vacancies and the associated recruitment documentation are made available to redeployment candidates;
 - discuss appropriate vacancies with redeployment candidates to assist them to assess and make an informed decision regarding their suitability of the post, with particular reference to the person specification, job description and any other information available, which is relevant to vacancy;
 - as necessary, assist redeployment candidates with their application for suitable alternative posts, where it has been identified that they meet the essential selection criteria for a post;
 - ensure that employees designated as redeployment candidates that meet the essential short listing criteria are offered the opportunity to discuss the post with the appointing manager, prior to the agreed redeployment recruitment process;
 - liaise with a more senior HR Manager, should an appointing manager fail to consider an employee, that meets the essential criteria for the post, to ensure the matter is investigated and resolved appropriately and in a timely manner;
 - liaise with a more senior HR Manager, in view of the potential consequences, should a registered employee decline to apply for a potential suitable alternative employment post, which has been brought to their attention.
 - provide *initial* constructive and timely feedback to the employee, following their application being considered for a post, as appropriate;
 - as appropriate provide support to redeployment candidates in seeking approval for requests in respect of funding for training, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
 - ensure employees designated as redeployment candidates have access to counselling / careers advice services, communicating the availability of such services as appropriate;
 - ensure the details of redeployment candidates is maintained and kept up to date
 - manage the transactional processes associated with redeploying an employee e.g. any agreed pay protection, terms and conditions protection, and excess mileage payments arrangements etc.

5.4 Appointing Manager

The appointing manager is responsible for;

- ensuring that redeployment candidates that express an interest in a vacancy and meet the essential person specification criteria for the post are offered the opportunity to have an informal discussion about the role, prior to the redeployment interview;
- ensuring where redeployment candidates, meet the essential person specification criteria for the post (based on the content of their formal application for the post) are offered a formal interview, prior to any open recruitment competitive process;
- seeking advice from the HR Case Manager where there is an application from a redeployment candidate for their post and they consider that they do not meet all of the essential elements of the person specification and provide written reasons.
- Approval to advertise the posts for open competition will not be granted until this information is provided by the appointing manager;
- notifying the HR Case Manager supporting the redeployment candidate of the outcomes from any meetings/interviews and providing initial feedback to them;
- notifying the candidate of their recruitment decision and providing constructive feedback, following a recruitment interview, should the employee not be appointable; and
- providing the HR Case Manager with a copy of the recruitment documentation, to ensure the reasons for not appointing are reasonable and documented.

5.5 Employee

All employees that are displaced from their substantive post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process, will be designated by their LHB and Trust as a Redeployment Candidate.

These Redeployment Candidates may also request that their details be notified to other NHS Wales LHB/Trusts for consideration of vacancies. The appointed HR Case Manager will ensure that the employee's details are forwarded to the LHB/Trust HR Case Manager, for consideration of vacancies within that organisation.

It will be the responsibility of these Redeployment Candidates to:

- maintain regular contact with their LHB/Trust HR Case Manager (and the HR Case Managers of any external LHB/Trust , which they have requested to be considered for), including notifying them of any protracted periods of absence, such as extended leave whether annual, maternity, sick leave etc., to ensure that information about vacancies can continue to be made available to them;
- complete and sign the Redeployment Registration Form, providing all

- relevant information / documentation in relation to contact details, employment record, qualifications, experience and role / job preferences;
- submit their Form to their HR Case Manager, so that their base-line skills levels and competencies can be established;
 - complete and sign the Redeployment Scheme Employee Agreement Form to comply with the terms of the redeployment scheme and work proactively with the LHB/Trust to secure alternative employment within the prescribed 3 month timescale;
 - access and review NHS jobs on a daily basis and other relevant recruitment media on a regular basis to assist in the identification of potentially suitable internal and external NHS vacancies;
 - consider and pursue all reasonable suitable alternative employment opportunities within NHS Wales, expressing an interest in those vacant posts for which they may be potentially suitable (with reference to their knowledge, skills, qualifications and experience) and submitting an application;
 - contact their HR Case Manager, should they require any additional information regarding a potential suitable vacant post, to enable them to make an informed decision regarding the suitability of the vacancy;
 - consider alternative posts, which would be regarded as suitable except for the rate of pay, terms and conditions of service, location etc. In such circumstances the employing LHB / Trust organisation will give full and fair consideration to offering pay and / or terms and conditions of employment protection and / or excess travel expenses etc. in accordance with the provisions set out in the Organisation Change Policy;
 - co-operate fully and to exercise reasonable flexibility when considering and being considered for suitable alternative posts, to ensure where possible that they are able to secure substantive employment, prior to the expiry of their Redeployment Candidate status. Whilst reasonable attempts will be made to accommodate employee's preferences, they should not unreasonably refuse a post within a reasonable travelling distance or at a lower band, as pay protection will be given in accordance with the terms set out in the OCP. Should an employee unreasonably refuse a post that has been assessed as one which could provide suitable alternative employment, the matter will be dealt with in accordance of Section 6.6 of this policy "Refusal of an Offer of Suitable Alternative Employment";
 - contact their HR Case Manager, should they wish to consider attending a training course, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
 - complete the application process in respect of all identified suitable alternative post and attend all associated arranged meetings and interviews;
 - approach their manager to request reasonable time off work to find suitable alternative employment, including attendance at interviews and meetings in relation to their redeployment and training events;
 - meet with a senior HR Manager should their HR Case Manager believe that they have unreasonably refused an offer of suitable alternative employment.
- All Redeployment Candidates will be entitled to be accompanied by a trades union representative or a work colleague, if they so wish during any redeployment related meetings.

5.6 Trade Union / Professional Organisation Representative

At the request of the displaced employee the trade union / professional organisation representative is responsible for;

- Supporting the employee and attending meetings with them in relation to their redeployment. This will **not include** attendance at formal meetings with an appointing manager to discuss a specific post or recruitment interviews;
- Working with the Health Board/Trust representatives to address any concerns they may have regarding the organisation and/or the employee's adherence to the provisions of this policy, seeking to resolve any issues of concern, informally where possible.

6. Interview and appointment process

6.1 Process for identifying suitable alternative employment vacancies

All recruitment to suitable alternative employment vacancies must be undertaken in line with the NHS Wales Shared Services Recruitment Process and Procedures.

The person specification and job description for a post will be the principle documents used as the means, by which the HR Case Manager and the Redeployment Candidate, will identify and determine potential suitable alternative posts.

To be eligible for consideration for vacant posts, the employee must be able to demonstrate that they meet all of the essential person specification criteria for the post.

Whilst consideration of suitability will necessarily focus on knowledge, skills, experience and qualifications, it will also be necessary to take into consideration any personal circumstances which may render the post unsuitable such as caring responsibilities and hours of work. In addition, due regard must be given to the requirement to make reasonable adjustments to posts in accordance with the Disability Discrimination Act (2005) and the requirement not to unlawfully discriminate against disabled staff seeking redeployment opportunities, by providing staff at risk of redundancy with preferential treatment.

An employee will not have a right to more than one offer of suitable alternative employment, unless it can be established that the offer did not in fact provide them with a suitable alternative post.

6.2 Identified appropriate suitable alternative employment vacancies

Where a post has been identified as a potential suitable post for a Redeployment Candidate, the HR Case Manager will advise the appointing manager that they are required to consider and offer the employee an interview. Such vacancies

will not be the subject of an open competition recruitment process, unless an appointment cannot be made from any eligible Redeployment Candidates.

If a full skills match does not exist at the outset, the vacancy may still be deemed suitable if it is agreed that after a trial period (see 6.6 below) and/or a period of training it is assessed that there is certainty that the full skills match would be achieved.

6.3 Appointment process

Where it has been identified and agreed that an employee on the Redeployment Candidate list is able to demonstrate, via their job application that they meet the essential person specification criteria for a vacant post, the appointing manager must meet with them to discuss the post and role requirements, prior to the recruitment interview process.

The purpose of the meeting will be to establish whether the employee is potentially appointable to the post. This will ensure that both parties are confident going into the recruitment process that the post may provide suitable alternative employment and could potentially be filled by the identified employee.

Where only one individual is involved, the decision to offer a post will still be based on whether the individual could reasonably be expected to undertake the duties to the required standard through a formal recruitment interview as the only candidate.

Should it be determined that the post would represent a significant change in responsibilities and pay band for the employee, a formal recruitment interview would be required under the normal open competition arrangements, to ensure that there was no unfair advantage in securing a promotion.

Where more than one redeployment candidate expresses an interest in a vacancy and they meet the essential person specification criteria for the post, they will all be interviewed for the post. The selection decision will be based on the appointed individual's ability, as demonstrated via the interview process, that they could undertake and perform in the role to the required standards.

Where appropriate, redeployment to a fixed term or temporary post on an interim basis will be considered if this is deemed to be in the best interests of an employee and the service. In such cases, the employee's designation as a Redeployment Candidate will be suspended, while they undertake this post. Their designation will resume once the fixed term / temporary post comes to an end. In such circumstances, and in preparation for the ending of this post, the employee will be able to apply for vacancies as a redeployment candidate 3 months prior to the end of the fixed term/temporary arrangement.

Where an employee has been identified as suitable for a post and they can demonstrate that they meet the essential person specification criteria, and they are the only candidate, but they are not considered to be suitable by the appointing manager (either at the formal meeting or interview stage), the

appointing manager will be required to provide written objective reasons to the HR Case Manager supporting the displaced employee, copied to the Director of Workforce and OD. The purpose of this written documentation will be to confirm the reason(s) for their decision, based on their deliberations against the post's essential person specification criteria, the job description and the candidate's knowledge, skills, qualifications and experience.

In such circumstances the appointing manager will not be permitted to proceed to appoint to the post, via a process of open competition, until they have met with a senior Workforce & OD Manager and / or executive lead (depending on the seniority of the post). The purpose of this meeting will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the post would offer the employee suitable alternative employment.

Should it be concluded that the appointing manager can objectively justify not considering the employee for their post, the senior Workforce & OD Manager / executive lead will contact the HR Case Manager, to advise them of this decision.

If no other Redeployment Candidates are eligible/suitable for appointment to the post the HR Case Manager should notify the appointing manager, to enable them to put the vacancy through the Vacancy Process for approval to advertise the post via a process of open competition.

6.4 Appointment to the post

Should an appointing manager recommend that a Redeployment Candidate is appointable following an interview process, they should inform the relevant HR Case Manager of the outcome, the associated terms and conditions of service and where applicable the agreed commencement date. The manager will confirm the recruitment decision in a letter to the employee, which will be followed up with the official appointment letter and contract.

It will be the responsibility of the relevant HR Case Manager to ensure that the employee's status as a Redeployment Candidate is changed.

6.5 Not recommended for appointment to the post

Should an appointing manager conclude that a Redeployment Candidate is not appointable following an interview process, they should not inform the candidate of the outcome until they have discussed their decision with the HR Case Manager (depending on the seniority of the post). Initial contact regarding this matter, will be via the HR Case Manager who will refer the matter to a senior HR Manager /Executive Lead, depending on the seniority of the post.

Prior to contacting the HR Case Manager the appointing manager should ensure that they have produced written objective reasons, supporting their decision. These reasons should be mapped across to the post's person specification criteria, the job description content and the candidate's knowledge, skills, qualifications and experience and fully explain why the employee was unsuccessful at interview.

This information will be used for the following purposes:

1. to aid the discussion between the appointing manager and the senior Workforce & OD Manager / or their executive lead (depending on the seniority of the post);
2. to enable the HR Case Manager to provide initial constructive feedback to the unsuccessful employee.

It will be the responsibility of the appointing Manager to provide the unsuccessful employee with detailed and constructive interview feedback.

The purpose of the meeting between the Appointing Manager and the senior HR Manager / or the executive lead (depending on the seniority of the post), will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the employee is appointable to the post.

Depending on the reasons given not to appoint the employee, the Appointing Manager may be asked to consider offering the employee a minimum four week trial period, in accordance with the statutory provisions set out in the Employment Rights Act (1996), to provide them with training and adaptation time in the new post.

Should the appointing manager agree to allow the employee to take up the post on a trial period, they must be advised during this meeting that they would be required to confirm the employee's appointment as permanent, at the end of this agreed period, should the trial prove successful.

They should also be advised that should a trial prove unsuccessful, due to practical and reasonable reasons the employee would return, where practicable to their previous position on a supernumerary basis. Where a return to their previous post is not possible, the employee's former manager will allocate them meaningful work to undertake, in accordance with the provisions set out in **Section 7** of this policy.

Should it be concluded that the appointing manager's decision not to appoint the employee was justified and it would not be appropriate in the circumstances to offer a trial period, the senior Workforce & OD Manager / an executive lead (depending on the seniority of the post) will contact the HR Case Manager, to advise them of this decision.

6.6 Trial period

In accordance with the employee's statutory rights, as set out in the Employment Rights Act (1996) redundancy provisions, they are entitled to a four week trial period, to provide them with some time to decide whether they consider the new post to be suitable. A trial period may also be used where the suitability of the post is disputed or unclear to either the LHB/Trust or the employee. A longer trial period may be agreed by the appointing manager and the employee, in limited circumstances, for example to provide training or re-training.

Where a trial period is agreed, the appointing manager and the employee should establish in writing, the agreed duration of the trial and how both parties will assess the suitability of the post during and / or at the end of this period.

At the end of the trial period it is the responsibility of the appointing manager to inform the employee and the HR Case Manager whether or not the appointment to the post has been regarded as successful. Where the employee proves to be competent in the new post at an early stage the appointment can be confirmed at any stage prior to the end of the 4 week period.

Where the appointment is deemed not to have been successful at the end of the agreed trial period, the written objective reason(s) must be provided to the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

Where the manager concludes that the trial appointment has been unsuccessful and the employee is not suitable for the post, they will be responsible for putting the reason(s) in writing to the employee using the Record of Trial Redeployment Period Form, copied to the HR Case Manager.

Where the employee concludes that the trial appointment has been unsuccessful and the post is not suitable for them, they will be responsible for putting the reason(s) in writing to the Appointing manager and the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

The written reasons will be reviewed by the HR Case Manager and discussed with the senior HR Manager/ Executive Lead (depending on the seniority of the post), to determine what follow up action may be required.

Where it is concluded that an employee has **unreasonably** refused an offer of suitable alternative employment, following a trial period, their entitlement to a redundancy payment will be forfeited and the LHB / Trust reserves the right to proceed to terminate their employment.

Where it is established that an employee has **reasonably** refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.7 Refusal of an offer of suitable alternative employment

Where the senior HR Manager/ executive lead concludes that an offer of suitable alternative employment has been **unreasonably** refused, a formal meeting will be held with the employee.

The employee will have the right to be accompanied by a trade union / professional organisation representative or a work colleague. The purpose of this meeting will be fully explore and discuss the reasons for the refusal and to establish whether the reasons are valid and reasonable in the circumstances.

Where it is established that the employee has unreasonably refused an offer of suitable alternative employment, their entitlement to a redundancy payment will be forfeited and the employing LHB / Trust may reserve the right to proceed to terminate their contract of employment. An employee may appeal against this decision directly to Stage 3 of the All Wales Grievance Policy and Procedure.

Where it is established that an employee has reasonably refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.8 Failure to secure a suitable alternative employment post

If at the end of the 3 month redeployment period a Redeployment Candidate has not secured suitable alternative employment, as a last resort, the LHB / Trust organisation may need to consider terminating the employee's contract of employment by reason of redundancy, in accordance with the provision set out in the Employment Rights Act (1996), Section 16 of the NHS Agenda for Change Terms and Conditions of Service Handbook and their contract of employment.

No redundancy payment will be made where suitable alternative employment has been identified but the displaced employee has unreasonably refused the post.

6.9 Posts advertised under open competition

Should no Redeployment Candidate meet the specified essential person specification criteria and the vacancy is not considered to provide a suitable alternative employment opportunity, then posts will be advertised via the open competition process. In these circumstances Redeployment Candidates may apply for the post, in accordance with the LHB's/Trust's recruitment and selection policy. As such these candidates will be considered for the post, in competition with other applicants.

Where a Redeployment Candidate secure a post via a process of open competition, they are required to advise their HR Case Manager as soon as practicably possible, to ensure that their status as no longer being a Redeployment Candidate is appropriately recorded.

7. Allocation of meaningful work

Wherever possible, employees who have been displaced and / or identified as being at risk of redundancy will remain in their original post, and continue to report to the appropriate manager.

Where it is not possible for an employee to remain in their original post and they cannot be immediately redeployed to a suitable permanent post, their manager in conjunction with the Head of Department / Function will find and allocate the employee, meaningful, interim work

In such cases, the employee is expected, through discussion and agreement with their Head of Department / Function, to be flexible regarding the type and nature of work that they are allocated to undertake, to ensure that the LHB / Trust can provide continuity of service and meet its operational needs, during the period of organisational change.

In any such discussions, the employee would be offered reasonable interim work, which was broadly commensurate with their substantive pay band / grade and which would best utilise their knowledge, skills, experience and expertise. The employee's personal circumstances and commitments outside of work would also be taken into consideration, during any such discussions.

The employee would be entitled to be accompanied by a trades union or work colleague, should they so wish during any meetings to discuss this matter.

8. Secondments and fixed term posts

A Redeployment Candidate who takes up a secondment or fixed term post, will have their displaced / at risk status suspended, until the contract comes to an end.

If the secondment or fixed term post is for less than 12 months they would have the balance of their 3 months as a Redeployment Candidate reinstated and the search for suitable alternative employment continue from the date of the termination of the fixed-term / temporary post.

If the secondment or fixed term post is for more than 12 months then the employee will become displaced 3 months before the secondment or temporary post is due to end and their status as a Redeployment Candidate will be re-activated for a further 3 months at that stage.

9. Pay Protection

Where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the **Arrangements for Salary Protection**, set out in **Section 10** of the **Organisational Change Policy**.

10. Grievance and right of appeal

Where an employee has a grievance, in respect of the application of the Organisational Change Redeployment Policy or the management of their case, they may lodge a grievance in accordance with the provisions set out in the All Wales Grievance Policy and Procedure.

Should an employee raise a grievance which is not entirely within the control of their LHB / Trust (*for example; failure of an external LHB / Trust to consider an application from an eligible displaced employee*), their organisation should treat the matter in the same way as any other internal grievance.

In such circumstances the employing LHB / Trust will be required to make the third party organisation aware of the grievance and their need to fully engage, participate and contribute to the investigation process. Where appropriate the employing LHB / Trust will also inform the third party organisation of their obligation to be involved in the implementation of any agreed resolution, decision or recommendations.

Once this process has been exhausted the employee will have no further recourse to their organisation's local grievance policy and procedure.

11. Monitoring and review

This Policy will come into effect on the <Insert date> and will be used solely for the purpose of managing employees who are displaced / at risk during the implementation of an organisational change process.

The Welsh Government in conjunction with the NHS Wales LHB / Trust will regularly monitor and review the effectiveness and any issues of concern, regarding the implementation of this Policy and the local management arrangements for supporting Redeployment Candidates.

**Remuneration and
Terms of Service
Committee**

14 January 2019



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Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Nursing and Midwifery Council (NMC) Registration and Revalidation Annual Report
Report Author:	Mrs. Anne-Marie Rowlands, Associate Director Professional Regulation
Responsible Director:	Mrs. Gill Harris, Executive Director of Nursing and Midwifery
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to update the committee on the Health Board's position in meeting statutory NMC registration and revalidation requirements
Approval / Scrutiny Route Prior to Presentation:	The NMC registration and revalidation annual report (until September 201) was presented to the Senior Nursing group in November 2018. This report has been updated to reflect the position as of December 2018 and has received Executive Nursing approval. The report is part of the annual cycle of business for the Committee.
Governance issues / risks:	The report has not identified any increased risks. Due regard has been taken of any potential equal opportunity implications arising from matters addressed in the report.
Financial Implications:	No financial implications have been identified
Recommendation:	The Committee is asked to note the following <ol style="list-style-type: none"> 1. The content of the report and the processes in place to provide continued assurance regards registration and revalidation across BCUHB. 2. The significant reduction in NMC lapses on previous years 3. The pilot revalidation audit planned within MHLD. 4. The root cause analysis undertaken for each NMC lapse and the organisational learning as a result to reduce risk of further lapses.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
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1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>EqIA not required as no change of policy or direction is envisaged.</i>			

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Board/Committee Coversheet v10.0

Nursing and Midwifery Council (NMC) Registration and Revalidation

1. Purpose

This report provides an annual update for the Finance and Performance Committee on meeting statutory Nursing and Midwifery Council registration and revalidation requirements for registered nurses and midwives within BCUHB.

The Nursing and Midwifery Council (NMC) is the regulatory body for nurses, midwives and specialist community public health nurses and their job is to safeguard the health and wellbeing of the public by making sure that all practising nurses and midwives have the skills, knowledge, good health and good character to do their job safely and effectively

2. Background

Revalidation was introduced in April 2016 and is the process that all nurses and midwives are required to maintain their registration, demonstrate that they practice safely and effectively and have reflected on the requirements of their role in line with the NMC Code.

BCUHB policies WP 23 Checking of Registration and Qualifications and NU04 NMC Registration and Revalidation clearly identify the roles and responsibilities of registrants and managers in ensuring they are aware of renewal dates and have a robust system in place to monitor and confirm registration and revalidation.

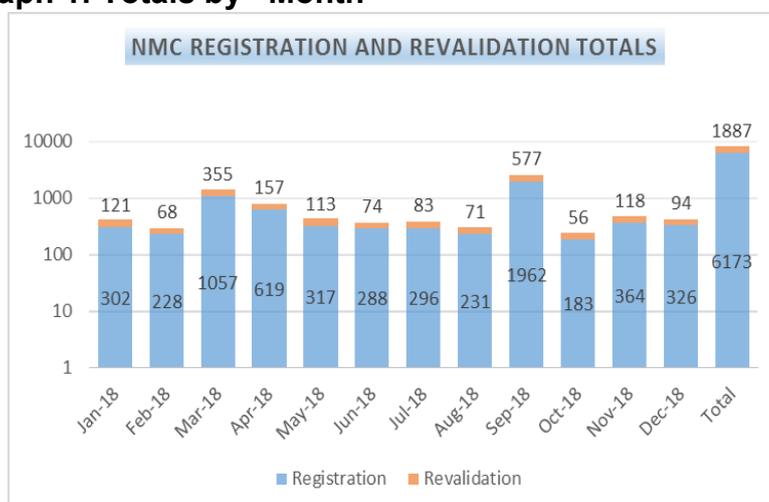
3. Analysis

3.1 Revalidation and Registration 2018

The total numbers of registered nurses and midwives required to revalidate and re-register during 2018 were as follows:-

- January – December 2018 - 1887 revalidations
- January – December 2018 - 6173 registrations
- March, May, Sept, Nov 2018 - 4 extensions were granted
- Feb, June, Sept 2018 - 6 NMC verifications

Graph 1: Totals by Month



3.2 Monitoring and Assurance

Centrally co-ordinated registration and revalidation reports are generated on behalf of the Associate Director Professional Regulation as follows

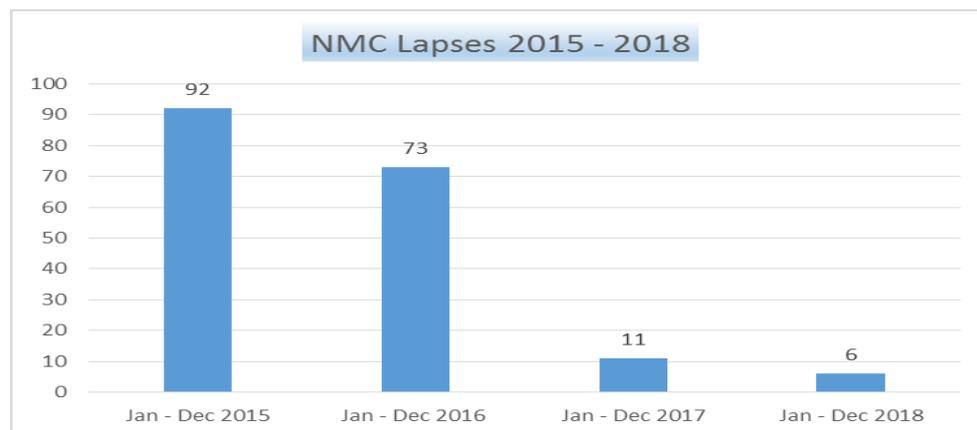
- A month and a half in advance of the registration/revalidation date
- 2 weeks before the end of the month
- 5 days before the end of the month.
- 2 days before the end of the month escalation to the Associate Director Professional Regulation and Education

This centralised monitoring system identifies registrants that have not yet registered or revalidated ensuring increased an increased level of monitoring, scrutiny and escalation to local systems divisional managers have in place for checking registration and revalidation status of staff.

3.3 NMC Lapses

The advance system of monitoring and notification in place has resulted in a substantial decrease in registration lapses on previous years as shown in Graph 1.

Graph 2: NMC Lapses 2015 - 2018



During 2018 there were 6 lapses. A root cause analysis has been completed for each lapse, which occurred in January, September, October and November. The reason for the lapses has been direct debit failure on the part of the registrant either due to insufficient funds or changes to bank account details. The NMC notify the registrant with a reminder and then a final notice before their renewal date if they are unable to collect the direct debit payment. The registrant has a responsibility to ensure they are aware of their renewal date, check the payment has successfully cleared and their contact details are up to date. This is easily completed via their individual NMC Online account.

To ensure learning from the lapses a review of the ESR system reporting has been undertaken. The method of payment is personal to the registrant and therefore not identifiable within ESR until when the registrant has lapsed. Senior Nursing leads have been alerted to the trend of NMC lapses due to direct debit, with a report being

presented in November 2018. A reminder regarding direct debit and how to set up an NMC online account has been included on the staff bulletin and disseminated via managers for their local team meetings. Additional instructions have been included within the monthly registration and revalidation correspondence circulated with the ESR reports (Appendix 1)

September normally sees a spike in registration lapses, which did not occur this year, however there were 117 registrants that had not renewed five days before the end of September 2018 month which resulted in significant chasing and checking. Reasons for late renewal include:

- Intention to retire
- NMC extension requested
- NMC verification process
- Left the organisation
- Returned as HCSW following retirement
- Intentional lapse e.g. career break overseas

3.2 NMC Revalidation

For the period January to December 2018 1887 revalidations registrants were required to revalidate. Of these 11 registrants aged over 60 retired and 1 aged under 60 retired and therefore chose not to revalidate. All others successfully revalidated. Revalidation and confirmer training is provided by the Corporate Nursing Education team, with one to one support also available

3.3 Revalidation Confirmation & Verification

It is the responsibility of the registrant to ensure their revalidation portfolio is of a good standard and up to date when they present for verification by the confirmer. The confirmation process is normally part of line manager responsibility who has a responsibility to sign off that evidence is of a good quality and meets the requirements.

Confirmers are expected to act honestly and in good faith and there is no expectation that the confirmer will seek external verification of the evidence that the registered nurse or midwife provides. The NMC may request to verify portfolios.

Currently there is no internal verification or audit process within BCUHB. This has been discussed at Senior Nursing group in November 2018 and MHLD are in the process of undertaken a pilot revalidation audit, the results of which will be further discussed in 2019.

3.3 Action following Registration/Revalidation Lapse

Maintaining registration and revalidation is a requirement of both the NMC and conditions of employment with BCUHB. In line with the all Wales policy for Registration and Revalidation all the registrants have been required to take unpaid leave whilst they reapply for readmission to the NMC register which can take up to 6 weeks. All the lapses are investigated in line with WP9 all Wales Disciplinary Policy.

4. ESR Data Cleanse

In order to ensure records within ESR are correct, Corporate Nursing and Workforce & Organisational Development (WOD) undertake a regular data cleanse of nursing and midwifery registered records within ESR. The WOD team provide a report detailing all staff on ESR with an NMC PIN number. The report is then reviewed for any obvious discrepancies so they can be corrected in ESR.

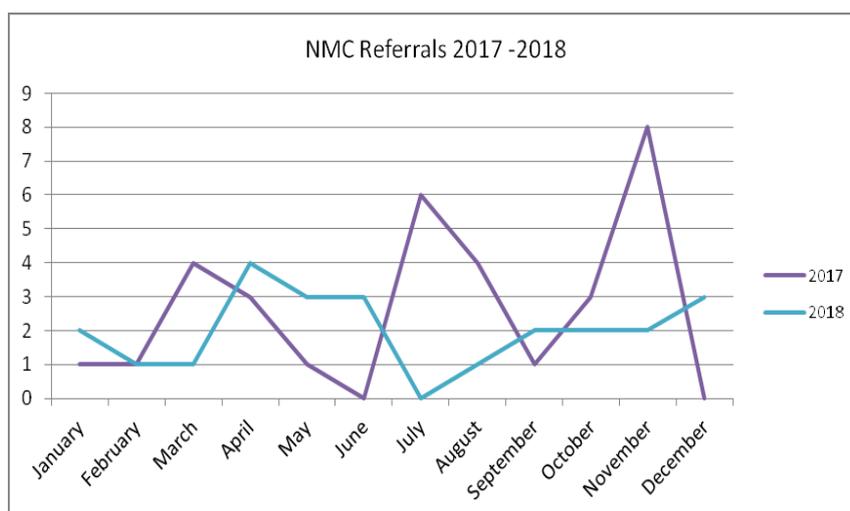
5. NMC Referrals

The health board procedure for referral of registrants to the NMC was approved in February 2018. All health board initiated NMC referrals are approved by the Executive Director of Nursing and Midwifery or Deputy Executive Director of Nursing.

The NMC have consulted on their Fitness to Practise processes and are working with employers to make a number of changes expected in March 2019. The BCUHB process is under review to take account of any NMC changes.

24 registrants were referred to the NMC in 2018, compared to 32 in 2017.

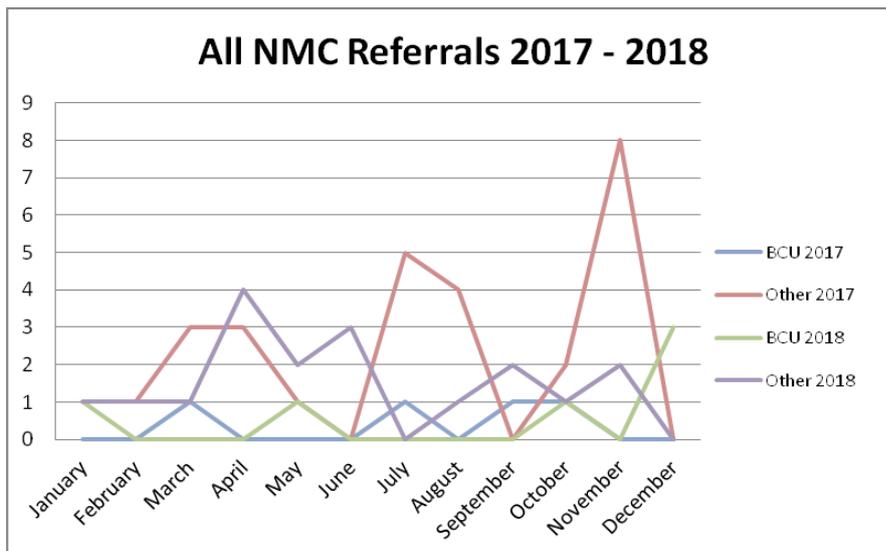
Graph 3: NMC referrals



Of the 24 registrants referred in 2018, 6 were referred by BCU and 18 by others external to the health board.

External referrals are normally made by the police, the public such as family members as or self referrals by registrants. For all those externally referred, the division is immediately notified to ensure the necessary safeguards are in place and risk assessments updated as a result of the NMC referral.

Graph 4: NMC Rerral Source 2017 - 2018



Spikes in referrals are due to external referrals in that month. Analysis has identified that of the 18 externally referred during 2018, 10 cases have been closed by the NMC. The NMC are strengthening the support and guidance made available to the public that consult the NMC to refer registrants, as part of their revised processes.

6. Recommendations

That the committee notes

1. The content of the report and the processes in place to provide continued assurance regards registration and revalidation across BCUHB.
2. The significant reduction in NMC lapses on previous years
3. The pilot revalidation audit planned within MHLD.
4. The root cause analysis undertaken for each NMC lapse and the organisational learning as a result to reduce risk of further lapses.

Appendix 1: Monthly email correspondence to Divisions

LETTER ONE - SENT ON THE 15TH

Dear

On behalf of Anne-Marie Rowlands, please find attached details of staff from the Electronic Staff Record due to register and or revalidate in (date), please can you add any registrants who are not currently included. Password to follow.

To enable assurance to be reported to Gill Harris, Executive Director Nursing & Midwifery, please ensure you have undertaken the following checks for all registrants that are due to register/revalidate

- Registrant is aware of date of their registration/revalidation
- Registrant is aware of their responsibility to register/revalidate
- Registrant has set up an NMC online account enabling them to check NMC status, pay fees, set up direct debit, ensure contact details are correct and submit revalidation. NMC online can be accessed via <https://online.nmc-uk.org/Account/Login?ReturnUrl=%2f>
- You have discussed with the registrant their method of payment. *If payment is by direct debit and the NMC cannot collect the payment they will send a reminder to the registrant and then a final notice 14 days before the end of that quarter. Payment will then need to be made in full, and if not the registrant will lapse.*
- You have offered support and guidance if the registrant has identified any difficulties in anticipated completion of their annual renewal or revalidation
- You have confirmed their registration is current via the NMC Employers Confirmation Service <https://www.nmc.org.uk/registration/employer-confirmations/updates-or-requesting-caller-code-information/>

NB – We have also highlighted in yellow (date) registration / revalidation.

Kind regards

LETTER TWO 02A – SENT ON THE 15TH

Dear

Further to my previous email, please find attached updated details of staff from the Electronic Staff Record due to register and or revalidate in (date)

Please ensure you have undertaken the following checks for all registrants that are due to register/revalidate

- Registrant is aware of date of their registration/revalidation

- Registrant is aware of their responsibility to register/revalidate
- Registrant has set up an NMC online account enabling them to check NMC status, pay fees, set up direct debit, ensure contact details are correct and submit revalidation. NMC online can be accessed via <https://online.nmc-uk.org/Account/Login?ReturnUrl=%2f>
- You have discussed with the registrant their method of payment. *If payment is by direct debit and the NMC cannot collect the payment they will send a reminder to the registrant and then a final notice 14 days before the end of that quarter. Payment will then need to be made in full, and if not the registrant will lapse.*
- You have offered support and guidance if the registrant has identified any difficulties in anticipated completion of their annual renewal or revalidation
- You have confirmed their registration is current via the NMC Employers Confirmation Service <https://www.nmc.org.uk/registration/employer-confirmations/updating-or-requesting-caller-code-information/>

Kind regards

LETTER THREE C 3 – Sent on the 23rd

Dear all

Following a check on ESR, I can now confirm the NMC registrations list in the attached document may lapse at midnight, (date) if not renewed at least 48 hours before. Registrants can telephone the NMC on 0207 333 9333 to speak to an operator.

The NMC do not take payment by credit card over the phone so registrants will need to ensure payment method is set up within their NMC online account.

Please ensure you have made contact with the registrant to review the checks outlined in previous correspondence and understand the reason for the delay updating their NMC registration/revalidation. It is important that you have assurance that their NMC registration will not lapse at the end of the month.

If they do lapse they will be required to take unpaid leave whilst they reapply for submission to the NMC register which can take up to six weeks. In line with health board policy, failure to maintain registration or revalidation must be investigated under WP9 All Wales Disciplinary Policy.

Kind regards

Further email templates

Dear

Upon checking the NMC, registrations today, I can confirm there is (number) registrant still due to re-register / revalidate for your Division – please see attached.

I would be grateful if you could make contact with the registrant and provide me with an update on plans to register/revalidate by the end of today

Many thanks

Dear

Upon checking the NMC registrations today, I can confirm there are (number) registrants still due to re-register and (number) registrant still due to revalidate by tomorrow (date).

I would be grateful if you could make contact with the registrant and provide me with an update on plans to register/revalidate by the end of today

Kind regards

Template letter for N&M Without Pin Numbers

Dear

Please find attached details of registrant/s who appear to be incorrectly coded on a registered nursing position number, without a valid NMC PIN. This has been previously raised with relevant divisional managers however to date the position number has not been rectified

I would be grateful for your assistance in ensuring action is taken within the next month to align to the correct position number. This will ensure that registrants are not showing as a lapsed NMC Registration, when they are in fact not required to have NMC registration for their role.

Details of how to align staff to the correct position number and ESR details for applying for a position number are attached

Thanking you in anticipation