

Brigstock Skin and Laser Centre



8. Human Resources Policy

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Human Resources Policy

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This policy does not form part of any employee's contract of employment and we may amend it at any time

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8.1 Anti Bribery Procedure

Introduction

Brigstock Skin and Laser Centre is committed to applying the highest standards of ethical conduct and integrity in its business activities. Every employee and individual acting on the Clinic's behalf is responsible for maintaining the Clinic's reputation and for conducting Clinic business honestly and professionally.

The Clinic considers that bribery and corruption has a detrimental impact on business by undermining good governance.

The Clinic carries out business in a transparent and ethical way, ensuring we deliver an excellent service to our patient population.

Policy statement

Brigstock Skin and Laser does not tolerate any form of bribery, whether direct or indirect, by, or of, its employees, contractors or any person or companies acting for it or on its behalf. The Managers are committed to implementing and enforcing effective systems throughout the clinic to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010.

The anti-bribery policy applies to all employees, including agency workers, consultants and contractors. All employees and other individuals acting for the clinic are required to familiarise themselves and comply with the organisation's anti-bribery policy with immediate effect.

Types of Bribery

The legal definition

An active bribe is defined in section.1 of the Bribery Act 2010 as a financial or other advantage offered, promised or given to persuade a person to perform a relevant function or activity improperly or to reward him or her for doing so. Section 2 defines a passive bribe as requesting, agreeing to receive or accepting a bribe. A bribe takes place even where the advantage offered is to be provided to a third party.

A person has performed a function improperly where he or she has not met an expectation that he or she would act in good faith, impartially, or in accordance with a position of trust.

A relevant function or activity includes state or public functions, those connected with a business or those performed in the course of employment, or on behalf of a company or other person. Bribery in both the public and private sectors is covered.

The Bribery Act 2010 creates three further specific offences of commercial bribery. These apply to all commercial organisations, including companies, partnerships and incorporated bodies that carry on a business or part of a business in the UK (including those with charitable, educational or public functions):

- Section 6 – bribery of a foreign public official;
- Section 7 – failure of company to prevent bribery by associated person; and
- Section 14 – offences under ss.1 and 6 by corporate bodies.

Adequate procedures defence

Companies will not be liable for offences of bribery by associated persons under s.7 where they can demonstrate the “adequate procedures” defence. The Act does not define “adequate procedures”, but the Government’s guidance sets out six key principles that companies should follow when devising bribery prevention procedures:

- Proportionate procedures;
- Top-level commitment;
- Risk assessment;
- Due diligence;
- Communication; and
- Monitoring and review

Dealing with incidents of Bribery

Employees and others acting for or on behalf of the clinic are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments.

As part of its anti-bribery measures, the clinic is committed to transparent, proportionate, reasonable and legitimate hospitality and promotional expenditure. Such expenditure must be authorised in advance, by the Managers. A breach of the clinic’s anti-bribery policy by an employee will be treated as grounds for disciplinary action, which may result in a finding of gross misconduct, and immediate dismissal.

Employees and other individuals acting for the clinic should note that bribery is a criminal offence that may result in up to 10 years’ imprisonment and/or an unlimited fine for the individual and an unlimited fine for the clinic.

Brigstock Skin and Laser Centre will not conduct business with service providers, agents or representatives that do not support the clinic’s anti-bribery objectives. The Clinic reserves the right to terminate its contractual arrangements with any third parties acting for, or on behalf of, the clinic with immediate effect where there is evidence that they have committed acts of bribery.

The success of the clinic’s bribery measures depends on all employees, and those acting for the clinic, in taking individual responsibility in helping to detect and eradicate bribery. Therefore, all employees and others acting for, or on behalf of, the clinic are encouraged to report any suspected bribery in accordance with the procedures set out in the anti-bribery policy. The organisation will support any individual(s) who makes such a report, provided that it is made in good faith.

Reporting procedure

Any employee or person acting on behalf of the clinic must report, in writing, any concerns, suspicions or evidence of bribery to the Registered Manager or Clinic Manager immediately.

Once received, the manager will instigate a formal investigation to ascertain the facts. Please note an investigation may involve counter fraud or the police.

Action following the investigation will be as follows:

- No further action to be taken
- Action taken via the disciplinary procedure and/or
- Action taken under criminal proceedings

Appeals Procedure

Following the outcome of a formal meeting, e.g. Disciplinary, Capability or Grievance; you will be informed both verbally and in writing of your rights of appeal, including the name of the person to whom your appeal should be made.

If you decide to appeal, you must give written Notice of Appeal to the nominated person, the notice must be received within 14 working days (or as specified), from the day on which you received the written confirmation of the decision from the meeting.

The Notice of Appeal must state, whether you are appealing against; the conduct of the meeting, its finding, the penalties imposed, or a combination of these factors and the supporting reasons for your appeal.

Our aim in providing an appeal system, to ensure that employees have the facility for a complete re-appraisal of the facts and procedures and to reconsider the soundness of the earlier decision.

Due to the limited management structure within our organisation, the Appeal Meeting may not be able to be conducted by a person previously uninvolved in the formal process. Therefore any appeal that is submitted will be a thorough review of; all of the facts/evidence of the case, the procedures which were employed, the fairness and reasonableness of the findings and that the penalty imposed properly reflected the gravity of the offence and any mitigating factors were fully considered. The Appeal Meeting will be conducted by the Registered Manager.

The format of an Appeal Meeting will be an opportunity for you to present your supporting reasons as to why you believe the action taken is either unfair, or too harsh, etc. You may submit any appropriate evidence and call any appropriate witness, on your behalf.

At an Appeal Meeting, you are again entitled to be accompanied by; a work colleague of your choice, or a Trade Union representative, or a friend, not acting in a legal capacity.

The findings, decision and outcome of the Appeal Meeting, will be confirmed to you in writing within 5 working days of the meeting and these will be final. There will be no further right of appeal.

Note you can opt to have your appeal reviewed and communicated in writing, if you do not wish to attend a meeting.

8.2 Bullying & Harassment at Work Policy & Procedure

1. Introduction

Brigstock Skin and Laser Centre fully support the rights and opportunities for all people to seek, obtain and hold employment without discrimination. It is therefore the aim of the Organisation to make every effort to provide a working environment free of bullying or harassment and intimidation, and any other form of harassment constituting unacceptable behaviour which is personally offensive. It will not condone any form of harassment which involves abusive or offensive behaviour with regard to gender, race, sexuality, disability, religion or age.

- their race, ethnic origin, nationality or skin colour;
- their sex or sexual orientation;
- their religious beliefs or political convictions;
- their age;
- their disabilities, sensory impairments or learning disabilities;
- their membership, or non-membership, of a trade union;
- their status as ex-offenders;
- their state of health and existence of any chronic conditions or ailments;
- their willingness to challenge harassment, leading to victimisation.

This list is not exhaustive. Anyone who is perceived as different, or who is in a minority, or who lacks organisational power, is vulnerable. Thus, health, physical characteristics, personal beliefs and numerous other factors may lead to harassment, and this can occur between people of the same or opposite sex.

Breach of this policy will render the person(s) responsible liable for disciplinary action, the aim of the policy is to draw attention to, and thereby prevent all forms of offensive behaviour.

2. Purpose

This policy sets out the standards of behaviour that the Organisation expects of all its employees, temporary staff and contractors. The policy:

- sets out the many forms and grounds of bullying and harassment at work;;
- emphasises the need to treat everyone fairly;
- outlines how bullying and harassment affects people and the organisation;
- describes how to get help and complain;
- outlines the steps the organisation will take to protect staff, how allegations will be dealt with and that bullying and harassment will be treated as a disciplinary offence;
- conveys that such behaviour may be unlawful

3. Legal Background

The legal offence of intentionally causing a person harassment, alarm or distress was first created by the Public Order Act in 1995. This offence carries a penalty, on summary conviction, of imprisonment for up to six months and/or a fine.

The Protection from Harassment Act 1997 also provides protection for individuals, as does common law. However, regardless of whether a form of offensive behaviour is unlawful or not, this policy both applies to and is intended to prevent all forms of offensive behaviour.

4. Definitions

The terminology used to describe offensive and unwanted behaviours is generally termed as “**bullying and harassment**”. The following definitions are guidelines, but are not exhaustive definitions. Other types of offensive or unwelcome behaviour may also be found to be harassing or bullying, and will always be treated as such.

“**HARASSMENT**” can be defined in general terms as ***unwanted conduct affecting the dignity of men and women in the workplace.***

It could be persistent acts, or an isolated incident relating to any conduct or behaviour shown towards another person related to their age, creed, disability, nationality, race, religion, sex, sexual preference or any other personal characteristic which is unwanted by the recipient. It could also be any conduct based on the above characteristics which affects the dignity and respect of any individual or group of individuals at work.

Harassment may be directed towards one or more individuals.

Differences of attitude or culture and the misinterpretation of social signals can mean that what is perceived as harassment by one person may not seem so to another. The defining features, however, are that the behaviour is unwanted by the recipient and would be regarded as harassment by any reasonable person.

Although harassment may involve an overt abuse of power, coercion or violence, it can also appear in far more subtle guises. In some cases it can be unintentional on the perpetrator's part. Witnesses can sometimes also be affected as adversely as those directly involved.

“**BULLYING**” may be defined as ***offensive, intimidating, malicious or insulting behaviour, and/or an abuse or misuse of power by a manager.*** This includes persistent criticism, personal abuse and/or ridicule, either in public or private, which humiliates and demeans the individual involved, gradually eroding their self-confidence.

This could take the form of social isolation or exclusion from meetings, the deliberate withholding of information with the intention of adversely affecting a colleague's

performance, or giving unfair and destructive criticism. It could be demonstrated by intimidating behaviour towards an individual or group, verbal abuse or spreading unfounded rumours, setting unrealistic or unreasonable targets and/or changing them without discussion or notice, sharing written information which is critical about an individual with others who do not need to know.

“**UNACCEPTABLE BEHAVIOUR**” includes instances of:

Physical Conduct – Unwanted physical conduct including unnecessary touching, patting, pinching or brushing against another employee's body; assault; coercing sexual intercourse; physical threats; insulting or abusive behaviour or gestures.

Oral Conduct - Unwelcome advances, patronising titling, propositions or remarks, innuendoes, lewd comments, jokes, banter or abusive language which refers to a person's sex, race, age, creed, disability, sexual preference, religion, politics or personal appearance; continued suggestions for social activity outside the workplace after it has been made clear that such suggestions are unwelcome.

Non-oral Conduct - Graffiti or other non-direct written communication or messaging/emailing referring to an individual's characteristics or private life; display of pornographic or suggestive pictures or written materials; making abusive or offensive gestures, leering, whistling etc.

Unacceptable Conduct

- Conduct which denigrates, ridicules, intimidates, or is physically abusive of an individual.
- Intrusion by pestering, spying or following.
- Isolation or non-co-operation at work, exclusion from social activities etc.
- “Bullying” through persistent criticism and personal abuse, either in public or in private, which humiliates and demeans the individual, gradually eroding his/her sense of self.

6. How Bullying and Harassment Affects the Employee

Bullying and Harassment creates an intimidating work environment and can often undermine an individual's confidence and self-esteem. It can cause long-term problems with fear, stress and anxiety which may put great strain on personal and family life. It can lead to illness, increased absenteeism, as apparent lack of commitment, poor performance and even resignation. As well as being distressing for the individual, harassment can be detrimental to the organisational effectiveness.

7. Dealing with Complaints

Often employees are afraid to report incidents for a variety of reasons which may include embarrassment, fear of not being taken seriously, feelings of guilt, fear of reprisals and accusations of ruining their own work environment.

The Organisation will ensure that all allegations are treated seriously and dealt with sensitively, swiftly and in confidence.

8. Confidential Help

An employee who feels he/she is being bullied or harassed may wish to seek confidential advice, guidance and support. An employee should be aware that they may approach and discuss the problem in the first instance with whoever they feel most comfortable.

Advice and support can also be valuable for individuals whose behaviour has been found to be unacceptable, as this may help them to recognise the impact of their actions and prevent further occurrences.

9. What to do about Bullying and Harassment

Informal Procedure – in many cases it will be appropriate for the alleged harasser to be approached informally in the first instance. Bullying or Harassment can sometimes be unintentional and in some cases it may be sufficient for the employee who believes that they have been the subject of harassment to ask the person responsible to stop the harassing behaviour, or ask a friend/colleague to talk to the harasser, making it clear that their behaviour is offensive/unwelcome.

If a person feels too upset or embarrassed to speak to the harasser directly, they can write a letter to the harasser stating what behaviour is causing offence, how it affects them and ask them to stop. However, it is strongly advised that the person seeks advice from the Clinic Manager, HR or Registered Manager prior to writing a letter.

The complainant is advised to keep a written record of all alleged incidents, including the time and date of their occurrence and any requests made to the alleged harasser that the behaviour should cease.

If the course of action described above fails to bring the bullying or harassment to an end or if the harassment is too serious a nature to be dealt with informally, a formal written complaint should be made using the Organisation's grievance procedure (or equivalent). The employee should raise the matter with the Clinic Manager (or equivalent)

A written complaint should detail the following

- the name(s) of the harasser(s);
- the nature of the bullying or harassment;
- dates and times when the harassment occurred;
- names of any witnesses to any incidents of harassment;
- any action already taken by the complainant to stop the harassment;
- copies on any written records or related correspondence e.g.: email or meeting notes, appraisals/supervision notes or written reflections on feelings following incidents.

As bullying and harassment is a disciplinary offence, the complaint should be investigated and dealt with following the Organisation's Disciplinary Procedure. Whilst an investigation is taking place, any person or persons who are subject of the investigation may be suspended from duty in accordance with the Organisation's Disciplinary Procedure. During the investigation and at formal interviews, both the complainant and the alleged harasser will have the right to be accompanied by a staff side representative, colleague, or a friend not acting in an official capacity.

Under normal circumstances the Organisation would expect such a complaint to be made within two months of the alleged incident(s) taking place. Complaints made after this time can be considered and processed in accordance with the procedure, should the adviser noting the circumstances and the complainant feel it reasonable to do so.

The Organisation would normally expect an initial investigation to be completed within 5 working days. Where this has not been achieved, the person leading the investigation should provide a report stating the reason for the delay and timescales envisaged for its completion.

What Happens at the end of the investigation – if the investigation reveals that the complaint is valid, prompt action is required under the disciplinary procedure.

If the allegation is not proved, all paperwork relating to the complaint will be destroyed and no further action taken

Malicious Complaints – an employee making a complaint of bullying or harassment, which when investigated is found to be malicious will be liable to disciplinary action.

Victimisation - The Organisation will do all that it can to ensure that employees are protected from intimidation, victimisation or discrimination for filing a complaint or assisting in an investigation. Retaliating against an employee who has made a complaint about harassment is a disciplinary offence.

8.3 Equal Opportunities Policy

1. Introduction

Brigstock Skin and Laser Centre fully support the rights and opportunities for all people to seek, obtain and hold employment without discrimination. It is therefore the aim of the Organisation to make every effort to provide a working environment free of bullying or harassment and intimidation, and any other form of harassment constituting unacceptable behaviour which is personally offensive. It will not condone any form of harassment which involves abusive or offensive behaviour with regard to gender, race, sexuality, disability, religion or age.

- their race, ethnic origin, nationality or skin colour;
- their sex or sexual orientation;
- their religious beliefs or political convictions;
- their age;
- their disabilities, sensory impairments or learning disabilities;
- their membership, or non-membership, of a trade union;
- their status as ex-offenders;
- their state of health and existence of any chronic conditions or ailments;
- their willingness to challenge harassment, leading to victimisation.

This list is not exhaustive. Anyone who is perceived as different, or who is in a minority, or who lacks organisational power, is vulnerable. Thus, health, physical characteristics, personal beliefs and numerous other factors may lead to harassment, and this can occur between people of the same or opposite sex.

Breach of this policy will render the person(s) responsible liable for disciplinary action, the aim of the policy is to draw attention to, and thereby prevent all forms of offensive behaviour.

2. Purpose

This policy sets out the standards of behaviour that the Organisation expects of all its employees, temporary staff and contractors. The policy:

- sets out the many forms and grounds of bullying and harassment at work;;
- emphasises the need to treat everyone fairly;
- outlines how bullying and harassment affects people and the organisation;
- describes how to get help and complain;
- outlines the steps the organisation will take to protect staff, how allegations will be dealt with and that bullying and harassment will be treated as a disciplinary offence;
- conveys that such behaviour may be unlawful

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8.4 Capability Procedure

1. Introduction

The aim of this procedure is to ensure that employees whose performance is unsatisfactory due to lack of skill, knowledge, experience or aptitude are treated fairly, whilst maintaining the high operating standards of the Organisation.

The Capability procedure should be followed when problems arise which call into question the capability of an employee to perform the duties which he/she was employed to undertake.

A clear distinction should be made between sub-standard performance, which is due to negligence, and that which is due to the lack of ability, skill, knowledge, experience or aptitude. Negligence will usually involve some measure of personal blame in that the employee is capable of doing his or her job, but the level of performance is inadequate, due to lack of motivation or attention. Issues of this nature should be handled through the stages of the disciplinary procedure. Lack of skill, knowledge, experience or aptitude should be treated from a different view point.

The Capability Procedure is intended to compliment an Organisation's Appraisal Scheme, Sickness Absence Procedure as part of Performance Management responsibility.

2. Principles

The Organisation requires high standards from its employees in order to provide an efficient and effective service to its clients/customers, etc.

Managers have a responsibility to make clear to employees the standards required of them in terms of work performance and objectives. Employees have the responsibility to achieve and maintain these standards.

The Organisation will endeavour to ensure that all employees are adequately trained and competent to undertake their duties. Where these standards are not satisfied, support will be offered to achieve the appropriate standards where informal methods are not successful.

The procedure provides a framework for dealing with lack of capability related to an individual's competence to meet the required standards of performance, on a fair and consistent basis, and aims to improve individual effectiveness using a problem solving approach. Help, advice, opportunity and time will be given to the employee in order for them to improve their performance and meet the standards required.

The Procedure applies to all staff directly employed by the Organisation.

Unacceptable performance arising from deliberate or wilful lack of care, attention or negligence rather than as a result of the lack of necessary skills or aptitude will be addressed appropriately through the Organisation's Disciplinary Procedure.

3. Causes of Poor Performance

Unacceptable performance may be due to lack of skill, aptitude, experience, knowledge, poor health (physical and mental health) all of which can affect the capability of the individual to perform in their job satisfactorily. Such problems can occur through:

- Unsatisfactory application of the recruitment & selection process.
- Lack of proper training and development, to allow the employee to achieve the required standards. This should be reviewed regularly at least annually as part of the Appraisal Scheme to meeting changing demands.
- Insufficient understanding of the role the employee is expected to perform due to poor or inadequate guidance or induction.
- The employee not having the range of experience, skills or knowledge necessary to perform effectively in their role.
- The employee's working conditions and/or access to equipment/information which may be such as to impair the efficient performance of their duties.
- Inadequate staffing levels and skill mix.
- Issues associated with health including those related to drug and alcohol misuse. Such problems should be dealt with under the appropriate Organisational policy.
- Issues associated with an individual's domestic situation. Employees should be supported appropriately and sensitively depending on the issues.
- Harassment or bullying. Action will be taken under the appropriate Organisational Policy(s).

(This list is not exhaustive)

4. Informal Stage

Before resorting to the formal procedure, the manager will ensure that proper guidance, advice and, where appropriate, training has been given and that adequate time has been allowed for the employee to overcome the difficulties that they have been experiencing.

Where an employee's ability to perform the duties of his/her post satisfactorily is in question, their manager will discuss the matter informally.

The nature of the problem will be described and reasons explored. The employee will be given an opportunity to give an explanation for the unsatisfactory performance.

An action plan to address unsatisfactory performance will be developed and agreed jointly with the employee. The action plan will address the causes and will include the following:

- make the employee aware of the standards to be addressed;
- set a realistic timescale for improvement;
- identify necessary training and/or supervision;
- include regular monitoring meetings;
- clarify the appropriate method of monitoring performance.

The broad content of the meeting and action plan will be confirmed in writing. The employee will also be informed of the possible implications of not achieving the required standards.

A record will also be kept of any monitoring meetings as they may need to be referred to at a later stage.

A review meeting will be held at the end of the agreed timescale. If satisfactory improvement is achieved and maintained, no further action will be taken. Performance will continue to be monitored as part of the Appraisal Scheme.

If standards have not been achieved and/or maintained, the reasons will be explored and consideration given to extending the time period. If appropriate, otherwise the employee will be invited to attend a formal hearing.

5. Rights of the Employee

The employee will have full access to a copy of the Capability Procedure at the informal stage.

The Clinic Manager or Registered Manager will manage and chair any formal meetings from this point on.

Employees have the right to be accompanied at formal hearings by a Trade Union Representative, colleague or friend who is not acting in a legal capacity. It is the employee's responsibility to obtain representative, colleague or friend.

The employee will be given reasonable written notice of the hearing, setting out the date, time, venue, nature of unsatisfactory performance being considered and their right of representation. At least five working days' notice will be given to enable the employee to prepare their case and to arrange representation.

The employee will be given copies of all written statements, and relevant documents.

The employee has the right of appeal against formal warnings imposed.

6. Formal Capability Procedure

While the principle objective of the Capability Procedure is to help an employee to overcome their difficulties it is nevertheless essential that they are made fully aware of the consequences of not achieving and maintaining the standards set.

The formal capability procedure will comprise of the following stages:

- Verbal warning
- First Written warning
- Final Written warning
- Dismissal

Consideration will be given to the causes of unacceptable performance together with what help and support has been offered in the past and what more the employee can reasonably expect in order to overcome their difficulties and in what timescales.

In handling unacceptable performance any warnings will normally be issued progressively, however depending on the circumstances a written warning or a final written warning may be issued without any previous action having been taken under the Capability Procedure. This will most commonly occur where the unacceptable performance is likely to have serious consequences on service delivery or the financial security of the Organisation is at risk and the level of performance cannot be remedied by training in a reasonable period. Suspension from duty or a temporary transfer to other duties may be required in such exceptional circumstances.

7. Outcomes

Any warning given will be by the Clinic Manager or the Registered Manager.

Any warning given should last three months to allow sufficient time for improvement. However, these periods may be longer or shorter depending on the circumstances.

In circumstances where a warning has proved ineffective and an improvement in performance seems unlikely, the employee should be encouraged to seek alternative employment where it is both suitable and available.

Where alternative employment is offered within the Organisation the employee will receive a formal written offer giving details of the alternative employment and the duties required in it for consideration, before either party commit themselves to the new job contractually. It will be made clear that they are expected to reach the required standard of performance within an agreed period otherwise the Capability Procedure will be once again invoked.

Alternative employment, if offered as an alternative to dismissal, does not have to be equivalent to the current post nor be at the employee's current level/pay. There will be no right for the employee to have their current earnings level protected.

Refusal of redeployment or demotion will result in termination of employment.

All decisions will be confirmed in writing to the employee within three working days of the hearing.

Copies must be retained by the Manager for the agreed review period as well as being placed on the personal file.

No employee will be dismissed for a first discussion about their performance.

8. Review and Monitoring Period

The Manager who issued the warning should ensure that the terms of the review and monitoring period are adhered to. They need to undertake this themselves or delegate it to the employee's manager.

The review will be conducted in a manner which encourages the employee to improve. The employee will be encouraged to discuss areas of concern as they arise during the course of the review period.

The Manager will ensure that any agreed training is given and its effectiveness discussed with the employee.

At the end of the review and monitoring period, if the manager is satisfied that the employee has reached the required standard of performance, then they will confirm this in writing to the employee, their representative (if applicable) and retain a copy on the employee's personal file. The letter should contain a reminder that the performance level reached should be maintained.

In the event that the employee still fails to reach the required standard of performance at the end of the review period, then a further formal hearing should be arranged under the terms of the Capability Procedure.

In exceptional circumstances, where it seems obvious to the manager that, in spite of warnings and counselling, the employee is never going to be able to reach the required standard of performance, then the review date may be brought forward.

Any records relating to warnings in a personal file will not be viewed as current after a period of one year from the date they were imposed and should be removed from the personal file.

9. Appeals

All employees have the right of appeal against all warnings.

8.5 DISCIPLINARY PROCEDURE

1. Introduction

The aim of the Disciplinary Procedure is to ensure consistent and fair treatment for all staff.

The main purpose of the procedure is to promote good performance and improvement in unsatisfactory conduct or standard of work.

It is important that employees are made aware of the standards of conduct expected of them and this should be made apparent through induction and the Appraisal process and day to day management/ supervision.

Where a problem clearly exists that relates to unsatisfactory conduct the Organisation encourages informal discussions between members of staff and their manager, where appropriate. Such discussions are intended to be the basis for counselling under the informal stage of this procedure.

Where a problem clearly exists that relates to standard(s) of work the Organisation's Capability Procedure should be followed, unless the offence is serious enough to warrant immediate formal action.

The formal disciplinary procedure will be invoked if informal discussion(s) have failed to achieve the desired effect or when an offence is serious enough to warrant immediate formal action.

2. Purpose

This procedure is designed to:

Help and encourage individuals to achieve and maintain standards conduct, attendance and job performance;

Emphasise and encourage improvements in individuals' performance or Standard of work but also represent a means of imposing sanctions;

Provide for disciplinary matters to be dealt with quickly but thoroughly;

Ensure that all staff are treated fairly and consistently.

3. General Principles

At every stage in the procedure the employee will be advised of the nature of the allegation(s) being made against them and will be given the opportunity to state his/her case before any decision is made.

At all stages of the procedure the employee will have the right to be accompanied by a trade union representative, a work colleague or a friend, not acting in a legal capacity.

Employees are not entitled to be legally represented during the Organisation's Internal disciplinary procedure.

All staff will have the right of Appeal against a verbal warning, a first written warning, a final warning and dismissal.

The Disciplinary Procedure is a system of warning stages, increasing in gravity from an oral warning to dismissal. The warnings can refer to repetition of the same or similar unsatisfactory conduct or unsatisfactory work performance or where an individual has failed to achieve the required improvement. The Organisation reserves the right to commence proceedings at any point of this procedure.

4. Allegations of Misconduct

Definition of Misconduct

Misconduct is any infringement or breach of the Organisation's rules, regulations, policies or procedures, or, any failure to meet the required standards of behaviour, conduct, performance and attendance reasonably required of an individual including those set out in the Organisation's rules, regulations, policies or procedures

Definition of Gross misconduct

Gross misconduct is behaviour that is considered so serious, that the Organisation is justified in no longer tolerating to continued presence, at work, of a member of staff who commits such an offence.

Where any misconduct is alleged or suspected the Line Manager or Clinic Manager will undertake a preliminary assessment of the nature of a complaint or circumstances surrounding an incident in order to attempt to decide whether the allegations can be substantiated.

The possible outcomes of the preliminary assessment are as follows:

- Allegations are unsubstantiated and no further formal action will be taken
- Arrange for the matter to continue to be dealt with under the Disciplinary Procedure

5 Suspension

Suspension from duty is not, in itself, a disciplinary measure but may be appropriate when a serious allegation or complaint has been made against an employee and it is in the interests of the organisation, other staff and the employee. The employee should be removed from their normal place of work whilst the incident is investigated further.

Suspension will be carried out by the Clinic Manager or Registered Manager. The employee will be seen in person and have the allegations put to them before a decision to suspend is confirmed.

Suspension will be on full pay as long as the employee complies with the terms of their suspension. The person suspending will confirm suspension in writing within 5 working days including the reasons for suspension and the allegations made against them. The employee will also receive a copy of the disciplinary procedure.

Suspension should not last for more than 14-21 days, in order for a full investigation to be carried out. The employee will be kept informed of progress from the person who carried out the suspension.

Conditions of continued payment during suspension will be that the employee must remain ready, willing and able to work, must be ready to cooperate in resolving any issues relating to their normal duties and must be available during their normal working hours to attend any meeting that may be convened as part of the investigatory process. Staff should not undertake any other paid work during their suspension. Any holidays that have been booked prior to suspension must be notified to the person who carried out the suspension immediately.

Whilst on suspension the employee must not enter the organisation's premises or make contact with other staff members or clients. Contact with the organisation may only be made to the person authorising the suspension. If access is requested for the purposes of preparing a defence, this will not be unreasonably refused, but will be carried out in the presence of the person authorising the suspension, or nominated deputy.

6 Investigation

Investigations into the incident or allegations made will be conducted in a thorough and timely manner. If there is undue delay the reasons for the delay will be fully explained to the individual.

One or two people will be appointed to lead the investigation, and will ensure all relevant evidence is obtained. Any individual called to an investigation interview will have the right to be accompanied by a trade union representative, colleague or friend, not acting in a legal capacity. Notes will be taken at the meeting and individuals will be asked to review the notes and sign as a statement, which they agree is a true record of the meeting and understand that the statement will form part of the management report.

The investigating person(s) will produce a management statement of case and associated documentation. The Clinic Manager or Registered Manager will then, after reviewing the report, decide if there is a case to answer. If appropriate, the matter will then proceed to a formal hearing. Where it will be decided if there is no case to answer, the employee must be informed accordingly, in writing.

At all stages of the formal procedure, the employee will be:

- given an account of the allegation(s)
- interviewed by an appropriate member of staff
- given an opportunity to state his/her case before a decision is made that disciplinary action may be appropriate

7 The Hearing

The Clinic Manager or Registered Manager will stipulate a time, date and venue for the hearing, at least 5 working days before the hearing. However, if

the representative or work colleague is unavailable at this time for a reason that is regarded to be valid, the manager will postpone the Hearing.

This procedure will only be delayed in accordance with the Employment Rights Act 1999 and the ACAS Code of Practice on Disciplinary & Grievance Procedures April 2009, i.e. for 5 working days. Any extension to this period is at the sole discretion of the Organisation and will be confirmed in writing.

The employee will be provided with a copy of the investigation report and given copies of any written statements or documentary evidence that will be relied upon during the Hearing.

The employee will be informed of their right to be accompanied at the hearing by a friend, (not acting in a legal capacity), colleague or trade union representative.

The employee will be informed of the names and job titles of the members of the panel for the hearing.

In normal circumstances, the employee will be given the opportunity to call and question witnesses at the Hearing. The Organisation reserves the right to make exceptions to this where it is deemed not to be appropriate, e.g. where it involves members of the public, clients, etc. Information on any documentation, including witness statements which the individual intends to present, must be submitted to the panel members at least 3 working days prior to the hearing.

No new or supplementary information should be tabled at the meeting. If this happens the hearing will need to be rescheduled to allow sufficient time to investigate and absorb the new information.

8 Format of the Disciplinary Hearing

One or two people will form the panel and will hear from both management and the employee. Any witnesses will be called and questioned by all parties. The panel will then adjourn to make their decision, or will provide a decision within 5 working days.

9 The outcome/action take

The Chair's conclusions may be the following:

- * that there is no case to answer and that therefore no action is taken
- * that a one of the following has been decided:

Verbal Warning

Conduct or performance does not meet acceptable standards, the first formal stage of the Disciplinary Procedure may be invoked and a 'verbal warning' may be given.

The employee will be advised of the standards of conduct or performance required, the period allowed for improvement and the consequence of failure to reach or maintain acceptable standards (normally a first written warning).

The verbal warning will be confirmed in writing to the employee within 5 working days. The following information will be included:

- the breach of discipline
- the improvement required and the period allowed for improvement
- the duration of the warning (6 calendar months)
- the consequences of failing to improve to an acceptable standard

The verbal warning will remain in effect for a period of 6 months. It is the Managers responsibility to ensure that the warning is removed from the employee's personal file if it becomes lapsed.

First Written Warning

If an offence is serious, or if a previously substantiated offence (or an offence of a similar nature) is repeated, the Disciplinary Procedure may be entered into at this stage, i.e. a 'first written warning', may be given.

The employee will be advised of the standards of conduct or performance required, the period allowed for improvement and the consequence of failure to reach or maintain acceptable standards (normally a final written warning).

The first written warning will be confirmed in writing to the employee within 5 working days. The following information will be included:

- the breach of discipline and any 'live' disciplinary action on the employee's personal file
- the improvement required and the period allowed for improvement
- the duration of the warning (12 calendar months)
- the consequences of failing to improve to an acceptable standard

The first written warning will remain in effect for a period of 12 months. It is the manager's responsibility to ensure that the warning is removed from the employee's personal file if it becomes lapsed.

Final Written Warning

If an offence is considered to be sufficiently serious that it may warrant a final written warning, or if a previously substantiated offence persists, the Disciplinary Procedure may be entered into at this stage, i.e. a 'final written warning', may be given.

The employee will be advised of the standards of conduct or performance required, the period allowed for improvement and the consequence of failure to reach or maintain acceptable standards (normally dismissal).

The final written warning will be confirmed in writing to the staff member within 5 working days. The following information will be included:

- the breach of discipline and any 'live' disciplinary action on the employee's file
- the improvement required and the period allowed for improvement
- the duration of the warning (12 calendar months or 24 calendar months depending on the gravity of the case)
- the consequences of failing to improve to an acceptable standard, that dismissal may result

The final written warning will remain in effect for a period of 12 months **or** 24 months, as determined to be appropriate. It is the Clinic Manager or Registered Manager responsibility to ensure that the warning is removed from the employee's personal file if it becomes lapsed.

Dismissal with Notice

Dismissal may occur where the Disciplinary procedure has failed to bring about acceptable standards of conduct or performance from an employee or where the allegations are proved and are serious enough to warrant dismissal.

Confirmation of dismissal will be confirmed in writing to the staff member within 5 working days. The following information will be included:

- that dismissal has occurred and the reason(s) for this
- the breach of discipline and any 'live' disciplinary action on the employee's file
- the length of notice and whether the employee is to work the notice or be paid in lieu of notice

Dismissal without Notice (Summary Dismissal)

If it is alleged that a staff member may be guilty of an act of gross misconduct (**See examples attached**), it may be necessary dismiss without notice.

The dismissal will be confirmed in writing within 5 working days. The following information will be included:

- that summary dismissal has occurred and the reason(s) that led to a decision of gross misconduct having occurred

10 Right to Appeal

The employee has the right of appeal to a Manager (who has not been involved with the Disciplinary), in writing, within 14 days of the date of the letter confirming the outcome of the hearing.

The decision of the chair at appeal hearing will be final and there will be no further provision for appeal.

Appendix 1

Gross Misconduct (THIS LIST IS NOT EXHAUSTIVE)

- Conduct or behaviour which endangers health or safety of other staff or the public.
- Committing any criminal act while on the Clinics premises or at work such as stealing from the clinic or another employee.
- Making untrue statements to the clinic with intent to deceive or obtain advantage. This would include false statements on application forms or medical history or pre-employment medical forms; withholding information, statements containing false information about absence or absence relating to sickness; falsification of references.
- Unauthorised disclosure of confidential information.
- Neglect of duty such as :
 - being on duty under the influence of drugs or alcohol
 - wilful damage to the Clinic's property including deliberate misuse resulting in damage and misuse of anything provided in the interests of Health and Safety at work
 - refusal to obey an instruction or refusal to perform work which is neither illegal nor unsafe and which an employee might reasonably be expected to do.
- Assault on another employee except in self-defence.
- Committing any act on the clinics property which violates the commonly accepted standards of decency or morality.
- Harassment of or causing distress to another employee or visitor on the grounds of race, colour, nationality, sex, sexual preference, disability, age, etc.
- Unauthorised possession or administration of drugs.
- Imprisonment rendering it impossible to fulfil Contract of Employment.
- Offences committed outside of employment which have the effect of substantially breaking trust between the employer and employee.
- Drunkenness - in the case of persons being a danger to others or incapable of carrying out their duties, suspension may be without pay.
- Use of any social media (whether business or personal) that has a detrimental effect on the Company

8.6 Drug & Alcohol Policy

1. Introduction

This policy sets out the clinic's policy and procedure for dealing with problems at work which arise as a result of the misuse of alcohol or drugs.

The objectives of the policy are:

- to ensure staff are aware of the Clinic's expectations regarding the consumption of alcohol whilst they are at work;
- to prevent alcohol or drug misuse problems arising by promoting awareness of health information on alcohol and drugs to employees;
- to help motivate those employees whose drinking habits or use of drugs affect their work performance, to seek and accept appropriate counselling or treatment;
- to reduce nationally identified alcohol or drug related problems at work such as increased absenteeism, poor time keeping, high sickness levels, accidents at work, impaired work performance.

2. Purpose

The clinic recognises that the misuse of alcohol or drugs may place the health of employees at risk and may affect the capability of employees to perform their duties.

Employees who have alcohol or drug related problems will be regarded for employment purposes as suffering from an illness and will be encouraged to seek help and treatment voluntarily. However, the use of the Clinic's disciplinary procedure is not precluded where an employee, while under the influence of alcohol or other substances, behaves in a manner contrary to the standards of safety and behaviour required by the Clinic and of its employees.

It is recognised that rules on the consumption of alcohol and use of drugs are necessary to set out clearly the Clinic's expectation of the behaviour of employees.

3 Confidentiality

Alcohol or drug related work problems which are identified will be dealt with sensitively. Any personal or medical information, which is divulged by an employee with an alcohol/drug problem to their Manager, will be confidential. Employees who have concerns that alcohol or drug related problems may exist in the workplace will be able to raise such concerns in confidence and without fear of victimisation.

4. Representation

A Trade Union Representative (if applicable) or other person of their choice (not acting in a legal capacity) may accompany employees at each stage of

the procedure.

5. Communication of the Policy

All employees will be advised of the alcohol and drugs at work policy and its implications for their behaviour at work. The availability of assistance and advice on alcohol/drug related issues will be highlighted.

6. Roles And Responsibilities

Role of Employees

All employees have a responsibility to make the policy work.

Employees are required to familiarise themselves with and abide by the standards required at work in relation to the consumption of alcohol and use of drugs.

Employees with alcohol or drug problems will be required to seek help and assistance and will have a responsibility for their own well being and safety, and that of colleagues.

Employees who are concerned that alcohol/drug related problems exist in the workplace are encouraged to raise these concerns with their manager or the appropriate alternative person.

Role of Managers

Managers have a responsibility to ensure that employees are aware of general and specific rules, standards and procedures relating to the use of alcohol/drugs in the context of their employment. They should be aware that their normal behaviour in relation to the use of alcohol/drugs may influence members of staff for whom they are responsible. As part of the normal management process Managers should be alert to and monitor changes in work performance, attendance, sickness and accident patterns. Managers should intervene at an early stage where there are signs of problems and refer employees for assistance where appropriate.

7. Expectations of Employees

The following section sets out the Organisation's expectation of its employees' behaviour at work in relation to the consumption of alcohol/use of drugs.

Employees should be aware of their responsibilities under the Health and Safety Legislation (Health & Safety at Work Act 1974 Section 8).

Rules relating to the consumption of alcohol and to the use of drugs

- Employees have a responsibility to ensure they are fit for work, and their capability to perform their duties should be unimpaired by the misuse of alcohol or drugs. Employees should be aware that misuse outside work might affect their capability at work.
- In addition to the question of capability, employees should be

aware that smelling of alcohol can create an unsatisfactory impression and could undermine confidence.

- The misuse of alcohol by employees in the course of their duties is unacceptable.
- Possession of alcohol on work premises in circumstances which may reasonably be regarded as giving rise to misuse will not be acceptable careful investigations, would take place before any action was taken.
- On occasions when alcoholic drinks are available to employees on work premises e.g. social occasions, employees should be aware of the general requirement by the Clinic and the sensible approach to the use of alcohol and the more specific requirement to comply with drink driving legislation.
- The misuse of prescribed drugs and substances such as solvents by employees on duty is unacceptable.
- The possession or use of illegal drugs by employees on the Organisation's premises is totally unacceptable. It may lead to a criminal prosecution and will lead to disciplinary action.

These standards are designed to define good practice and breaches of such practice will be dealt with under this procedure or the disciplinary procedure, as appropriate, depending on the circumstances of the case.

8. Procedure

Identification of an alcohol/drugs related problem at work

Indications that an employee is suffering from problems at work which may be associated with his/her misuse of alcohol/drugs may be identified by a number of key indicators outlined in Appendix A. Such indications of concern may first be identified by work colleagues. In order to deal effectively with such problems, to ensure that they do not escalate and that the employee can be given appropriate help and advice, it is important to intervene at an early stage.

Colleagues are required to advise a Manager of any concerns they have over an employee's potential misuse of alcohol or drugs. This is the most appropriate way to support a colleague and the conversation will be in strictest confidence. Any breaches of confidentiality will be dealt with under the disciplinary procedure.

Where an employee has a potential problem related to their own use of alcohol/drugs, they can, if they wish raise the problem with their Manager who will advise them in line with the principles set out in this policy.

Alternatively, they may approach a medical professional for help and advice. This will be confidential.

9. Informal Action

Where concerns have been raised in connection with an employee's potential misuse of alcohol/drugs, the Manager will, as part of the normal management process, arrange to discuss their concerns with the employee, promptly and confidentially on an informal basis.

This meeting should cover the following points only:

- The employee should be asked an open question as to whether there are any issues/problems they would like to discuss.
- The manager should make a statement such as: "it has been brought to my attention that you may have a substance or alcohol misuse problem. As such, I am obliged to give you this information relating to names and addresses of possible sources of help." This is not an accusation or challenge, merely an invitation for the employee's response.
- The manager should then listen to any response that the employee wishes to give.
- A review meeting should be set for between 2-4 weeks (no longer). In the interim period the Manager will monitor the employee against the indicators in Appendix A. This will provide the employee with space and time to reflect on their situation and give the Manager time to assess the scale of the problem.

The member of staff is entitled to have a Trade Union representative or other colleague or friend (not acting in a legal capacity) present at the review meeting.

If the Manager has not observed any of the indicators during the given period, there will be a discussion about the situation and further assessment if necessary.

If the Manager has observed problems in behaviour, the member of staff will be referred to an appropriate medical professional for assessment (see formal action).

The manager will be supportive to the employee in overcoming any problems which are identified. However, the manager will also make clear the nature and extent of the improvement required and the timescale for the improvement. The manager will have a responsibility not to tolerate any breach of safe working practice that could endanger the employee or others. Arrangements will be made to monitor and review the situation.

10 Formal Action

If it is necessary to consider formal action it will be appropriate to use Disciplinary Procedure as described below.

Any breach of the disciplinary rules in relation to the consumption of alcohol or use of drugs at work will be dealt with under the disciplinary procedure. Any health problems that an employee may volunteer in mitigation will be taken into account prior to deciding on any disciplinary action.

11. Conclusion

It is recognised that despite efforts to help and support employees with alcohol/drug related problems at work, if such problems are not resolved, ultimately dismissal on the grounds of lack of capability, or misconduct, or ill health could be an outcome. However each case will be dealt with on its merits and it is the intention of this procedure that by identifying and dealing with problems at an early stage such serious action can be avoided.

Appendix A

Key Indicators of Problems Relating to Drug or Alcohol Misuse

Note the presence and frequency of any of the following indicators of long term, excessive amounts of alcohol consumed on a more or less daily basis or in "bouts", or of regular substance misuse.

It should be noted that the presence of one or two of these indicators may be indicative of a number of other illnesses/problems and is not necessarily a sign of alcohol or drug misuse.

Physical Problems;

1. Frequent hangovers.
2. Blackouts (difficulty in remembering the night before).
3. Bleary eyes.
4. Anaemia.
5. Frequent minor illnesses and accidents.
6. Hospital admissions for substance withdrawal.

Psychological Problems

1. Drinking to avoid problems.
2. Down playing the amounts used, minimising the potential harm being done.
3. Guilt feelings.
4. Embarrassment at actions while drinking.
5. Nervousness and irritability.
6. Anxiety and depression.
7. Sudden mood changes.
8. Euphoria.
9. Inability to sleep.

Social Problems

1. Family and job problems.
2. Isolation.
3. Lateness and leaving early.
4. Missing appointments.
5. Neglecting details.
6. Forgetfulness.
7. Decline in appearance or gaining weight.
8. Avoidance of friends.

Financial Problems

1. Frequent sick leave from work.
2. Concern about spending on drink.
3. Borrowing money and unpaid bills.

Consumption of Alcohol

One in 25 people in Britain are dependent on alcohol causing severe problems for their families and colleagues as well as themselves.

Approximately one in five patients admitted to general hospitals has an alcohol related problem.

Recent studies show that:

- men drinking over 21 units per week take twice as much sickness absence as men drinking less than 21 units.
- up to 25% of accidents at work involve intoxicated workers
- 8-14 million working days are lost each year as a result of alcohol related problems

Alcohol is measured by the “unit” system.

One unit of alcohol = one-half pint of beer
 or = one glass of wine (normal strength)
 or = one glass of sherry
 or = one single whiskey.

NB The strength of alcohol of beer and wine will affect the number of units it contains. Extra strong beer, for example, contains up to three times as much alcohol as ordinary beer.

	Units Per Week	
	Women	Men
1. Low	0 – 14	0 - 21
2. Increasing potential for harm	14 – 35	21 – 50
3. Harmful	35+	50+

On average, women are affected faster and by less alcohol than men. This is related to their body size and also to a higher proportion of body fat to fluid. It has been shown that women are at risk of developing alcohol related illnesses earlier at lower levels of consumption than men.

The Royal College of Psychiatrists has suggested that the recommendations for safe levels of consumption should advise no more than three units a day for a man and no more than two units a day for a woman.

Drugs and The Workplace

Most people do not think there is a problem of drugs in the workplace. However, the 1995 White Paper “Tackling Drugs Together” estimated that three million people, ie 6% of the population, take illegal drugs and a MORI survey showed that a significant number of people aged 20-24 had experimented with at least one drug (eg cannabis, ecstasy, amphetamines). While evidence is still being gathered, it is reasonable to assume that any workplace may encounter employees who use drugs.

Research has shown that employees who use drugs are:

- 2.5 times more likely to have absences of eight days or more
- 5 times more likely to be involved in an accident off the job
- 3.6 times more likely to injure themselves or another in the workplace

The Health & Safety Executive found in 1994 that illness and accidents at work cost an employer 10% of trading profits or £360 per employee. Added to this is the personal and family stress and hardship caused.

Sources of Help and Guidance

Al-anon

020 7403 0888 www.al-anonuk.org.uk

Alcoholics Anonymous

0800 9177 650 www.alcoholicsanonymous.org.uk

Kaleidoscope

020 8549 2681 <http://www.kaleidoscopeproject.org.uk/>

National Drugs Helpline

0800 804 4700 <http://www.addictionhelper.com/>

Narcotics Anonymous

03009991212 <http://ukna.org/>

8.7 Use of Email and Internet Policy

1. Policy Statement

The purpose of this policy is to define best practice when using the Internet, Intranet and Email facilities in the Clinic; it should be read in conjunction with the Clinic's Social Media Policy.

2. Legal Implications

Email has become established as a means of personal communication and its use is now widespread. Several factors combine to make email a particularly important issue where Data Protection, Freedom of Information and the management of personal information is concerned.

Emails;

- can carry personal information, in the form of facts, intentions or opinions about individuals. Email content is searchable by individuals and therefore falls clearly within the Data Protection, General Data Protection Regulations and Freedom of Information Acts.
- are often regarded as 'private' and 'informal' correspondence, but they are not unless specially encrypted.
- are regularly sent without any superior checking the content.
- can be readily retransmitted to others and can be distributed or 'broadcast' to a very large population with relative ease and at minimal cost.
- cannot generally be cancelled once sent.
- can be printed with ease and redistributed manually.
- can be amended with ease .
- can reveal personal data belonging to the sender and recipient.

The result of these practices regarding email is that many people may use it inappropriately, or without really understanding the full implications of what they are doing.

3. The Use of email

All staff needs to be aware that the email service is the ownership of the Clinic and therefore inboxes, will be monitored and can be accessed at any time if there is a valid reason for doing so. E.g. to establish the existence of facts under the Data Protection and/or Freedom of Information Acts. In most cases this will be done with the user's consent but in the case of e.g. to prevent or detect crime, security, etc., consent will not be sought.

It should be noted that expressing an opinion via email has been considered as publication during recent libel cases. Substantial damages have been awarded against Clinic in libel cases on evidence consisting solely of internal email messages.

It should be noted emails including 'joke' emails, contain any element of discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, or belief, sex or sexual orientation, the employer may become liable for those acts of discrimination under the Equality Act 2010. Inappropriate wording used in emails to colleagues may amount to harassment under the Act. Any staff member found to be using emails in this way, will be subject to disciplinary action.

Furthermore contracts can be created via email, therefore all staff members should not enter into any contracts or terms via email without authorisation.

Users responsibilities:

Email users must not:

- Create or send any offensive, obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images or material.
- Create or send messages that may constitute racial, sexual harassment or harassment on the grounds of disability.
- Create or send any material which is designed or likely to cause annoyance, inconvenience or anxiety.
- Create or send any defamatory material.
- Send any material that may infringe on the copyright of another party.
- Send any unsolicited commercial or advertising material either to other users or Organisations.
- Initiate or propagate electronic chain letters.
- Send mail to randomly selected recipients.
- Forge or anonymously send email.
- Undertake any actions which are intended to use unreasonable system resources or otherwise interfere with other users ability to utilise the local network.
- Make any attempt to infect other systems with computer viruses.

Email users must:

- Keep messages concise and to the point.
- Sign off with full name and contact details.
- Be extremely careful opening attachments in case they contain a virus.
- Keep an electronic file of messages which may need to be retained for audit or freedom of information purposes.
- Remember emails are classified as 'legal' documents.
- Keep the amount of email in the inbox to a minimum to avoid using excessive disk space.

The provision of internet access and email is primarily intended for the Clinic's business

4. Use of the Internet

The Internet must not be used in any way that might bring the Clinic into disrepute. This includes any discussion regarding the Clinic, its staff or clients in any form using social network sites, such as Facebook, Twitter, Bebo, MSN and others.

Any users found to be accessing or downloading material of a pornographic or sexual nature or which may generally be considered obscene or offensive will be immediately disconnected from the Clinic's network and be subject to disciplinary action for gross misconduct. It should also be noted that other employees who are aware of others downloading such material could bring a claim on the grounds that it creates an offensive environment for him or her. In some circumstances it may be necessary to involve the police.

Any users found to be using the internet connection for conducting personal business activities will be disconnected from the network and this will be treated as a disciplinary matter based on gross misconduct.

Users must not use the Clinic's internet connection for creating and maintaining their own personal web site.

The Clinic monitors the use of internet and usage statistics show the identity of the user, sites visited, time spent and quantity of information sent and received.

5. Statements on Social Media or to the wider Media

Any statements on social media or to reporters from newspapers, radio, television etc., in relation to the Organisation/Business will be given only by a Director.

6. Procedure for monitoring and storing emails

- All emails are monitored for viruses. All email traffic (incoming and outgoing) is logged automatically. The logs do not include email content. These logs are audited periodically.
- The content of emails is not routinely monitored. However, the Clinic reserves the right to retain message content as required to meet legal and statutory obligations.
- If there is evidence that you are not adhering to the guidelines set out in this policy, the Clinic reserves the right to take disciplinary action, which may lead to a termination of contract and/or legal action.

Email accounts

All email accounts maintained on our email systems are property of the Clinic.

Questions

If you have any questions or comments about this Email Policy, please contact the clinic manager or registered manager. If you do not have any questions, the Clinic will presume that you understand and are aware of the requirements of the Email Policy and will adhere to them.

8.8 Equal Opportunities Policy

1. Introduction

Brigstock Skin and Laser Centre strive to be an equal opportunity employer and is committed to ensure equal opportunities for all employees and all potential applicants to future posts.

All employees of the Clinic and all potential applicants for employment will be given equal treatment and opportunity irrespective of race, colour, nationality, ethnic or national origins, religious beliefs, gender, marital status, age, sexual orientation or disability.

Furthermore, no person will be disadvantaged by any condition or requirement attached to a job which cannot be shown to be a direct and genuine qualification for performance.

2. General Principles

- * to state the importance of equal opportunities within the Clinic;
- * to recognise the value of and necessity for diversity amongst our employees;
- * to explain the legal framework in relation to equal opportunities;
- * to outline the practical application of the policy;
- * to clarify responsibilities with regard to equal opportunities.

3. What is meant by Equal Opportunities?

- * treating everyone fairly and without bias;
- * utilising and developing the talents and resources of all employees, irrespective of race, colour, nationality, ethnic or national origins, religious beliefs, gender, marital status, age, sexual orientation or disability;
- * creating a workplace where all staff are confident of fair access to opportunities;
- * creating a workplace free from victimisation, harassment and bullying;
- * ensuring working and employment practices reflect the equal opportunities policy.

EQUAL OPPORTUNITY IS NOT:

- * giving certain groups an unfair advantage in the workplace;
- * ignoring or devaluing diversity by pretending that everyone is the same;

- * lowering standards in any way.
- * pretending that individuals are receiving opportunities by the unfair application of procedures and practices.

4. What is Discrimination?

There are a number of recognised forms of discrimination, however not all forms of discrimination are a result of a direct or deliberate act. It is possible to discriminate by following systems, practices or long-standing habits that act in a discriminatory way by their very nature.

5. The Legal Framework

5.1 The Acts

The following laws govern equal opportunities in the U.K.;

- Equality Act 2010 *now come under this Act
- The Sex Discrimination Act 1975 and 1986
- The Race Relations Act 1976, 2000, (amendment) regulations 2003
- The Equal Pay Act 1970 (amended 1983)
- Rehabilitation of Offenders Act 1974
- *Disabled Persons Act 1944 and 1958
- *Disability Discrimination Act 1995
- *Disability Discrimination Act Regulations 2003
- European Law Framework
- The Employment Equality (Age) Regulations 2006

No employee has a choice about complying with the legislation it is unlawful not to do so. The Organisation's equal opportunities policy has been developed within the framework of existing legislation.

5.2 Implications of the legislation

If these legal requirements are contravened, both the Clinic and the individual concerned will be rendered liable to legal proceedings. However, the individual may be held solely responsible in cases where the Clinic can prove that it has taken the necessary steps to prevent acts of discrimination. This applies primarily to the Race Relations Act 1975 and 1986. It is essential that everyone bound by this policy is aware of their obligations under the law, as ignorance is not a defence.

5.3 The Enforcing Body

A single equality body, called the Equality and Human Rights Commission, was introduced in October 2007. This body merged the previous Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission, and it took responsibility for the laws (Equality Act 2010) outlawing workplace discrimination on grounds of age, religion or belief and sexual orientation. It is also responsible for promoting human rights. The Commission also issues codes of practice, investigates complaints, helps individuals with grievances, and advise Organisations on how to promote equal opportunities. The Commission has the legal and financial backing of the government. www.equalityhumanrights.com

6. Recruitment & Selection

6.1 RECRUITMENT

Job vacancies are open to all applicants and everyone is given equal consideration, except in the case of a job covered by a genuine occupational qualification or where members from a particular racial group or of one sex are underrepresented (refer to Appendix 1).

A persons suitability for the job will be determined in the light of their experience and qualifications.

No assumptions or pre-judgements will be made by appointing person about the suitability of any sex or race for a particular job and no decision will be made, or preference stated, in advance regarding the outcome of the recruitment process.

No-one will be discriminated against, either directly or indirectly on the grounds of race, colour, nationality, ethnic or national origins, religious beliefs, gender, marital status, age, sexual orientation or disability at any stage of the recruitment process.

6.2. RECRUITMENT ADVERTISING

No post will be advertised without a job description and person specification which candidates can be assessed on

No requirements or criteria will be included in job advertisements other than those which are necessary for the post.

Job titles and job content will be presented free from bias, either of gender or race.

6.3 SELECTION PROCESS

The selection process will be carried out consistently for all jobs at all levels within the Clinic.

The criteria for shortlisting will be clearly established and applied equally to all candidates.

Subject to legislative requirements overseas qualifications, degrees, diplomas which are comparable with UK qualifications will be accepted as equivalents.

In cases where selection tests are used, their use will be based solely on testing skills and abilities necessary to the job. All tests used will be relevant to the particular post and will be free from bias with respect to gender, race and disability.

All selection tests used will be valid and reliable and carried out by trained personnel.

Interview questions will be related to the requirements of the job and will not be of a discriminatory nature.

No questions will be asked about personal or domestic circumstances or plans. Questions concerning candidate's ability i.e. to work unsocialable hours will be discussed objectively and will be asked of all candidates if this is a genuine requirement of the post.

Questions should be designed to test knowledge and skills contained in the person specification.

Applicants with disabilities must not be discriminated against, because of the lack of facilities. Assistance with facilities, etc must be referred to HR.

7. Conditions of Employment

All staff regardless of race, colour, nationality, ethnic or national origins, religious beliefs, gender, marital status, age, sexual orientation or disability will be treated equally in respect of pay and other conditions of employment.

Salary reviews and performance appraisal will be monitored to ensure they are consistent and without bias.

8. Employment Practices

The following will be regarded as gross misconduct if substantiated through formal investigation:

- Racial or sexual abuse.
- Racial, sexual harassment or bullying.
- Victimisation on any grounds listed above.

Particular care will be taken to deal with all complaints of discrimination, harassment or victimisation in both a serious and effective manner. No individual will be disadvantaged in any way as a result of raising a genuine grievance.

Promotion will be on merit irrespective of race, gender, marital status, age, sexual orientation or disability.

All staff will be made aware of the potential flexible working patterns available to them.

Equipment in the workplace will be adapted, wherever reasonable and practicable to suit the requirements of disabled staff in order that they may carry out the job effectively.

The assistance from appropriate charities will be sought to ensure disabled staff have equal opportunity of continued employment and promotion.

Staff who become disabled will, wherever possible be retained in the same job or with the aid of training or other practical help, be redeployed into an alternative job.

9. Training Opportunities

Training opportunities will be made available to all employees.

Part-Time employees will be given the same opportunity for training as full time employees, relative to their hours of employment.

Access to training for managerial, specialised or technical positions will be made available to all employees.

Consideration will be given to the training needs of the new employee with disabilities or the employee who becomes disabled.

10. Promotion of the Policy

All potential and existing staff will be made aware of the Equal Opportunities policy.

All appropriate communication methods will be used to ensure the widest possible understanding of the policy.

New employees will be made aware of the provisions of the policy and their own responsibilities within it during induction.

All staff involved in the recruitment and selection process including those who are likely to come into contact with prospective job applicants will also receive training in the Policy.

11. Responsibilities

The success of the Equal Opportunities Policy depends on the commitment of staff at all levels.

The Registered Manager is responsible for the overall effective application of the Clinic's Equal Opportunity Policy.

Every member of staff is responsible for effective implementation and fair application of the Equal Opportunities Policy by ensuring that they themselves do not discriminate or induce others to discriminate, on any of the grounds listed, in the selection, promotion, training or treatment of other employees.

It is the responsibility of every member of staff to ensure the practical application of this policy.

12. Monitoring

Where required an equal opportunity policy should be properly monitored and it is therefore best practice to keep accurate and up to date records on the composition of; applicants for posts, shortlisted candidates, successful and unsuccessful interviewees.

Where necessary recruitment records, detailing information concerning applications received, shortlisting, interviews analysed by racial group, gender and disability can be maintained by the Registered Manager.

Analysis of equal opportunity data should be conducted on a regular basis to identify significant under representation of any minority group. Where this is found to be the case the reasons for such under-representation will be examined and appropriate remedial action taken.

13. Review period

The Policy and Code of Organisation will be reviewed in the light of new legislation.

8.9 FLEXIBLE WORKING POLICY

1. Introduction

The right for working parents to request flexible working arrangements came into effect on 6th April 2003, through the provisions of the Employment Act 2002.

This legislation was revised and updated on 30th June 2014 to extend this arrangement to all staff, regardless of caring duties.

The essential part of this legislation from the Clinic's point of view is that employees do not have a right to work flexibly but simply a right to put a request to the Clinic and for the Clinic to seriously consider it.

The Clinic should be aware that women seeking to return to work on adjusted hours after maternity leave can still claim unlawful sex discrimination if their employer refuses outright to consider a request to work flexibly.

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2. Purpose

This procedure is designed to:

Ensure the Clinic and the employee are aware of their rights and responsibilities in considering flexible working

Ensure that all staff are treated fairly and consistently

3. General Principles

The Clinic and employee should bear in mind the following principles when considering a request for flexible working arrangements:

- Service delivery, health and safety or other legislative requirements must not be compromised or increase risk to staff.
- Pay and benefits will be adjusted on a pro-rata basis, and the effects of the proposed change will be fully explained to and agreed with the employee before any contractual change is made.
- No such change should ever be considered permanent, as working arrangements will be regularly reviewed.
- Flexible working arrangements must be fair and equitable to all employees and must not be to the detriment of other staff.
- In considering requests for flexible working, the needs of the service must be fully considered.
- Any approved request for flexible working will be subject to a six week trial period, following which the new working arrangements will be reviewed.

4. Types of Flexible Working Arrangements

Part-time working – This is an arrangement whereby an employee works fewer hours than the full-time hours of the post, either by reducing the hours worked each day, and/or reducing the number of days worked.

Job sharing – this usually applies where two employees share the same duties and responsibilities of one full-time post, and share the associated pay, holiday and other benefits.

Term-time working – this is an arrangement whereby an employee is employed on a substantive basis and works regular full-time, part-time, or job share hours during the school term only. Payment of salary is proportioned equally throughout the year. Employees can have a maximum of 12 weeks off per school year, and would be expected to take their annual leave during school holidays.

Voluntary reduced working hours – this where an employee works reduced or variable hours for an agreed or defined period. Employees using this facility will work at a pro-rata reduced salary, holiday and benefits, with a guarantee that they will return to full time working (or their original working pattern) when the period ends.

Working from home – this is an arrangement where it is agreed that an employee may work some of their hours from home on an occasional basis. Contractually the Clinic would remain the employee's base. Home working opportunities may be very limited as there are a number of posts where home working is not practical. If home working is agreed, the following needs to be confirmed:

- the employee has sufficient work that can be feasibly undertaken at home.
- the employee has the appropriate facilities and equipment available at home
- the days/hours to be worked at home are agreed with the Clinic in advance
- the employee provides details of how they can be contacted at home
- the employee is able to come into work from home should the Clinic urgently require it
- the employee complies with the Clinic's policies and procedures whilst working from home
- the Clinic will reimburse the cost of any business telephone calls made by the employee whilst working from home, on receipt of an itemised phone bill.

Compressed working week – this arrangement means that the employee works longer hours than the standard each day and therefore may work a shorter week or fortnight, whilst still working their contractual hours

5. Requesting Flexible Working

An employee with more than 26 weeks service may apply to work Flexibly. The Clinic will not approve applications for flexible working if the reason for the request is to enable the employee to take other paid employment.

All requests for flexible working that will alter an employee's terms and conditions of employment should be made formally, using the flexible working application form. The application should clearly state:

- The changes requested
- The proposed date for the change to take effect
- The suggested impact on the Clinic, the service and the team
- How the employee thinks this change can be accommodated ([see application form in Appendix 22](#))

The application should be sent to the Clinic Manager or Registered Manager at least 6 weeks before the proposed date for the change.

The Manager will arrange to meet the employee within 28 calendar days of receipt of the application. The employee will be advised of their right to be accompanied at the meeting.

The Clinic will notify the employee of the decision within 14-21 calendar days from the meeting.

If the request is agreed the manager must make arrangements with the rest of the team and confirm that it will be subject to a 6 week trial. A review will be undertaken at the end of the trial period, and the arrangement will either be confirmed or may be modified to take account of the team and service, etc.

If the request is refused the reasons must be sent in writing and in some cases it may be appropriate to defer the decision. The employee must notified of their right to appeal

6. What the flexible working policy does not cover:

- compassionate leave
- carer leave
- parental leave
- paternity leave
- adoption leave
- maternity leave
- shared parental leave

8.10 Gifts

PURPOSE:

To define appropriate business practices related to the sharing of gifts between interested parties and Brigstock Skin and Laser Centre employees.

POLICY:

Brigstock Skin and Laser Centre intend to maintain ethical business practices and avoid conflicts between personal interests and the interests of the Clinic. Intent and appearance are important considerations in our business relationships; therefore, it is the responsibility of all employees to maintain the good name of the Clinic in their actions and communications with interested parties. In order to aid employees in understanding the expectations for behaviour in this area the following guidelines are established.

GIFTS TO EMPLOYEES

We acknowledge the common practice especially around the holidays, giving gifts to employees and departments. It is considered reasonable to accept these gifts whenever there is no intent or appearance of unethical behaviour and the value of the gift does not exceed £20 (per employee).

CLIENTS GIFTS TO EMPLOYEES

- It is the intent of Brigstock Skin and Laser Centre to encourage patients who want to reward specific employees.
- A client attempting to give a gift to an employee should be told that it is gratifying to know that they want to express himself or herself in this way, however, just knowing the client was happy is enough reward. Suggest a gift be made to the Children's Hospices UK. If the client insists or expresses a feeling of sadness that the gift was not accepted, it is reasonable to accept the gift if the value is less than £20. If this occurs, the employee should report the gift to their immediate manager. It is not acceptable under any circumstances to accept a gift from clients with a value in excess of £20.

VENDOR OR SUPPLIER GIFTS

Relationships with vendors and suppliers should be maintained in such a manner as to not be problematic when interpreting intent and appearance. Employees should never solicit monies, loans, credits, prejudicial discounts, gifts, honoraria, entertainment or other gratuities from any present or potential interested party. A few examples of inappropriate behaviour include:

- Soliciting a vendor for monies or other financial support outside a vendor contract.
- Requesting a personal preferential discount for a service or product.
- Requesting a vendor to pay for tuition or other costs associated with attending an educational or other type event outside a vendor contract.

Interested parties including vendors and suppliers are not allowed to provide monies, loans, credits, prejudicial discounts or gratuities to any employee of the Clinic. A vendor or supplier may provide a gift, entertainment or an honorarium to an employee if it does not exceed £50 in value and does not occur more than once in a 12 month period. A few examples of inappropriate employee behaviour include:

- Accepting a gift in any form exceeding £50 in value from a vendor or supplier.

- Accepting a personal discount on the purchase of a product or service.
- Accepting money offered as a gratuity for past relationships or as a promise for future relationships.

NOTE: Employees who are offered a gift that does not meet acceptable criteria from a vendor must refuse the gift upon presentation or return it if sent by mail or other means. The Director of Corporate Responsibility must be notified if a gift is unable to be returned for whatever reason.

VENDOR PROVIDED EDUCATIONAL MATERIALS

Vendors may provide educational materials intended for distribution to clients only with the prior approval of the Registered Manager. The Registered Manager will determine the:

Appropriateness of the educational material and describe the targeted patient population to receive the material(s).

Vendors may provide educational materials for dissemination to employees only with the prior approval of the clinic manager or registered manager.

Educational material may contain sponsorship information; however, product endorsements and advertising should be discouraged and avoided if possible. Separate advertising brochures and product endorsements should never be included with educational materials.

VENDOR PROVIDED EDUCATION/TRAINING

All vendors provided education or training related to product or equipment purchases where the vendor is financially responsible for travel, accommodations, and instruction must be documented in the initial vendor contract agreement or in an addendum.

The clinic or registered manager must approve all vendors training and instruction provided on or off site. If the training/instruction can only be provided during the lunch period, it is acceptable for the vendor to provide lunch.

VENDOR PROVIDED PROMOTIONAL PRODUCTS

Vendors may provide Brigstock Skin and Laser Centre employees with promotional products such as ink pens (e.g., with vendor logo), sticky note pads, etc., with the approval of the clinic manager. The clinic managers allowing vendors to provide these consumables must treat all department vendors consistently, either allowing or disallowing all to do so.

VENDOR PROVIDED FOOD

Vendors may provide incidental food (donuts, pizza, candy, etc.) to clinic staff with the approval of the clinic manager. Food provided must be equally available to all staff working in the Clinic whenever possible.

8.11 Management of Workplace Stress

1. Introduction

Brigstock Skin and Laser Centre is committed to the creation of a work environment which promotes a positive workplace, with health and well-being of all staff having the utmost importance. The clinic recognises the right of every employee to be able to go about their work with dignity and respect. Behaviour, which is, or is construed to be hostile, demeaning or degrading, will not be tolerated

2. General principles

All employers have a general duty of care towards employees under the *Health and Safety at Work Act 1974*. Section 53 of the Act defines "personal injury" as any disease and any impairment of a person's physical or mental condition. This implies that the control of working conditions likely to result in mental stress, are included in the employer's duty of care.

This position is reinforced by the *Management of Health and Safety at Work Regulations 1999* which requires every employer to make an assessment of the risks to their employees. Reference to fatigue and stress associated with the use of display screen equipment is made in the guidance to the *Health and Safety (Display Screen Equipment) Regulations 1992*. Under these Regulations employers are required to control exposure to conditions likely to result in fatigue or stress.

Brigstock Skin and Laser is committed to ensuring the mental well-being of employees by providing a healthy workplace, promoting healthy lifestyles, preventing and eradicating sources of stress in the workplace and supporting those who experience stress.

3. What is Stress?

Stress results from a state of imbalance between the demands experienced by individuals and their capacity to adjust to those demands. These effects may be short-lived and cause no lasting harm, but in some cases where pressures are intense and continue for longer the effects of stress can be more substantial and damaging. This leads to long-term psychological problems and physical ill health.

Stress can be experienced because of work (e.g. a feeling of carrying an excessive load, or of not having the requisite skills to undertake a task or their role in general); relationships (e.g. bullying, harassment); when people perceive situations to be violating important values (e.g. openness, 'fairness') or impeding the achievement of important goals; through conflicting pressures from within and outside of work, (e.g. work/home interface); or because of a life crisis such as bereavement, divorce etc.

Occupational stress is not only damaging to individuals but to organisations as well, through poor work performance, damaged personal relations, absence due to ill health, increased staff turnover and so on.

4. Symptoms of Stress

At an individual level the signs of stress may take a variety of forms. These include psychological or behavioural problems, non-specific physical symptoms, short or long-term health effects or exacerbation of existing health conditions.

Psychological effects - symptoms of anxiety (restlessness and lack of concentration), irritability, panic, feelings of paranoia and resentment; symptoms of depression such as excessive fatigue, lack of interest or motivation, withdrawal, inability to make decisions, feelings of alienation and worthlessness.

Behavioural effects - Inappropriate strategies to deal with psychological symptoms. Including: increased alcohol consumption, smoking, substance abuse, eating disorders, absence from work; sleeping difficulties, poor time-keeping, problems with fellow workers including harassment and bullying, sexual and other interpersonal relationship difficulties.

Physical symptoms - For example headache, fatigue, diffuse muscular aches, nausea and irritable bowel syndrome.

Short-term health problems - Susceptibility to infection and to attacks associated with existing conditions such as asthma and migraine.

Long-term health problems - Increased risk of hypertension and cardiovascular disease. Increased reporting of musculoskeletal problems, and work-related upper limb disorder.

Post-traumatic stress disorder - Associated with exposure to trauma. Symptoms include severe anxiety together with the experience of "flash-backs" of the incident, severe sleep disturbance, avoidance of situations likely to result in any similar experience and withdrawal from normal human relationships.

5. Responsibilities

To manage stress effectively in the workplace it needs to be a partnership between all staff, and the relevant specialist support services. The following paragraphs summaries the clinic main responsibilities for the health and safety and welfare of staff, and therefore for the effective management of stress at work.

5.1 All staff must be aware of the Health and Safety Policy and the Management of stress policy, the responsibility for the implementation must lie with the Directors, who must ensure that:

- adequate risk assessments are completed for all activities within the clinic. The risk assessment processes includes discussions at the regular one to one meetings the clinic manager (or equivalent) has with individuals. There is an expectation that workload and work pressures would form a part of the regular discussion on how

projects/workstreams/work in general are progressing. Any presenting issues or problems would then be dealt with as part of expected line management responsibilities. If an individual feels under excessive levels of workplace based stress they should take the opportunity to discuss this with the clinic manager or the registered manager. This could either be at a regular one to one or by special request.

- so far as is reasonably practical, identified risks are eliminated or controlled to as low a level as is possible and that safe working procedures are adopted.
- new assessments are completed following a change to the work activity
- any requirement for counselling is arranged in liaison with the Organisation's procedures i.e.: in-house counsellor, external support, occupational health, etc.
- staff are aware of the risks associated, and are provided with appropriate information, instruction and training to work safely and in accordance with the risk assessment procedures.

All members of staff have a duty to take reasonable care both of their own health and general fitness and of the health and welfare of others who could be affected by their actions.

It is understandable that individuals may find this difficult for a number of reasons including their perception that this may be seen as weakness on their part. In this situation they can approach either the clinic Manager or the registered Manager, or if that is not appropriate to their situation, seek assistance from other sources.

In addition, individuals experiencing stress may find it helpful to consult their GP and other sources of external support and advice, including their family and friends.

Should individuals believe they be suffering from stress in the workplace they should immediately bring it to the attention of their Manager or equivalent.

6 Identification of Stress

The assessment of stress is the first stage in a risk management process for psychosocial hazards. The accurate identification of the source, and whether it is individually or organisationally-based, is crucial to appropriate management of the problem. Sources of information include levels of short-term sickness absence, staff turnover, accident rates and information from staff surveys.

7. Management of Stress

The selection of an appropriate level of control will depend on an accurate initial assessment of the source of the problem. A three level approach should be considered in the management of stress related staff problems:

Level One - Tackle the problem at source by attempting to remove or reduce problems which are causing psychosocial hazards. Examples might include excessive workloads and limited physical and human resources leading to excessive working hours. Possible solutions might involve reorganisation of tasks, increased resources, employee training, increased communication, support and participation in decision-making.

Level Two - This approach is appropriate where hazards exist with the occupation and cannot be removed. Examples include shift working, the potential for trauma or for physical or verbal abuse. The Organisation has to make sure the employee is equipped to cope with the problems and put in place working methods to minimise the risks.

Level Three – Stress in the workplace cannot be totally eliminated, and unfortunately some individuals are susceptible to the risks. The provision of counselling and rehabilitation services should be provided for all staff to discuss problems and work with others to control the physiological risks.

Where stress causes deterioration in job performance, this will be treated as a health problem and the sufferer encouraged to seek help under the terms of this policy. There will be no discrimination against individuals suffering from stress.

Where an employee becomes ill through stress, the manager will seek to identify the causes of stress and eliminate or reduce them through changing the post holder's responsibilities or working environment. Employees unable to continue in their job because of stress-related illnesses will be offered alternative roles, subject to agreed procedures and subject to them being available.

8 Implementation of Policy and Positive Controls

The Organisation should identify the following aims for the effective management of stress in the workplace:

Increase general awareness of stress and the methods available to combat its damaging effects

Take action to identify and, so far as is reasonable, eliminate or reduce workplace stresses, whether associated with a person's work, or relationships with others. It is important to note that there is no one single solution that can be applied as circumstances will differ from individual to individual.

Assist individuals in managing the effects of stress in others, particularly those people they work with, and in themselves, whether the cause is internal or external to their working environment.

Manage effectively problems that do occur, including the return to work of individuals who have had problems with the effect of stress

Maintain and develop appropriate services and facilities to support the health and welfare of members of staff

9. Evaluation and Monitoring

Individuals experiencing stress, particularly if it is ongoing and/or is giving rise to physical and mental health problems, need to seek assistance. It will only be possible for the Organisation to take action to reduce or eliminate the cause of any work-related stress or to support someone experiencing stress from external sources if the individual involved is prepared to discuss it with another member of staff (i.e.: their Line Manager)

Individual staff are also encouraged to support colleagues showing any signs of stress and to seek assistance in doing this through the routes described above for handling their own stress-related issues.

The Organisation will monitor sickness absence records, staff turnover and accident/incident reports on a quarterly basis to enable relevant trends to be identified and where practicable appropriate action implemented.

The Organisation will identify sources for external support, i.e.: counselling, occupational health, etc

10. Additional Legislative requirements

The Working Time regulations 1998 - Linked to the control of work-related stress as, obviously working long hours can lead to stress. The WT regulations deal with the basic working week – including setting 48 hours as a maximum, daily and weekly rest periods and holidays. Overwork is a major contributor to stress and employers should therefore ensure that they adhere to the WT regulations to maintain their legal and moral duties to their employees.

Regulation 8 is important in relation to the control of workplace stress, as it requires that where the pattern of work places the health and safety of a worker at risk, the employer shall ensure that adequate rest breaks be provided. Such work patterns include monotonous work or wherever the work-rate is predetermined, again, tiredness and boredom are factors having a profound influence on the occurrence of work place stress.

The Disability Discrimination Act (Equality Act from 2010) - In addition to personal injury claims, employees may also be able to make claims under the DDA in connection with their employment. The DDA gives people with disabilities a degree of protection against unfair treatment, including dismissal, on grounds of their disability. A recognised disability includes a mental impairment as well as physical disability. Although the disability must constitute a clinically well-recognised illness, and work-related stress is too vague a concept to apply, the term “work related stress” may cover a number of specific conditions, which are clinically well recognised.

8.12 Probationary Policy

1. General Policy Statement

The professional management of the recruitment process requires that the best candidate available is selected to the position. However, once a candidate is recruited, the probation period is vital to enable the Clinic to ensure the suitability of new staff to their roles, to provide the appropriate level of support and learning to new employees and provides an opportunity for the Clinic to assess how the new employee fits in to the team.

2. Aims and Objectives

This policy provides the Clinic with an opportunity to assess the performance and future potential of the employee before deciding whether or not to confirm the appointment.

To assist the employee to develop their career in a manner which is both personally rewarding and consistent with the service and strategic priorities of the Clinic.

To help identify the employee's training and development needs.

To provide a framework for a two way communication between the line manager and the new employee to assist both parties in developing an understanding of each other's needs and expectations.

2.1 Dissemination of the Policy

A copy of this policy shall be available to all staff.

2.2 Monitoring the Policy

The implementation and operation of the policy shall be monitored by the Clinic Manager or the registered Manager.

3. Principles

Documentation relating to employees will be treated confidentially and related documentation will be subject to the provision of the Data Protection Act 1998 (DPA), General Data Protection Regulations (GDPR) and the Freedom of Information Act 2000. Employees will have the right to feedback and the access to any documentation held on them in accordance with the DPA, GDPR and Freedom of Information Act. The Line Manager is responsible for maintaining probation records and must ensure that the records are held in a secure place and made available to authorised staff only.

Employees will be made aware of the performance standards expected of them and will be given the necessary support, training and feedback to achieve these standards.

Clear, comprehensive and accurate records of probation interviews must be maintained, including how standards are set, what methods are used for measuring them and what timescales are given for reaching them.

From the outset of any episode of poor conduct/performance during the probationary period, the Clinic Manager or Registered Manager should discuss remedial action

required by the employee and where necessary give clear warnings if standards are not met.

4. Procedure

Throughout the probation period, the Clinic Manager or Registered Manager will pay particular attention to the performance of the new employee and will keep them informed of their progress

It is the Manager's responsibility to ensure that the new employee is inducted into the Clinic and is aware of the standards expected, in line with the individual's job description and person specification, and the Clinic policies and procedures.

5. Review Meeting

A review meeting should be arranged towards the end of the individual's probationary period (or earlier if required). The individual will be given notice of the meeting and will be informed who will be in attendance.

The review meeting should:

- Outline good performance and achievements to date
- Provide a review of timekeeping and attendance, including sickness absence
- Cover an assessment of the employee's performance to date
- Provide constructive feedback on progress
- Identify aspects of performance or conduct where improvement is required
- Explore problems the employee may have in their role
- Provide guidance and support where appropriate
- Introduce and agree any changes to the objectives set
- Set a next review meeting, if appropriate

6. Confirmation of Appointment

If the employee's performance, conduct, timekeeping and attendance have been satisfactory and fully meet the Clinic's expected standards, the contract will be permanent, or otherwise, as referred to in the terms and condition outlined within the contract of employment.

7. Extending the probationary period

The probationary period may be extended if:

- the new employees conduct or performance is not to the standard expected by the Clinic.
- due to the employee's sickness or other authorised absence, it has not been possible to adequately assess the employee's performance.

Where the probation period is extended, the following must be discussed and confirmed in writing to the employee:

- Reasons for the extension
- Length of the extension period (normally 3 months)
- Assistance/training that will be given during period of extension
- Areas for improvement and an indication of what the outcome will be at the end of the extension period if the employee fails to meet the standards of performance expected.
- A date for the next review meeting

8. Terminating the appointment

Where an employee fails to achieve the expected standards of performance or conduct, this shall result in the appointment being terminated subject to notice, or where appropriate, pay in lieu of notice.

Details and reasons for terminating the contract must be discussed in the review meeting and followed up in writing within two working days of the review meeting.

9. Right of Appeal

An employee whose employment is terminated shall have the right to appeal against the decision to dismiss to a Manager. The appeal must be in writing within five working days of the decision to terminate his/her employment, stating the reasons for the appeal

A Manager must review and respond in writing, within 14 working days in relation to the decision to uphold the termination of employment or overturn this.

Note, the full Clinic Disciplinary & Grievance Procedures do not apply within the probation period, this policy will be followed.

8.13 Recruitment & Selection Policy

1. Introduction

The professional management of the recruitment process requires that the best candidate available is selected to the position, whether the appointment is made on an internal or external basis.

The continued success and growth of the Organisation relies on its people and ensuring the most effective use of its human resources. The quality of the people who are recruited will impact greatly on sustaining the development of the Organisation.

The application of this policy will be in accordance with relevant employment legislation and with the Organisation's Equal Opportunities Policy.

2. General Principles

To establish a procedure that will ensure that all applicants are treated fairly and equitably and in a consistent manner.

To ensure that full consideration is given to all candidates regarding their potential suitability for the advertised position.

To identify the stages of the procedure that will be followed by both applicants and recruiters.

To facilitate the process of selecting the best possible candidate to the position.

To ensure that the workforce requirements of the Organisation are continually reviewed and met.

3. Assessment of Vacancies

In order to ensure the effective utilisation of our human resources it is essential that the workforce requirements are regularly reviewed.

The occurrence of a vacancy presents a suitable opportunity for such a review.

When a vacancy occurs, the Manager or other appropriate member of staff, should give due consideration to the nature of the job and its responsibilities in order to decide whether to fill the post again or change it in any way in line with service needs.

An Exit Interview should have taken place with any member of staff leaving to see if changes need to be made to a post, prior to advertising (needing to advertise).

4. Job Description/Profile and Person Specification

Every vacant post that is being recruited to should be supported by a job Description/profile and person specification.

Jobs are not static, but change constantly over time. Therefore, upon each vacancy the existing job description should be reviewed and revised to reflect the current duties involved in the role.

The person specification should outline the essential and desirable skills, qualifications, experience and personal qualities required of the post holder, and should be prepared in conjunction with the job description.

5 **Advertising**

If the decision is taken to advertise the vacancy externally, the following sources of advertising should be considered:

- website
- local job centre
- local newspaper
- national professional journal
- local schools of training/university

All advertising must be co-ordinated through the Clinic Manager or Registered Manager in order to ensure continuity throughout the Organisation and to ensure the maintenance of a consistent corporate style.

6 **Selection Methods**

CV's

CV's and supporting statement should be submitted by all job applicants to ensure consistency of information received and to allow equity in the comparison of candidates.

6.1. **Shortlisting**

Shortlisting should be conducted by comparing the applicants against the person specification.

Applicants meeting the essential criteria identified on the person specification should be shortlisted. Where the number of applicants meeting the essential criteria is too great, consideration should then be given to the desirable criteria in order to reduce the shortlist to manageable levels.

6.2 **Selection Interview**

All selection interviews will be conducted by staff who have had training on Interviewing and selection techniques.

Interviewers should record in writing assessments made of the candidates from the interview and reasons for reaching the final decision.

Candidates should be advised at the end of the interview, when they will be informed of the results of the recruitment process. Candidates should be

responded to within 2 working days of the interview.

Interviewers should be prepared to offer unsuccessful candidates feedback following the selection interview.

6.3 **Other Selection Methods**

Group Assessments

Group assessments are a useful technique to facilitate the shortlisting procedure for the selection interview or to use in conjunction with an interview to gain additional information about the candidates

These can include:

- group discussions
- in tray exercise
- presentations

6.4. **Psychometric Tests**

Where appropriate, for senior levels of management staff, ability tests, aptitude tests or personality questionnaires may be used to aid selection of staff.

The use of any psychometric test must have relevance for the post that is being recruited to.

Skill tests (including trade tests) will be used to assess the essential skills required in the job.

7. **Offers of Employment**

Offers of employment must be made in writing, subject to the Clinics's policies and procedures and cover:

- the offer itself
- any conditions attached to the offer, e.g.
 - satisfactory health clearance
 - references
 - proof of qualifications
 - documentation to satisfy the Asylum & Immigration Act 1996 (amendments 2008) see appendix a
 - proof of identity
 - work permit – any individual who is not a national of the European Economic Area (EEA) requires a work permit to lawfully work in the UK. Employers require a licence to employ individuals outside the EEA – see the UK Border Agency <http://www.bia.homeoffice.gov.uk/>
 - Disclosure & Barring Scheme (DBS), where applicable
- if fixed term – date on which the contract will end

8. References

At least two written references must be taken up for successful candidates. One reference should be from the current or most recent employer.

No full offer of employment may be made until two written references are received.

9. DBS Checks

An enhanced DBS check will be requested for successful candidates prior to their start date using the UCheck online application system.

This system will prompt the applicant to complete personal details through the use of a link and the company will then have to complete checks on the applicant using provided identification documents.

A DBS certificate check using the Update Service system can be completed in place of the above where an original enhanced DBS certificate can be provided for the same level and workforce of the position offered. If the level or workforce differs, a new DBS must be requested. This online certificate check must be completed prior to the candidate's start date. The original certificate must be checked to ensure that it includes checks of the relevant DBS Barred Lists (Children and Adults) and a copy of both the original DBS certificate and the certificate check results must be filed together in the employee's file. The applicant must ensure they bring in their certificate as soon as they receive it.

Following a successful application process, the Update Service will be applied for by the HR Administrator and paid by Brigstock Skin and Laser Centre on an annual renewal basis. Being registered to this service will reduce excessive administrative work for staff and provide an efficient solution for the employee who may work for numerous providers where DBS checks will be required also.

DBS checks will be carried out every 5 years from date of the certificate being issued. If the employee is signed up to the Update Service then annual checks will be carried out and filed accordingly.

A full risk assessment must be completed and be able to demonstrate sound reasons and clear assessment of the risk for not obtaining a full DBS check before a person takes post.

Staff involved in the care of our patients as part of clinic location, SLA's will be required to have the following levels of DBS check on file:

- Working with patients without supervision by a health care professional i.e. reception staff – standard DBS required.
- Healthcare professional or someone supervised by them, i.e. trained chaperone – enhanced DBS required.

10. Training for Selection and Interviewing

Staff involved in selection and interviewing should receive training in the skills and techniques as soon as possible after appointment. Experienced staff should receive updates on selection and recruitment techniques at least every three years.

8.14 Redundancy Procedure

1. Introduction

The word redundant means that someone or something is superfluous to requirements. The definition incorporates three main areas:

- The closure of the business.
- The closure of the workplace.
- Decrease of the number of employees needed (this could be part of a restructure or change in business, etc).

2. General Principles

To establish a procedure that will ensure that all employees are treated fairly and equitably and in a consistent manner.

To identify the stages of the procedure that will be followed by both the Employees and the Organisation.

3. Initial Planning

The Organisation will identify the necessity of making dismissals by reason of redundancy. The Organisation will consider alternative actions which could be taken to reduce the need for redundancy, which could be:

- natural wastage;
- restrictions in recruitment;
- assessing if any applications may wish to take early retirement;
- reducing overtime;
- retraining and redeployment to other parts of the Company.

4. Redundancy process

The Organisation will write to all staff at risk of redundancy, outlining that the employee is at risk of redundancy, the reasons and how selection for redundancy was made. Employees will be invited to attend a meeting with a trade union representative, colleague or a friend, to discuss their options. Consultations should start 30 days prior to the effective date of dismissal. (If redundancies effected more than 100 staff then a 90 day consultation period is required).

5. Alternative Employment within the Organisation

There is an obligation on the organisation to look for suitable alternative work for employees. If suitable alternative employment is found and the employee rejects the offer, the employee forfeits their right to receive redundancy payment.

If suitable alternative employment is found, the Organisation will do the

following:

- the employee will be offered the new post before the previous contract comes to an end;
- the Organisation will arrange for the alternative employment to start immediately or within four weeks;
- where the terms of the new employment is different the Organisation will issue a new contract of employment;
- the employee will be entitled to a four week trial period;
- if during the trial period or on completion it is decided that the employment is not suitable then redundancy notice will be issued.
- When considering suitable alternative employment, the Organisation will take into account, pay, hours of work, status and skills.

6 Pay

Employees who are dismissed by reason of redundancy may be entitled to Statutory Redundancy Pay (SRP). An employee is entitled to SRP if they:

- were an employee
- were continuously employed for the two year qualifying period
- were dismissed by reason of redundancy
- has not unreasonably refused suitable alternative employment

Calculating Redundancy pay

Half (1/2) a weeks pay	Each year of employment in which an employee is aged 21 and under
One (1) weeks pay	Each year of employment in which an employee is aged 22-40
One and a half (1½) weeks pay	Each year of employment in which an employee is aged 41 and above
Maximum weekly pay	£525 per week (2019)
Maximum number of years	Last 20 worked

6.1. Tax

Under the Income Tax (Earnings and Pensions Act 2003) redundancy payments are normally free of tax, unless the payout is over £30,000, in which case any excess over £30,000 is liable to income tax in the normal way.

7. Appeals

The Organisation will accept appeals against the selection for redundancy to the Partners,

8.15 Reference Policy

PURPOSE

This policy establishes The Clinic's stance on the provision of employment references for staff/former members of staff.

Definitions

For purposes of this policy, the following definitions apply:

Employment Reference: A reference requested by a potential future employer or requested by a current or former staff member for the purposes of obtaining employment outside of the Clinic.

A reference could also be requested by staff and other external parties for the purposes of renting a flat, opening a bank account, or applying for a mortgage, for example.

Policy

References for current or former employees may be given only by the Clinic Manager or Registered Manager. No other person in the Clinic is permitted to provide a written or verbal reference about any current or former employee. Any requests for such references should be passed on to the Clinic Manager. Should a member of staff provide a reference for a current or former staff member on behalf of The Clinic, s/he may be subject to disciplinary action.

References provided by the Clinic will not state personal opinions about the employee or former employee's performance or conduct. Any reference will contain only the factual information listed below:

Confirmation that the person was/is employed by the Clinic, and the dates of his/her employment;

The person's job title and department, if applicable

Where relevant (for example in the case of a mortgage application) confirmation of the person's salary

Process

All staff/former staff requiring an employment verification or reference should direct their request to The Clinic Manager. Please allow one week for a reference to be processed and returned.

8.16 RETIREMENT PROCEDURE

1. Introduction

Following the Employment Equality (Repeal of Retirement Age Provisions) Regulations 2011 the Organisation's compulsory retirement age was removed with effect from 1st October 2011

The Default Retirement Age (DRA) was phased out over a transitional period until 30th September 2011. The last date on which an employee could have been given notice of retirement under the DRA is 5th April 2011.

2. Retirements from 1 October 2011

From 1st October 2011 the Organisation is not able to dismiss an employee on the grounds of retirement. However, as long as fair and reasonable procedures are followed, the Organisation can still dismiss on the following:

- Capability – under the Clinic procedure
- Disciplinary
- Redundancy

Regular work place discussions in the form of objectives setting and appraisals will continue to take place with your manager

3. Pay and pensions

Employees wishing to retire need to inform the Clinic Manager or Registered Manager of their intentions to retire, ensuring the correct notice is provided both in terms of contractual requirements and guidelines specified to obtain Company and/or state pension payments. Please contact the Clinic Manager or Registered Manager for more information.

Please note the Organisation will require your notice in writing in line with your contract of employment, before they can deal with any administration in relation to your pension.

4. Providing support for a retiring employee

The Organisation recognises that for many people retirement can be a difficult period, both emotionally and financially. The Organisation can assist with the following:

- Gradual reduction in working hours/pattern
- Allow time off to attend pre-retirement courses for counselling and/or financial advice
- Provide information on the state and company pension entitlements and information on accessing your pension.

8.17 Shared Parental Leave Policy

Introduction:

The Clinic complies with the Shared Parental Leave Regulations 2014, which provides a statutory right for an employee to take Shared Parental Leave (SPL) in connection with the birth, or placement of an adopted child, born or placed on or after 5th April 2015.

This policy provides details of the provisions of SPL, who is eligible and how to apply.

SPL is available to all employees and allows a mother/primary adopter and her partner to share the responsibility of working and caring for a child subject to the eligibility criteria.

Eligibility:

To qualify for SPL you must:

- Be the child's mother or primary adopter.
- Be the biological father of the child or be the mother's husband, partner (including same sex relationships) or civil partner, or be the husband or partner (including same sex relationships) of the primary adopter.
- You must have 26 weeks continuous service with the Clinic 15 weeks before the Expected Week of Childbirth (EWC) or being notified of being matched for adoption.
- Be an employee and continue to be employed on the commencement of SPL.

Continuity of Employment Test: (must be met by the Mother/Primary Adopter)

The individual must have worked for the same employer for at least 26 weeks at the 15th week before the child's expected due date/matching date and still be working with the Clinic at the start of each leave period.

Employment and Earnings Test: (must be met by the partner)

In the 66 weeks leading up to the due date or matching date, the person must have worked for at least 26 weeks and earn an average of at least £30 (as of 2015) a week in any 13 weeks.

The Mother/Primary Adopter can only share the leave with **one** other person.

Entitlement:

Eligible parents will be able to share a maximum of 50 weeks leave and 37 weeks statutory pay, (if maternity leave) as the mother must take the first 2 weeks after the birth as compulsory leave. 52 weeks leave and 39 weeks pay if the child is adopted. The purpose of this leave must be to care for a child within the first year of the child's life or in the year after the child is placed for adoption.

How periods of leave can be taken

SPL must be taken in complete weeks, it can be taken

- As one complete block or
- In multiples of complete weeks
- Only 3 leave blocks are permitted

The minimum SPL that can be taken is one week. SPL can start on any day of the week.

Provided that both parents qualify for SPL, you can choose to take leave at the same time as your partner or you can take leave separately.

Terms and Conditions:

During periods of SPL you will be entitled to the same terms and conditions that would have applied had you not taken leave, with the exception of remuneration.

Annual leave is accrued during periods of SPL. Annual leave accrued must be taken in year.

Right to return:

You have the right to return to the same job if you have been on SPL plus any other type of leave for 26 weeks or less.

If you have been on leave for more than 26 weeks, you have the right to return to the same job unless this is not reasonably practicable. If due to organisational change your role no longer exists, you would be managed in accordance with the organisations appropriate procedures.

Keeping in Touch:

Both parents who are eligible for SPL may take up 20 KIT days, KIT days need to be discussed and agreed with the Clinic Manager.

Taking KIT days will not end your entitlement to SPL. It will be at the Clinic's discretion whether you remain on statutory pay during a KIT day or are paid your normal pay for this time.

Notice:

Before taking any leave a notice of entitlement and intention to take SPL must be submitted

Anyone who is eligible and intending to take SPL must submit a maternity/adoption leave curtailment notice, giving at least 8 weeks notice, stating that they wish to end their maternity or adoption leave early.

Once you have ended your maternity or adoption leave you cannot revert back to maternity or adoption leave.

The notice should include:

- How many weeks maternity/adoption leave or maternity/adoption pay or maternity allowance the mother has been/will be taken.
- How much leave both parents are entitled to take.
- How much leave each parent intends to take.
- When they expect to take their leave.
- The signatures of both parents.

Your notice should include details of when you wish to return and when your partner wishes to take SPL. If you are the partner wishing to take the SPL from the mother or primary adopter you must give at least 8 weeks notice, together with proof of birth or adoption, and details of your partners company, so they can be contacted regarding remaining leave and pay available.

Requesting Blocks of Leave:

Requests for a single block of leave must be agreed by the Clinic.

If a request is for more than a single block, the Clinic may:

- Agree to your request
- Decline your request due to organisational need or
- Propose alternative dates.

Up to three separate requests for periods of SPL and three withdrawal notices may be submitted.

Application and declaration must be submitted to include:

Your full name

Your partners full name

The name and address of your partner's employer

Confirmation they are eligible to SPL

Details of the amount of leave each partner is to take

The signed consent from your partner that they wish to take SPL and that their employer can be contacted.

Note any false declarations will be subject to the Clinic disciplinary procedure.

Please also note SPL will not be granted until a full declaration has been received together with details from your partner's employer of details of leave/pay available if you are the partner applying for SPL.

Any variations or cancellations of leave requested, must be made in writing at least 8 weeks before the dates varied begin.

The response from the Clinic:

The Clinic Manager will confirm your request has been accepted if requesting a single block or if requesting up to 3 blocks may decline or offer an alternative.

Before commencing SPL, you will be sent a SPL contract which you are required to sign and return prior to starting SPL.

Multiple births/adoptions:

An employee is not entitled to extra SPL if they are expecting more than one child. The entitlements are like maternity leave/pay. One period of leave as if they were expecting one child. This also applies to multiple adoptions that occur in a single placement

For more information regarding SPL please contact the Clinic Manager.

8.18 SICKNESS ABSENCE POLICY

1. Introduction

Sickness absence is defined as absence from work reported by the employee to be the result of sickness (certified or uncertified).

2. General Principles

- 2.1 To support the Clinic's duty under the Health & Safety at Work Act 1974 and associated legislation to take such steps as are reasonable to preserve the health of staff.
- 2.2 To identify and where possible, eliminate work-related factors that may increase sickness absence, including stress at work.
- 2.3 To provide a fair mechanism for terminating employment contracts where sickness absence reaches a level that cannot be contained by the Clinic.
- 2.4 To recognise and apply the provisions of the Equality Act 2010.
- 2.5 It is the responsibility of the Clinic Manager to ensure that all staff have access to and are aware of the Sickness Absence Reporting Procedure. All new staff will receive a copy during induction.
- 2.6 The Clinic Manager is responsible for monitoring sickness levels within the Clinic.
- 2.7 It is the Clinic Manager's responsibility to ensure return to work interviews are carried out and recorded ([See Appendix 138 Return to Work Statement & Interview Record.](#))

3. Procedure for dealing with Sickness Absence

- 3.1 The Clinic has a procedure for reporting sickness absence, the following section aims to deal with recurrent sickness absence. (see also Appendix B re reporting process)
- 3.2 The Clinic should consider the following in any case of recurring sickness absence:
 - A pattern of part day absence
 - A pattern of absences around periods of other leave or days off
 - Absence for whole day or more on three occasions in a three-month period
 - Six days intermittent absence in a rolling year
 - Blocks of longer-term absence on more than one occasion over a six month period.

- 3.3 Where sickness absence occurs as outlined above, the Clinic Manager should assemble all the facts and meet the employee. The meeting should cover:
- Clarifying the reasons for the absence, addressing any variations from those documented
 - Establish any underlying causes of patterns (e.g. common illness, stress, work-load, job satisfaction, etc)
 - Establish a joint problem solving approach
 - Possible referral to an Occupational Health Service.
- 3.4 At the end of the initial meeting the Clinic Manager should summarise the agreed action points and put notes of the meeting on the employees' personal file. The actions points should cover:
- Further monitoring for an agreed period (not usually longer than 12 weeks).
 - Any steps by either the manager or employee which may facilitate an improvement identifying strategies to remove or reduce any underlying cause which is work related (e.g. stress, work-load, etc)
 - A statement of the necessary level of attendance and the basis for determining that level.
 - The date of the follow up meeting.
 - Advice that failure to meet the necessary level of attendance may result in a formal caution.
 - Consideration of a referral to the Occupational Health (if applicable), or Counselling, if available.
- 3.5 The follow up meeting should take place even if the necessary level of attendance has been achieved. Even if this is the case, it is recommended that a further period of review is established, particularly when absence has been stress related.

4. First and Final Cautions

- 4.1 If the informal process has not seen an improvement or resolution to the sickness absence then a formal process needs to be followed:
- The employee will be contacted to attend a formal meeting; they must be advised of their right to be accompanied by a friend, colleague or trade union representative, they must be given 5 days notice of the meeting, in writing.
 - At the meeting the Clinic Manager or equivalent, will outline the background and most recent developments
 - The employee and/or their representative must have the opportunity to make their case
 - A Clinic Manager will chair the meeting and decide on the action to be taken.

- The Clinic Manager will write to the employee confirming the first or final caution, and will include the following:
 - Confirmation that the formal caution will remain in force for either 1 or 2 years
 - Details of the employees sickness absence
 - Confirmation that failure to meet the necessary level of attendance will result in a further caution or dismissal
 - A statement of the necessary level of attendance and the basis for determining that level
 - Further monitoring arrangements and timescales
 - Details of any further medical follow up (if applicable).

5. Dismissal due to incapacity

5.1 The authority to dismiss staff due to incapacity rests with the Registered Manager.

5.2 In reaching a decision to dismiss the employee, the Registered Manager must take extreme care in concluding that:

- It is reasonable to conclude that the level of absence will not improve for the foreseeable future.
- The level of absence has serious adverse effects on the business.
- All reasonable steps to reduce the level of absence have been exhausted, including an Occupational Health Assessment.
- Other alternatives, such as redeployment and those described in the Equality Act 2010 are not appropriate or available.

The decision to dismiss the employee due to incapacity will be confirmed in a letter by the Registered Manager and will include the following:

- The effective date of dismissal and period of notice (The period of notice need not be worked).
- The reasons for the dismissal, including details of level of sickness absence and the reasons it cannot be contained by the Clinic.
- Details of the employee's right to appeal.
- Details of medical evidence supporting the decision to dismiss.
- Details of managerial action take to avoid dismissal.

6. Long-term sickness absence

6.1 Long-term sickness is defined as absence of one month or more.

6.2 When a member of staff has been absent for one month or more, the Manager should make a formal request for an occupational health referral (if applicable) or an assessment from the employees GP regarding their ability to return to work.

6.3 In all cases termination of employment will not occur until the employee has exhausted his/her occupational sick pay entitlement (if applicable).

6.4 The following must be considered prior to reaching the decision to terminate on the grounds of sickness/incapacity:

- The likelihood assessed by Occupational Health or the employees GP, that they will be able to return to work in the foreseeable future.
- Transfer to an alternative post where the medical condition is less likely to result in continuing absence.
- A phased return to work, utilising annual leave if on a part time basis.
- Temporary transfer to alternative duties for a prescribed period.
- Ill health retirement

7. Ill Health Retirement

7.1 When termination of employment is likely to result, the option of ill-health retirement should be put to the employee, provided they meet the eligibility criteria set out under the company pension scheme. A decision to pursue ill-health retirement must be made three months before termination of employment would otherwise take place.

8. Terminal Illness

8.1 When an employee has been informed by a registered medical practitioner, that they are suffering from a terminal illness, the Clinic Manager or Registered Manager will meet with them (with a representative if requested) to discuss:

- Referral to occupational health
- Review of medical report and information
- The employee continuing to work as per contracted hours or on reduced capacity (with consistent review)
- Counselling
- Pension/death in service information (if applicable)

Note other staff/colleagues may require support and counselling as part of this process.

<http://www.acas.org.uk/media/pdf/0/m/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf>

9. False claims of sickness

It should be noted that any false claims of sickness, including where evidence is obtained via social media regarding a staff member carrying out activities which are contrary to the reasons given for the sickness absence, an investigation will be carried out via the Clinic disciplinary procedure, which could lead to dismissal on the grounds of gross misconduct

10. Managing Mental Ill Health

In the UK around one in four people will experience a mental health problem each year and every 2 hours someone in England and Wales takes their own life*. The Clinic needs to be aware of how they can support staff and understand the signs of people experiencing mental ill health.

The earlier the Clinic Manager becomes aware that a team member is experiencing mental ill health; the sooner steps can be taken to prevent it becoming more serious and provide support to help them during this period.

The Clinic Manager should never make assumptions, but signs of mental ill health can include:

- changes in usual behaviour, mood or how they interact with colleagues
- changes in the standard of their work or focus on tasks
- appearing tired, anxious or withdrawn and reduced interest in tasks they previously enjoyed
- changes in appetite and/or increase in smoking and drinking
- increase in sickness absence and/or turning up late to work.

Of course, not everyone who experiences mental ill health will exhibit obvious signs. So, it is important for a manager to regularly ask team members 'how they are doing' and create an environment where staff feel able to be open and honest about how they are feeling.

11. Encourage staff to develop their own Wellness Action Plans

Staff who have previously experienced mental ill health may find it beneficial to develop Wellness Action Plans that can be used to identify:

- triggers, symptoms and early warning signs
- how mental ill health may impact performance
- what support they need from their manager.

The charity Mind has a practical guide on creating Wellness Action Plans. For more information, go to www.mind.org.uk and search for 'Wellness Action Plans'.

*MIND

Also see The Management of Workplace Stress policy

As with any health condition a report from a medical professional or a referral to occupational health should be discussed with the staff member

12. Elective Surgery

Staff who elect to have non-essential cosmetic surgery should request unpaid leave or holiday leave to cover the period of absence. Requests should be made, giving as much notice as possible to the Clinic Manager or Registered Manager. The Clinic's decision will be given in writing. Clinic sick pay or SSP will not be paid.

Appendix B – Reporting procedure

It is essential that our employees maintain a good attendance record in the interests of our patients, other members of staff, management and the Clinic, as a whole. Although we appreciate that employees will need to be absent from work from time to time for various reasons, the nature, frequency or type of absences may have an impact on whether or not you are considered capable of performing the specific role you have been employed to perform on behalf of the Clinic. Therefore it is important you adhere to the following procedure

- 1.1. Reporting absence enables the Clinic to accurately record and monitor absences and identify any problems as well as ensuring the proper functioning of your role/team and the wider business as a whole.
- 1.2. If you are prevented from attending work by sickness, injury, accident or any other incapacity you must notify the Clinic Manager as soon as possible. In exceptional circumstances, where this is not possible, then you must contact the Clinic Manager or Registered Manager at the first possible opportunity. If neither of these members of staff are available, then you must speak to one of the senior members of staff.
- 1.3. Please note you must contact the Clinic Manager yourself and only if you are in hospital, etc, will we accept a phone call from someone on your behalf. Please also note, we will not accept a text message as confirmation of your absent.
- 1.4. You will be asked to explain the reason for your absence and when you think you will be well enough to return to work and/or what steps you are taking to obtain medical advice and/or treatment and the timescales involved.
- 1.5. You must call at least 1 hour before your start time to confirm you are going to be absent. Your manager will then agree with you when they wish to be updated on your progress, depending on the nature of your absence.
- 1.6. You must remain in regular contact with your manager throughout your period of absence to update them of the situation. Failure to contact your manager as requested or keep them updated, may result in your absence being classed as 'unauthorised'. It may also affect your entitlement to Clinic sick pay (where applicable) or statutory sick pay (SSP).

8.19 Social Media Policy

1. Introduction

This policy is intended to help staff make appropriate decisions about the use of social media such as blogs, social networking websites, podcasts, forums, message boards, or comments on web-articles, such as Twitter, Facebook, LinkedIn etc.

2. Purpose

This policy outlines the standards we require staff to observe when using social media, the circumstances in which we will monitor your use of social media and the action we will take in respect of breaches of this policy.

This policy supplements our Email & Internet policy - this policy may be amended at any time.

3. General Principles

This policy covers all staff including Managers, Contractors etc. All staff are expected to comply with this policy at all times to protect the privacy, confidentiality, and interests of the business and our services, employees, and clients etc

Breach of this policy will be dealt with under the Disciplinary Procedure and, in serious cases, may be treated as gross misconduct leading to summary dismissal.

The Managers have overall responsibility for the effective operation of this policy and will be responsible for monitoring and reviewing the operation of this policy

All staff are responsible for their own compliance with this policy and for ensuring that it is consistently applied. All staff should ensure that they take the time to read and understand it. Any breach of this policy should be reported to a Manager.

Questions regarding the content or application of this policy should be directed to a Partner.

4. Using social media sites on behalf of the Company

Only the Clinic Manager or Registered Manager is permitted to post material on a social media website in our name and on our behalf. Any breach of this restriction will amount to gross misconduct.

All communications we make using social media which promote our services can only be made by the Clinic Manager or Registered Manager.

Otherwise, you must not make any communication using social media which promotes or discusses our services:

5. Using work-related social media

We recognise the importance of the internet in shaping public thinking about the Clinic and our services. We also recognise the importance of our staff joining in and helping shape conversation and direction through interaction in social media.

You are therefore permitted to interact on approved social media websites. . Before using work-related social media you must:

- have read and understood this policy and the Email & Internet Policy;
- have sought and gained prior approval to do so from a Partner.

6. Personal use of social media sites

We permit the use of social media websites for personal use subject to certain conditions set out below. However, we reserve the right to withdraw our permission at any time at our discretion.

The following conditions must be met for personal use to continue:

- use must take place outside of normal working hours or in your rest breaks
- use must not breach any of the rules set out in this policy;
- use must not interfere with business commitments;
- use must comply with our policies including the Equal Opportunities Policy, Bullying &-Harassment Policy, Disciplinary Procedure. Plus Data Protection Act & the General Data Protection Regulations (GDPR)

7. Rules for use of social media

Whenever you are permitted to use social media in accordance with this policy, you must adhere to the following general rules:

- Always write in the first person, identify who you are and what your role is, and use the following disclaimer “The views expressed are my own and don’t reflect the views of my employer”.
- Do not upload, post, forward or post a link to any abusive, obscene, discriminatory, harassing, derogatory or defamatory content.
- Any member of staff who feels that they have been harassed or bullied, or are offended by material posted or uploaded by a colleague onto a social media website should inform the Clinic Manager or Registered Manager.
- Never disclose commercially sensitive, anti-competitive, private or confidential information. If you are unsure whether the information you wish to share falls within one of these categories, you should discuss this with Clinic Manager or Registered Manager.
- Do not upload, post or forward any content belonging to a third party unless you have that third party's consent.
- It is acceptable to quote a small excerpt from an article, particularly for the purposes of commenting on it . Quote accurately, include references and when in doubt, link, don't copy.
- Before you include a link to a third party website, check that any terms and conditions of that website permit you to link to it. All links must be done so that it is clear to the user that they have moved to the third party's website.

- When making use of any social media platform, you must read and comply with its terms of use.
- Do not post, upload, forward or post a link to chain mail, junk mail, cartoons, jokes or gossip.
- Be honest and open, but be mindful of the impact your contribution might make to people's perceptions of us as a business. If you make a mistake in a contribution, be prompt in admitting and correcting it.
- You are personally responsible for content you publish into social media tools – be aware that what you publish will be public for many years.
- Don't escalate heated discussions, try to be conciliatory, respectful and quote facts to lower the temperature and correct misrepresentations. Never contribute to a discussion if you are angry or upset, return to it later when you can contribute in a calm and rational manner.
- If you feel even slightly uneasy about something you are about to publish, then you shouldn't do it. If in doubt, always discuss it with Clinic Manager or Registered Manager.
- Don't discuss colleagues, staff, customers or suppliers without their prior approval.
- Always consider others' privacy and avoid discussing topics that may be inflammatory e.g. politics and religion.
- Avoid publishing your contact details where they can be accessed and used widely by people you did not intend to see them, and never publish anyone else's contact details.
- Before your first contribution on any social media site, observe the activity on the site for a while before launching in yourself to get a feel for the style of contributions, the nature of the content and any 'unwritten' rules that other contributors might follow.
- Activity on social media websites during office hours should complement and/or support your role and should be used in moderation.
- If you notice any content posted on social media about us (whether complementary or critical) please report it to the Clinic Manager or Registered Manager

8. Monitoring use of social media websites

Staff should be aware that any use of social media websites (whether or not accessed for work purposes) may be monitored and, where breaches of this policy are found, action may be taken under the Disciplinary Procedure.

We reserve the right to restrict or prevent access to certain social media websites if we consider personal use to be excessive. Monitoring is only carried out to the extent permitted or as required by law and as necessary and justifiable for business purposes.

Misuse of social media websites can, in certain circumstances, constitute a criminal offence or otherwise give rise to legal liability against you and us. It may also cause embarrassment to us.

In particular uploading, posting forwarding or posting a link to any of the following types of material on a social media website, whether in a professional or personal capacity, will amount to gross misconduct (this list is not exhaustive):

- pornographic material (that is, writing, pictures, films and video clips of a sexually explicit or arousing nature);

- a false and defamatory statement about any person or organisation;
- material which is offensive, obscene, criminal discriminatory, derogatory or may cause embarrassment to us, our customers or our staff;
- confidential information about us or any of our staff or customers (which you do not have express authority to disseminate);
- any other statement which is likely to create any liability (whether criminal or civil, and whether for you or us); or
- material in breach of copyright or other intellectual property rights, or which invades the privacy of any person. Any such action will be addressed under the Disciplinary Procedure and is likely to result in summary dismissal.

Where evidence of misuse is found we may undertake a more detailed investigation in accordance with our Disciplinary Procedure, If necessary such information may be handed to the police in connection with a criminal investigation.

If you notice any use of social media by other members of staff in breach of this policy please report it to the Clinic Manager or Registered Manager

9. Monitoring and review of this policy

The Clinic Manager or Registered Manager, shall be responsible for reviewing this policy annually to ensure that it meets legal requirements and reflects best practice.

8.20 WHISTLEBLOWING POLICY

1 INTRODUCTION

Brigstock Skin and Laser Centre is committed to developing a culture where staff are encouraged and supported fairly to raise issues and concerns, and are involved in helping to resolve them.

The promotion of open honest management and team support cannot be overemphasised.

Wherever possible, staff are encouraged to discuss issues in the first instance with the Clinic Manager or with a colleague. The manager will aim to resolve issues quickly with staff, encouraging openness and honesty.

This policy should be invoked where serious issues or concerns arise, where matters remain unresolved, or where a member of staff feels unable to address issues with the Clinic Manager.

2. BACKGROUND

The Public Interest Disclosure Act 1998 promotes accountability in the public, private and voluntary sectors by encouraging people to raise concerns which they believe to be threatening public interest, without fear of detrimental treatment (dismissal and victimisation). This Act ensures that organisations address the message rather than the messenger and resist temptation to cover up serious malpractice. By protecting people who raise concerns from dismissal and victimisation the Act promotes the public interest. There is no minimum period of service required.

3 SCOPE

This policy applies to all staff working for the Clinic. It covers all employees, students, trainees, agency and contract staff

4 PURPOSE

The purpose of this policy is to:

- Encourage staff to feel confident in raising serious concerns, and to question and act upon their concerns;
- provide ways for staff to raise those concerns and get feedback on any action taken as a result;
- ensure that as far as is practically possible, the complainant's identity will be kept confidential, and will be revealed to only the absolute minimum number of people necessary in order for the matter to be properly investigated;

- ensure that staff get a response to their concerns and that they are aware of how to pursue them;
- reassure staff that if they raise any concerns in good faith and reasonably believe them to be true, they will be protected from possible reprisals or victimisation.

At some point in time anyone might be concerned about issues that they may see or hear about during the course of their employment within the Clinic. In addition, all staff share responsibility for being alert to the behaviour of their employer, other employees, co-workers or colleagues. Individually, staff members must be aware that anything they notice at work that appears to be unusual practice or behaviour, or causes them to feel uncomfortable or to question may have a wider consequence.

Usually these concerns are easily resolved. However, if you have a reasonable belief that:

- a person has failed, is failing or is likely to fail to comply with any legal obligation(s) to which s/he is subject - i.e. breaking the law;
- poor clinical practice is putting patients at risk;
- possible financial malpractice/fraud has, is, or is likely to take place;
- there is a risk or danger to patients, staff or the public;
- a criminal offence has or is likely to be committed;
- there is a serious risk or danger to the environment;
- the health and safety of any individual whilst at work (including mental and/or physical issues) has been, is being, or is likely to be endangered in any way;
- The public perception of the integrity of the Clinic has been, is or is likely to be, undermined in any way.

This policy enables you to raise your concerns about such possible serious issues at an early stage and in the right way. We would rather you raised the matter when it is just a concern rather than wait for proof.

We also encourage you to raise concerns about issues that may appear on the surface to be small or minor matters; the same concern may have been troubling a number of other people. If these individual concerns are taken together, they may indicate the existence of a wider issue of concern that can then be addressed appropriately.

Please remember – an isolated incident or concern may appear on the surface to be inconsequential or unimportant. BUT, taken with other information it may be a critical part of a wider problem that needs to be tackled.

The Clinic has clear procedures for staff to follow when raising concerns about such issues.

If something is troubling you, which you think the Clinic should know about or look into, please use this procedure. If however, you are aggrieved about your personal position, please use the Grievance Procedure. The Whistleblowing Policy is primarily for concerns where the interest of others or of the Clinic itself are at risk.

5 KEY PRINCIPLES

The individual interest of people who use the Clinic's services must be paramount and the Clinic recognises that its members of staff are the most valuable protectors of their interests. All employees have a duty to draw to the attention of the Clinic Manager or Registered Manager any matter they consider to be damaging to the interests of a patient, and to put forward suggestions that may improve their care.

Clinic staff are encouraged to freely contribute their views on all aspects of our service, and such communication should be part of normal every day working. This can be through discussions with the Clinic Manager, Education meetings, etc.

The Clinic promotes organisational learning. The systematic identification of mistakes, systems failures and possible future risk will help us to ensure that corrective action can be taken.

The Clinic also recognises that staff may be reluctant to express a concern. Clinic staff expressing their views in is way, and in accordance with this procedure, will not be penalised for doing so.

6 RESPONSIBILITIES

The Clinic Manager will:

- Acknowledge and take concerns seriously.
- Consider them fully and sympathetically.
- Recognise that raising a concern can be a difficult experience for some staff.
- Seek appropriate advice.
- Feed back findings/response to the individual.
- Communicate relevant findings to others where appropriate.

Staff's Responsibility

The Clinic actively encourages concerns to be expressed about issues which pose a risk to patients, the public and staff.

The Clinic is also committed to ensuring that all staff are provided with an opportunity to learn from any mistakes and to improve Clinic where this is shown to be necessary. Every professional has a duty of care to his or her patient. They are also responsible for ensuring that they keep up to date and that both they and their

colleagues practice safely.

7 CONFIDENTIALITY

All staff have a duty of confidentiality to patients and other staff. Disclosure of personal information without appropriate authority about any patient will be regarded as a serious matter that will always warrant investigation and which may lead to disciplinary action. This applies even where a member of staff believes that he or she is acting in the best interests of a patient by disclosing personal information.

An employee's duty of confidentiality to the Clinic is not absolute and there may be circumstances where an employee considers making a disclosure of confidential information because they consider it to be in the public interest, or in the interest of a patient or patients. In this event, the employee should first seek advice, for example, from appropriate professionals or the Clinic Manager.

(See also the Clinic's Confidentiality Code of Practice.)

8 PROCEDURE

In cases where there is evidence of poor behaviour or work standards both professional and/or general (as detailed in the Disciplinary Procedure) being applied by a member of staff, the person who is concerned is encouraged, where appropriate, to raise the matter with the individual themselves, in a confidential informal capacity.

Where this is not successful, it may be appropriate to discuss the issue with a professional colleague and for both to approach the individual again, pointing out the need for a change in behaviour.

In cases where both these approaches have failed or are inappropriate, and in the case of serious concerns, staff should approach the Clinic Manager who will investigate the issue(s) raised and normally respond to the staff member within 2 weeks.

In cases of extreme professional misconduct or actions that expose patients, staff or other people to immediate danger or risk, staff should take immediate appropriate action and report individual member(s) of staff direct to Clinic Manager, in writing. In exceptional circumstances, it may also be appropriate for an individual to report someone direct to the individual's professional registration body, such as the General Medical Council. although it is advisable to first discuss concerns with the Clinic Manager or Registered Manager.

For his or her part, the member of staff must be clear that he/she is acting in good faith and is not motivated by personal gain.

Where a serious concern does not relate specifically to an individual but to the way things are done and whether they work, again this should be reported to the Clinic Manager or Registered Manager.

9 REPRESENTATION

An employee raising a concern under this procedure may choose to be represented or supported either by a staff organisation representative (the representative must be a Clinic employee or belong to an organisation recognised by the Clinic).

Staff are encouraged to consult, seek guidance and support from their professional organisation or trade union, and from statutory bodies such as the General Medical Council.

Employees may not be legally represented under this procedure.

10 INDEPENDENT ADVICE

If you are unsure whether to use this procedure or if you want independent advice at any stage you may contact:

- Your union, or
- HR, if applicable, or
- The independent charity, Public Concern at Work on 020 7404 6670 where free confidential advice is given by their solicitors on how to raise a concern about serious malpractice at work.

11 EXTERNAL CONTACTS

While we hope that this policy gives you the reassurance you need to raise serious concerns internally, we would rather you raised a matter externally than not at all.

Provided you are acting in good faith and you have evidence to back up your concern, you can also contact:

England
Environment Agency
National Patient Safety Agency
Royal Colleges

Care Quality Commission
Health and Safety Executive
General Medical Council
Trade Unions ie Unison, RCN

12 SAFEGUARDS AGAINST MALICIOUS ALLEGATIONS

Where an allegation was made in good faith and where it is reasonably believed that the information and any consequential allegation were substantially true but are not subsequently confirmed by the investigation, your actions will be supported by the Clinic.

Where the investigation concludes that malicious allegations have been made it will be necessary to take action under the Clinic's Disciplinary Procedure.

8.21 Staffing Policy

Purpose

The purpose of the policy is to set out the necessary staffing for the Clinic. This policy applies to all staff working at the Clinic.

Importance of having adequate staffing levels at all times

To maintain the quality of care and safety for patients there must be an appropriate skill mix of staff available to the Clinic at all times.

Responsible Individuals

The Clinic Manager and Registered Manager are responsible for assessing and maintaining adequate staffing in the Clinic.

The responsible individuals should be contacted when advice is needed or there are inadequate staffing levels

Minimum required staffing in normal circumstances

[Appendix 108 20140814 BSL Business Structure](#), details the minimum number of each type of staff that should be available to the Clinic when it is providing its services to patients.

This minimum staffing is based on a risk assessment and an assessment of the needs of patients.

Procedure for ensuring the maintenance of adequate staffing levels in normal circumstances

All staff will attend work punctually and inform the Clinic Manager if they will be unexpectedly absent from work;

All staff will inform the Clinic Manager if they wish to take leave for training, holiday, compassionate reasons etc, as per the relevant procedures

The Clinic Manager will respond promptly to requests for planned leave from staff;

The Clinic Manager will manage the staff rota to ensure that there are adequate staffing levels at all times.

Procedure in long term unpredictable events e.g. pandemics

An assessment will be made on the staffing requirements of the Clinic by the Clinic Manager and Partners

They will either:

- Adjust the rota for the Clinic to ensure that the minimum staffing is in place;

- Arrange for temporary staff;
- Activate the arrangements for escalation.

The escalation arrangements are provided in the Business Continuity Plan; details can be found in policy 12 Practice Facilities and Equipment section 12.2

Procedure in the case of short term unexpected absence (e.g. sickness), or long term absence (e.g. maternity)

The staff member who is absent, will contact the Clinic Manager, who will then assess whether the Clinic is below the minimum required staffing level;

If the staffing levels are below the minimum requirements the Clinic Manager will either:

- Adjust the rota for the Clinic to ensure that the minimum staffing is in place;
- Arrange for temporary staff.

Procedure in the case of vacancies

The Clinic Manager will assess whether the Clinic is below the minimum required staffing;

If the staffing is below the minimum requirements the responsible individual will either:

- Adjust the rota for the Clinic to ensure that the minimum staffing is in place;
- Arrange for temporary staff
- Review the exit interview and will then start the recruitment process in accordance with the recruitment policy for the Clinic, if applicable.

Changes in service provision

When there is a significant expansion or reduction in the services provided to patients the Clinic Manager and Partners will review the minimum staffing levels of the Clinic by conducting a new risk assessment.

This may require the arrangements for locum technicians, or the recruitment (fixed term or permanent) of required staff

July 2012

8.22 INDUCTION POLICY AND PROCESS

(New Starters)

Policy Statement

Induction to the organisation and to individual members of the team is a mandatory element of training and orientation for all new staff, to ensure that they are best able to perform the basic tasks of their posts safely. It is an essential element of good practice that new staffs are provided with information on the structures and processes of their working environment.

This policy is a statement of intent and to give guidance to managers and staff as to how to ensure staff can become effective as quickly as possible. It is not designed to give exact details of induction programmes as these will vary considerably between clinical and non-clinical groups.

This policy applies to all employees irrespective of grade or staff group. Agency workers are also included.

Aims

- To ensure safety of staff and public
- Ensure new staff are aware of roles and responsibilities
- Ensure new staff are aware of policy framework they are working within
- Ensure new staff are aware of other team members roles and responsibilities
- Ensure new staff are given instruction in how to use equipment
- Ensure other staff are aware of what the process involves

Induction Programmes

Staff will be given the date of their induction course in their appointment letter.

Each new member of staff will receive an induction to the specific area relevant to that individual, and to the particular area of work. Induction may take place solely within the department, or may require attendance at other group training sessions e.g. Manual handling, resuscitation etc. A copy of the topics covered in the departmental induction will be signed and dated by both the employee and the manager and a copy will be placed in the employee's file.

Procedure

- All full and part time permanent staff will cover a general induction programme within their first two weeks of employment.
- Short term locums and agency staff will be provided with a "locum induction pack". The individual will sign for the pack. A designated "handover" person will ensure that the individual receives the pack and that it is signed for and that fire and other safety information is covered.

Induction Packs/Checklists

New staff will be sent a staff handbook with their appointment letter. Attendance at the General Induction Day will be monitored and a copy kept in the individual's personal file.

It will be the responsibility of the Clinic Manager to arrange the induction and to update the induction packs. A checklist of areas to be covered with the employee is attached as [Appendix 29 – i duction sign off check list](#). Individual departmental checklists should be added to this Appendix. Areas should be signed and dated by both manager and employee as they are explained. Copies of the completed checklist should be given to the employee and a copy kept in his/her personal file.

Responsibilities

Organisational

The Organisation will:

- ensure opportunities for all staff to become familiar with the organisations environment to ensure staff are performing to the best of their ability quickly and safely
- ensure induction is comprehensive, relevant and continually reviewed to ensure it meets staff and organisations needs
- ensure time off to attend programme/educational needs
- resource the induction programme

The Clinic Manager will:

- Implement the policy and arrange induction within one week of commencement of new starter.
- ensure locum staff are properly inducted
- record induction details on individual's personal file

Employees will :

- Attend the General inductions
- Familiarise themselves with the staff handbook prior to commencement with the organisation, including policies and procedures.

Monitoring and Evaluation

Monitoring of staff attending the induction programme will be via the appraisal process. Checks will be carried out to ensure that induction has been undertaken.

Evaluation of the induction process will be through:

- the appraisal process
- General Induction programme evaluation records (Training log sheets)

Success indicators will be:

- a decrease in staff turnover during the first six months of employment

The effectiveness of the Induction programme will be undertaken annually by the Clinic Manager.

8.23 Training

INTRODUCTION

The object of the Training Policy is to provide guidance as to the various tools that Brigstock Skin and Laser Centre uses to develop staff within the Company.

The following outlines the different aspects of training and gives Managers guidance as to which method of training and staff development is to be used.

Brigstock Skin and Laser Centre places great emphasis on ensuring that performance is dealt with efficiently and effectively and any queries relating to this policy should be directed in the first instance to the Registered Manager.

TRAINING DEVELOPMENT AND SPONSORSHIP

The organisation recognises that its future prosperity depends largely on the knowledge, skills, expertise and motivation of its employees. The relevance of training and development is fundamental in achieving the strategic objectives of the company.

In summary, the policy is to train and develop for the following reasons:

- Obtain skills to meet company/market needs
- Reinforce existing skills
- Modify current skills to suit a shift in market requirements
- Develop the individual for other/greater duties and responsibilities

The identification of training and development needs, takes place throughout the course of employment and there are a number of sources of information used for such identification. All training and development must be in line with business aims and objectives.

INDUCTION

The objective of the induction process is to help new employees, both permanent and temporary, settle into their new job as quickly as possible to become familiar with the company, their job role and their colleagues. The company's policy is to ensure that all new joiners start the induction process within one week of joining, ideally on the first day. The Induction Procedure check can be found in [appendix 29](#) in the shared folder on the Shared drive and the training log book can be found in Google Excel Spread sheet:

<https://docs.google.com/spreadsheets/d/1wkjZs0oysEwKftndq5sxxhQo1C49I8X1GtChQ8aJKxRY/edit#gid=344036301>

The object of induction will be to familiarise permanent and temporary staff with Brigstock Skin and Laser Centre ethos and organisation. Induction is designed to assist new staff to feel at ease in their surroundings and with their new colleagues, and to provide positive knowledge and understanding of the Clinic. This will offer a firm base from which the new staff member can work effectively.

The induction process is part of the on-going career / staff development programme. As part of the induction process, all staff new to the Clinic are entitled to the following:-

- A full list of core competencies they are expected to achieve once fully trained
- Personal support and encouragement from more experienced colleagues, including one designated as Mentor.
- Help in learning about Clinic routines.
- Support in work preparation and planning
- Introductions to other colleagues
- Copies of all up dated policies and procedures

Initially the Mentor should try to anticipate problems which may arise – Clinic equipment and Clinic bookings and their organisation, the provision of policy documents and timetables, the appointment system, record-keeping, etc

Mentoring is not all one way. The new staff member has a part to play – by thinking ahead and asking questions – and also by reading relevant parts of the documentation, especially the Staff Handbook. Generally, the Mentor should be non-judgemental and help to provide a supportive framework.

It is not expected that the Mentor should necessarily answer all the questions that arise, but he/she should know a man or woman who can. In other words, the Mentor should arrange for the new staff member to speak with the appropriate colleague, who will be more than willing to help.

Other colleagues are also very supportive in informal situations and should share the responsibility for their new colleague.

Other important figures for the new staff member are the Registered Manager, and the Responsible individual. The Registered Manager is there for support on all day to day matters within the Clinic.

Very soon, the anxieties of the first week will subside. Then the Mentor and the new staff member will be able to work out the Induction Programme calmly and in some detail, the Registered Manager will be involved too. Managing the timing of the programme is vital. Too much, too soon, and the new staff member is overwhelmed with information. Too little, too late, and they will probably flounder. A balance needs to be struck between the two, with each programme tailored to meet individual needs. These needs of the new staff member should be paramount – but he or she will have to make them known to the mentor, whose duty it is to meet these needs.

During the first month of employment the new member of staff will have been given their own tab in the training log book (see Training Log in Google Docs). With their mentor they will have identified and logged all the training they receive and their training needs. The log book also includes a competence sign off sheet which when completed will indicate that the employee is fully competent. As full competence can take some time by the end of the first month the new employee will have completed the induction sign off sheet ([see appendix 29](#))

PROBATIONARY REVIEW

Approximately three to six months after joining, new employees will be invited to a Probationary Review with their Manager. This review is intended to give individuals the opportunity to reflect on their first three to six months of employment with the company. Issues covered at this meeting will include work undertaken since joining, areas of concern, communication, the company as an employer, training needs and career aspirations.

Thereafter, a further review with their Manager should be undertaken on a quarterly basis.

PERFORMANCE REVIEWS

The performance review is one such time where an employee's aims and objectives for the forthcoming period are formalised in an action plan with a specific timescale for completion ([see appendix 27 for a performance review form](#)). They are conducted at least annually. The performance review encourages employees to identify future training and development or other support that is required to fulfil personal and business aims and objectives. Performance indicators include:

- Investigation and discussion of significant events where staff behaviour and / or performance is a contributory factor
- Patient complaints whether verbal or written, relating to performance, behaviour or attitude of any member of staff
- Customer related numbers:
 - New customers acquired
 - Status of existing customers
 - Customer Attrition

- Turnover
- [Review of Patient Questionnaires \(Appendix 13\)](#)

FACILITATION TRAINING NEEDS

The Organisation's use of the performance indicators will identify training needs and the performance review is one of the primary tools for identifying and developing these needs. However, training and development requirements may also be forthcoming from elsewhere. These may stem from customer requirements, a change in tasks or a need to keep up to date (e.g. legislative changes). Ad-hoc training requirements throughout the review period are considered through informal discussion between you and your manager or Human Resources. All training needs identified are recorded in the Organisations training log book along with any subsequent training.

METHODS OF TRAINING AND DEVELOPMENT

- **Third party** - attendance at a pre-defined course or seminar focused towards a specific skill or discipline.
- **Company awareness** - in-house courses or workshops held to increase the participants understanding of an activity directly related to the companies operations (e.g. induction).
- **Personal development** – there are number of resources like books, audio podcast, video teacing session and online courses avail to staff members within the clinic.

8.24 Employment Handbook

Introduction

The Employment Handbook is part of the agreement set out in your contract of employment with the Brigstock Skin and Laser Centre. It is intended to assist you in your day to day work. The information it contains, which is in alphabetical subject order, will be reviewed from time to time and any suggested changes should be put to the Partners.

If you are unsure about any terms and conditions of service in this Employment Handbook, or associated policies & procedures, you are advised to seek clarification and further explanation from the Partners, because failure to observe them may result in disciplinary action.

For full details of the organisation's policies and procedures, please see page 14 of this Handbook.

8.24.1 Appearance and Conduct

When dealing with clients or other members of the public, please remember that you are in the public eye and the impression of the Organisation depends on you. It is important, therefore, that your conduct is of a high standard and that your appearance is clean and smart at all times.

As a professional Organisation we have a strict dress code which must be complied with at all times. Where you are required to wear the uniform provided, it must be worn at all times, whilst at work

8.24.2 Complaints

At some stage, someone may make a complaint to you about the Organisation/Service etc. You may even be the subject of a complaint yourself.

All complaints must be sympathetically received and quickly dealt with, however minor they might appear.

Please refer any complaints to the Clinic Manager or a Registered Manager.

8.24.3 Computers and electronic communication

In order to minimise the risk of virus infection of computer software, staff must not introduce unauthorised data on to Organisation's computers. It is essential that only Company supplied disks, usb keys, cd's etc., are used and no computer material derived from the Company should be removed from the premises or electronically transferred outside the Company, or installed onto other machines without authorisation.

Any act or misuse which compromises or potentially compromises the integrity of Organisation's computer hardware or software will be considered as gross misconduct. This includes the accessing or downloading of any pornographic, obscene, illegal or other unacceptable material from the Internet.

You are not permitted to use the internet, email or other forms of electronic communication for any purposes other than authorised work related business and

you are not permitted to browse the internet, send or receive personal emails at work. Misuse of the internet, email or other forms of electronic communication is regarded as misconduct.

The access, downloading or distribution of pornographic material and/or other offensive material is regarded as gross misconduct, as is the sending of offensive, damaging or discriminatory emails or images to another person.

The Organisation reserves the right to monitor internet usage and the transmission of emails at any time.

Please refer to the Email and Internet Policy for further information.

8.24.4 Confidentiality

You must ensure that you do not breach any duty of confidentiality under data protection or make any unauthorised disclosures of information whether in response of clients, employees or any other person. This includes any discussion of the Organisation in any form using social network sites, such as Facebook, Twitter, Bebo, MSN and others.

8.24.5 Contracts of employment

You will have received a contract of employment relating to your particular job enclosing this Employment Handbook. When signed, these together form a legally binding agreement between yourself and Brigstock Skin and Laser Centre.

8.24.6 Disciplinary Procedure

The Organisation has a Disciplinary procedure which applies to all employees and which is available to all employees. You are responsible for ensuring that you are aware of our rules regarding potential misconduct and comply with them at all times.

8.24.7 First Aid

The Company has a medical box for immediate use on the premises. Please speak to the Senior Clinic Nurse regarding first aid, and details of where the box/equipment is stored.

8.24.8 Freedom of Information Act

The Freedom of Information Act 2000 gives people a general right of access to information held by public bodies. Access to personal information is governed by the Data Protection Act 1998. You can find general information about the Freedom of Information and Data Protection Acts on the Information Commissioner's Office, (ICO), website.

<http://www.informationcommissioner.gov.uk>

For more information on working under the freedom of information act please see guidance in Appendix 19.

8.24.9 Performance issues

Genuine performance issues will not usually be dealt with in accordance with our Disciplinary Procedure and will be addressed separately, unless they are considered to be the result of any potential misconduct on your part.

8.24.10 Suspension and Paid Leave

You may be suspended on full pay or placed on paid leave in circumstances where the Organisation considered this justified. This will be discussed with you and confirmed in writing and you will continue to receive your normal basic pay during any periods of suspension or paid leave. Suspension is not regarded as a disciplinary penalty, or an indication of guilt.

8.24.11 Dismissal Procedures

Once you have successfully completed your probationary period/extended probationary period, you will not usually be dismissed from your employment unless or until you have been provided with information as to why we are contemplating your dismissal and this has been discussed with you at a meeting, at which you are entitled to be accompanied by a fellow employee or an appropriate union representative. You will be given the right to appeal against any decision to dismiss you.

8.24.12 Drugs & Alcohol

The drinking of alcohol and the taking of drugs (other than those medically prescribed) whilst you are at work, is strictly forbidden, as is reporting to work under the influence of alcohol or non-prescribed drugs. Such behaviour is regarded as gross misconduct and may lead to your dismissal.

It is your responsibility to ensure that any drugs you have been prescribed will not affect your ability to work safely and we may require you to produce evidence from your medical adviser, that this is the case. You must inform your line manager, of any drugs you have prescribed and are currently taking.

8.24.13 Equal Opportunities and Diversity

It is our objective to ensure that the talents and resources of our employees are utilised to the full and that no job applicant or employee receives less favourable treatment on the grounds of gender, marital status, social class, sexual orientation, race, ethnic origin, creed, religion or belief, disability or age or is disadvantaged by conditions or requirements which cannot be shown to be relevant to performance.

The Organisation has an Equal Opportunities Policy and it is your responsibility to read it and to comply with it at all times.

If you consider that you have been bullied, harassed, victimised or unlawfully discriminated against in any way (whether by another employee, a client or any other person) you should report the matter immediately to your line manager or the Partner and it will be addressed in accordance with our Grievance Procedure.

8.24.14 Expenses

You are entitled to reclaim any authorised expenses you have incurred during the course of your employment, provided that they are supported by the appropriate receipts or other proof of payment. Details of how to reclaim expenses will be

provided to you and expenses must be reclaimed promptly and no more than 3 months after they were incurred.

8.24.15 Fire routine

Fire prevention is the responsibility of every member of staff, it is the duty of everybody to become familiar with the Company procedures for dealing with a fire and to prevent any potential fire hazards immediately. You should study the fire notices placed at various points in your place of work.

Make sure you are able to raise the alarm and identify the fire alarm when it is given.

Know the correct procedure for reporting a fire and to whom it should be reported and know where you yourself are to report.

Familiarise yourself with the various types of fire extinguisher available in the Company, where they are located and how to operate each type. Be sure you know the arrangements for the evacuation of staff and visitors. In the event of fire, you are not expected to take risks, and for your own safety as well as that of others, if the fire alarm is activated, try to keep calm and do not panic.

Please ask the Clinic Manager or a Partner for further guidance if you feel you are not sufficiently aware of all matters affecting fire prevention and routine.

From time to time the Company will arrange fire drills in which you are required to participate.

8.24.16 First Aid

Please speak to the Clinic Manager or a Partner regarding first aid, and details of where the box/equipment is stored.

18.24.17 Freedom of Information Act

The Freedom of Information Act 2000 gives people a general right of access to information held by public bodies. Access to personal information is governed by the Data Protection Act 1998. You can find general information about the Freedom of Information and Data Protection Acts on the Information Commissioner's Office, (ICO), website.

<http://www.informationcommissioner.gov.uk>

8.24.18 Grievance Procedure

The Organisation has a Grievance Procedure which is available to all employees and which should be followed in the event that you have a grievance concerning your employment with us.

8.24.19 Health and Safety

You must comply with all instructions and take all reasonable measures to ensure the safety and security of yourself and others, our premises, information and other property. If you travel to different places of work during the course of your employment and/or you do not have a usual base from which you work, you are

required to report in at the beginning of each day and when you move to each subsequent location, to leave a message stating where you are, why you are there and how long you expect to be there.

8.24.20 Accident or injury at work

Any accident of a member of staff or a visitor must be reported to the Clinic Manager Partner or other nominated member of staff immediately. A factual statement covering to the fullest possible extent, all the circumstances of the accident, which is required to ascertain the cause and prevent its recurrence. All reports of accidents to staff and members of the public while on the company premises must be recorded.

8.24.21 Health and safety law

Information on health and safety laws can be found on the poster produced by the Health and Safety Executive

See the Company Health & Safety Policy for further information, as breach of this and other safety rules is regarded as gross misconduct and may result in your dismissal.

8.24.22 Infectious Diseases

It is essential when working with clients that you take every precaution to avoid infection and the spread of infectious diseases. Under no circumstances should you come to work premises if you believe that you may have an infection or an infectious disease that could be passed on. In the event that the Organisation has reason to believe that you may be at risk of contracting an infectious disease, you will be advised of this and of the necessary precautions you must take.

For health and safety reasons you must disclose to us as soon as possible the fact that you are, or may be, pregnant as well as any other health issues. Such information will be treated in confidence, wherever possible.

8.24.23 Leave

Adoption Leave

To qualify for adoption leave you must have had 26 weeks service by the week of match. Leave is split as follows - 26 weeks ordinary adoption leave and 26 weeks additional adoption leave.

Statutory Adoption Pay is for 39 weeks as follows:

6 weeks @ 90% of average weekly earnings.

33 weeks at the lower rate of £145.18 from April 2018.

13 weeks unpaid.

Annual Leave

Annual leave is dealt with in your Contract of Employment

Compassionate Leave

The Company will do its best to try to act sympathetically towards you if you lose a close relative and it recognises that from time to time you may need to take time off to help you in your personal lives. Compassionate Leave will be granted according to the individual circumstances, therefore, the following are guidelines only and if you need further clarification you should talk your Manager or Partner.

The Company will allow you to take 4 weeks paid compassionate leave in addition to existing holiday entitlement requested at short notice, where you lose a close relative. (The Company considers close relatives to be, partners, wives, husbands, sons, daughters, mothers, fathers, mother/father-in-law, brothers and sisters).

Each circumstance will be dealt with at the discretion of the Partner.

Dependant Leave

You will have the statutory right to take reasonable unpaid periods of time off work to deal with emergencies involving a dependant of yours. This can include your spouse or partner, child or parent or other relative who is a member of your household.

Examples of the circumstances in which this leave might be taken are illness, death, an unavoidable and unforeseen failure in care arrangements, the birth of a child to your spouse or partner, and incidents involving your child during school hours.

You must discuss any requests with your manager or a Partner and obtain approval before taking the leave. If this is not possible, owing to either the nature of the emergency or the lack of availability of those from whom approval must be sought or both, you must inform an alternative member of staff as soon as possible that you have taken the leave and its precise duration.

Dependant leave in general is expected to last no longer than is reasonably necessary to deal with the emergency arising. Longer term arrangements must be the subject of separate agreement between you and your Manager, or Partner.

You hereby agree that an appropriate deduction from your pay will be made by the Organisation for any such leave.

Extreme weather conditions or events

During winter months or significant events, this may seriously delay or prevent you from attending work. Whilst we expect each other to make all reasonable effort to attend, there may be some occasions where this is not possible. This may be due to road closures or a lack of public transport due to prevailing weather conditions or other significant events. In these conditions the following will apply for all staff:

During these circumstances, you have no automatic legal entitlement to remain at home on full or reduced pay. Instead, you have the following options available to you:

- *Annual leave.* If you are unable to attend work, you may choose to take this time as annual leave.
- *Unpaid leave.* An alternative is to take time as unpaid leave. If you do this, your annual leave allowance will remain unaltered.
- *Overtime.* It may be possible to make up this time e.g. to work an extra hour a day. If you wish to pursue this as an option, you should discuss this with your manager.
- *Home working.* It may be possible for you to work from home during a period of severe weather. This will depend on the availability of computer, email and internet access. If you wish to consider this option, it should be discussed with your manager in advance.

You are required to telephone your Manager or Partner to let them know if you are going to be delayed or unable to attend work. This should be done as soon as you

know that you will be delayed or unable to attend work, or at least 30 minutes before you are due to start.

Jury Service

If you are required to undertake jury service you should inform your manager on receipt of the summons, you are not automatically entitled to pay during this time, this will need to be discussed with a Partner. If you receive pay, any attendance allowance or fees to which you are entitled from the court will be deducted from your salary. You must inform your Manager of the amount you receive in order that the appropriate adjustment can be made. You will be required to work on any contracted day where there are four or more working hours remaining after you have been released from court.

Parental leave

Subject to your having completed one year's service with the Organisation, you have a statutory entitlement to 18 weeks' unpaid parental leave to care for a child. There is a separate 18-week entitlement in respect of each of your children, whether natural or adopted, for whom you have legal responsibility. Any parental leave granted by any previous employer will be subtracted from the 18 weeks' total for the child concerned. You will be required to produce any documentary evidence of previous leave granted. You hereby consent to Brigstock Skin and Laser Centre seeking confirmation from any previous employer of whether any such leave has been granted to you, and if so, in what amounts.

The right is separate (in the case of female employees) from their rights to ordinary and additional maternity leave.

The taking of such leave will be subject to the statutory terms.

Subject to the statutory terms, leave may be taken at any time:

- up until the child's 18th birthday
- in adoption cases, for 18 years after the child is first placed with the family for adoption (or until the child's 18th birthday if sooner)

Paternity Leave

To qualify for paternity leave you must:

- Have 26 weeks' service by the 15th week before the expected week of childbirth or in the case of adoption, date of match.
- Be the father or partner of mother or adopter and have responsibility for the child's upbringing.
- Remain in continuous employment with the employer from the end of the Qualifying Week up to the date of birth or placement of the child
- Give the employer notice of when you expect to take paternity leave.

One or two consecutive weeks' leave can be taken within 56 days of the date of birth/placement for adoption

The current rate of pay is £145.18 from April 2018 per week or if lower 90% of average earnings or less

Shared Parental leave

This was introduced in April 2015 and has various criteria for both the mother/adopter and their partner. Please see Shared Parental Leave Policy for full details. This replaces Additional Paternity Leave

Unpaid leave

Unpaid leave, other than dependant or parental leave, is normally granted when the employee has exhausted his or her annual leave entitlement. This type of leave is discretionary and may be granted only in exceptional circumstances if and when the needs of the Organisation allow.

Leaving Employment

If you wish to terminate your employment, you must give notice of your intention to leave according to the period specified in your Contract of Employment. Failure to do this may result in loss of any wages or salary due. Outstanding wages or salary will either be paid when you leave, or forwarded subsequently within a month, together with your income tax form, P45.

8.24.24 Maternity

All women are entitled to maternity leave regardless of length of service.

To receive Statutory Maternity Pay (SMP) you must have 26 weeks' service by the end of 15th week before the Expected Week of Childbirth (EWC) and minimum earnings level.

Rates of pay for SMP are as follows:–

6 weeks @ 90% of average weekly earnings.

33 weeks at the lower rate of £145.18 from 1st April 2018.

13 weeks unpaid.

Ordinary Maternity Leave is 26 weeks

Additional Maternity Leave is 26 weeks

Total – 52 weeks of maternity leave

The Maternity pay period can start any time from the 11th week before the EWC.

The leave date cannot be before the 11th week before EWC, unless childbirth occurs before the 11th week, in which case ordinary leave will commence on the date of childbirth.

During the 4 weeks before the EWC, if sickness occurs that is partly or wholly related to pregnancy, then maternity leave will commence from that date.

You will not be able to return to work until at least 2 weeks after the birth, as this is the compulsory maternity leave period. Following the introduction of Shared Parental Leave, as of 5.4.15, women who wish to curtail their maternity leave after the 2 week compulsory leave may return to work and allow their partner to take the remainder of their leave. Note you must inform your manager of your intentions prior to going on maternity leave. Please see Shared Parental Leave Policy.

Pregnant employees who do not qualify for SMP may be entitled to maternity allowance, which is claimed from the DWP. You will need confirmation of your employment status and reasons you do not qualify for SMP from your employer.

8.24.25 Management Responsibilities

Managers have a vital role in ensuring good conduct and performance among staff and in developing their potential. If you have management responsibilities you are required to act in accordance with the Organisation's instructions at all times and to make decisions and exercise your discretion impartially and based on objective

information. You are not permitted to unlawfully victimise or discriminate against any employee and are required to ensure that all employees for whom you are responsible are treated fairly and with dignity and respect at all times.

As part of your management role you will be required to conduct investigations, performance reviews and disciplinary hearings and/or appeals from time to time. You will be provided with training and support in your management role as and when required.

8.24.26 Medical/Hospital appointments

Staff with prior approval of their Manager or Partner, may be allowed reasonable paid time off to attend medical or dental appointments, where necessary duties must be re-arranged to provide adequate cover. Where possible, you must ensure that medical and other appointments are made outside working hours. Pregnant staff have statutory rights not to be unreasonably refused paid time off for ante-natal care.

8.24.27 Name and/or address – change of:

During the course of your employment you may change your address/home, or your name through marriage or divorce. If so, please let the Partners know immediately, in writing, so that tax (pension) and other records can be amended.

8.24.28 Property - Personal and Organisations

Brigstock Skin and Laser Centre cannot accept responsibility for articles of personal property lost or damaged on their premises whether by burglar, fire, theft or otherwise and you are advised to effect your own insurance cover against all risks.

All documents, computer data information, equipment and items of uniform remain the property of the organisation and must not be used for any other purposes, other than for the organisation.

You must promptly return all property belonging to us whenever you are requested and should not remove property/papers/files, etc from our premises, unless authorised to do so.

You must return all property, equipment and items of uniform belonging to the organisation, within 7 days of your employment ending. You must not keep copies of any documents, computer files or other information and must delete any such information that you may have copied on a computer or electronic equipment owned by you.

The Organisation reserves the right to deduct up to £50 from your final wages, if you fail to return all items of equipment, etc., when you leave.

If applicable, access to the Organisation's email and computer system from your home will be suspended during periods of absence such as long term sickness, maternity and paternity leave.

8.24.29 Records

You are required to keep proper records as determined by the Organisation, relevant to your role.

8.24.30 Retirement

Please see the Organisation's retirement procedure

8.24.31 Security

In addition to ensuring the personal safety and the security of their own property (see *Personal property* above), staff can help, for example by:

- making sure the doors to unauthorised areas and safety cupboards are properly shut and/or locked;
- immediately reporting all disruptive or untoward incidents to your manager or Partner;
- ensuring that any property or money for which they are responsible is securely held, regularly checked and accounted for;
- ensuring at the end of the working day that all doors, windows and cupboards are securely locked;
- reporting any unexplained disappearance of property or suspected pilfering to your manager or Partner.

8.24.32 Procedures

Please ensure you are fully aware of the Company (locations) procedures in relation to security.

8.24.33 Sick Leave

8.24.34 Notification of absence

This is explained in your Contract of Employment

8.24.35 Statutory Sick Pay

If you are sick you may be legally entitled to Statutory Sick Pay (SSP) for 28 weeks absence in any spell or series of linked spells of sickness. Spells separated by a period of eight weeks or less count as one. (*please also see the Sickness policy for more details*).

8.24.36 Smoking

You are not permitted to smoke (including E:Cigarettes) inside any premises where you work. Failure to comply with these rules is regarded as gross misconduct and may result in your dismissal. It is also a criminal offence and may be reported to the police.

You are permitted to smoke (including E:Cigarettes)during your breaks provided you ensure you are at least 10 minutes away from work premises and you are not in uniform or somewhere where you can be seen by clients. You should ensure that you have extinguished any cigarettes safely, do not litter, wash your hands after smoking and do your best to ensure that you do not smell of smoke when returning from a break.

8.24.37 Staff appraisal

Your performance will be discussed with you at least once a year by your Manager or Partner. This is an opportunity to discuss your job and other matters if you wish. In

addition you will have a weekly one to one with your line manager where your Key performance indicators will be reviewed and you will have an opportunity to discussion and plan you objectives for the next week. Copies of the proformers used for these meetings can be found here:

[Appendix 123 Manager weekly one to one form](#)

[Appendix 124 Team member weekly one to one form](#)

[Appendix 152 - PDP appraisal Form](#)

8.24.38 Telephone – including mobiles

The company telephone system should not be used for personal calls except where it is unavoidable. Personal mobile phones may not be used during company time.

8.24.39 Trade Union membership

The Organisation does not recognise any trade union for collective bargaining or any other purposes.

Members of staff are free to become members of a trade union. Members of staff will not be discriminated against in any way as a result of their membership or non-membership of a trade union.

8.24.40 Training & Development

The Organisation is keen to train and develop its staff. You may be required to attend training courses or obtain qualifications from time to time. Your manager will discuss any specific training needs with you during your performance reviews.

Where training is provided the Organisation may be prepared to assist you with any costs incurred. This will be subject to you agreeing that, if you terminate your employment or if you are dismissed as a result of misconduct, you will repay the cost to the Organisation of any training course or qualification it has funded over the last 12 months and that these costs will be deducted from your wages. You will be asked to sign a separate Training Fees Agreement regarding the funding of training courses.

8.24.41 Working Time Regulations

There are statutory rights relating to the length of your working hours, breaks while working, minimum rest periods and minimum entitlements to paid annual leave.

These became law on 1 October 1998. The main rights are:

- a) not to be required to work more than 48 hours per week on average;
- b) if your working day lasts for more than six hours, to be given a minimum 20 minute break;
- c) to have a minimum of 11 consecutive hours' rest in a period of 24 hours;
- d) to have either:
 - i) a minimum of 24 consecutive hours' rest in a week; or
 - ii) a minimum of 48 consecutive hours' rest in a fortnight;
- e) after 13 calendar weeks' employment, to have the legal minimum for paid annual leave

Individual members of staff can opt out of the 48-hour week and their rights to the defined rest periods in order to work longer than this on average per week. They can also opt in again, subject to the notice periods in the Regulations.

In order to ensure compliance with the Regulations, the Company is required to monitor the hours worked by the staff, irrespective of the number of hours worked per week. You are therefore required to participate in hours monitoring exercises implemented by Regulations, average weekly working hours will be calculated over a reference period of 17 weeks. This may involve staff in completing monitoring forms, to which your manager will advise accordingly.

There are also special provisions for young workers between the ages of 16 and 18 which are more beneficial than the above in relation to rest periods.

Please see your main contract of employment for further details under the clauses dealing with your hours of work and annual leave.

8.24.42 Organisation Policies and Procedures

Brigstock Skin and Laser Centre has various policies and procedures that are in force from time to time, as well as regulatory and other legal duties, with which the organisation must comply.

You must ensure that you are fully aware of any rules, policies, procedures, regulations and other legal requirements that affect your duties and responsibilities and comply with them at all times.

As part of your employment, it is your responsibility to ensure you are aware of and review any updates to company documentation. Please see [Appendix 83](#) - BSL List of Policies for details of the company policies and procedures.

8.24.43 Clear Desk and Screen

Purpose

The purpose of this Clear Desk and Screen Example Policy is to provide exemplar guidance in line with HMG and private sector best practice for the production of a Clear Desk and Screen Policy. This is in order to allow the reader to produce the necessary policy and guidance for their business area and to ensure that the applicable and relevant security controls are set in place in line with the Department for Health, health and social care and HMG requirements.

Terminology

Term Definition

SHALL This term is used to state a Mandatory requirement of this policy

SHOULD This term is used to state a Recommended requirement of this policy

MAY This term is used to state an Optional requirement

Policy

The Clear Desk and Screen Policy will support the Clinic in preserving the confidentiality, integrity and availability and other UK Government data manually handled and on IT systems used by the Clinic and third party staff.

Clear Desk Policy

- At the end of the working day or when leaving the office during the day, all documents or media with classification marking shall be secured in lockable commercial office furniture (desk drawers, filing cabinets, cupboards).
- Information classified at OFFICIAL Protect may be left out for up to 5 minutes (for example for comfort breaks or making a drink).
- If the office remains occupied for the duration of your absence information at OFFICIAL – SENSITIVE or Confidential may be left on the desk for up to 5 minutes, provided those present are authorised to view the information, otherwise it should be removed from view or secured appropriately.
- If material at OFFICIAL – SENSITIVE or Confidential has been left unsecured, you shall either stay with it until the data owner returns or secure the material before you leave.
- Information classified as SECRET shall not be left unattended for any period of time. When not in use, it is to be secured in a cabinet approved to store SECRET assets.
- Removable media shall be locked away.
- Personal belongings should be removed from view
- Office/work area windows shall be closed when working areas are unattended and at the end of the working day.
- All internal doors shall be closed when working areas are unattended and at the end of the working day.
- In ground floor work areas, blinds shall be closed or PC/Laptop screens, information boards or any protectively marked or sensitive information shall be positioned so it cannot be viewed by passers-by.
- All desk pedestals shall be locked when working areas are unattended and at the end of the working day.
- All cabinets shall be locked when working areas are unattended and at the end of the working day.
- All laptops shall be secured in suitable containers when working areas are unattended and at the end of the working day.
- All printers shall be cleared of printed material when working areas are unattended and at the end of the working day.
- All photocopiers shall be cleared of printed material when working areas are unattended and at the end of the working day.
- All 'white boards' shall be wiped clean when working areas are unattended and at the end of the working day.

- All 'flip charts' shall be cleared of information when working areas are unattended and at the end of the working day.

This section may need to be amended to reflect the practices, equipment used and classification of information/data that the organisation handles and processes. For instance, if the organisation does not handle any SECRET material this element will not be required. Conversely if the organisation has material or equipment not listed above (e.g. tablets that are used for patient data) then the securing of these items should be reflected above.

Clear Screen Policy

- For all Brigstock Skin and Laser Centre IT systems, computer screens should be angled away from the view of unauthorised persons.
- All users shall ensure that any information at OFFICIAL – SENSITIVE or CONFIDENTIAL shall not be overseen by those without a need to know.
- Screens shall be cleared or locked when talking to unauthorised persons.
- All computer terminals shall have the auto screen saver set to activate when there is no activity for a period, suggested as no longer than 15 minutes. (If users have access to SECRET material then the auto screen saver period shall be set for a period of no longer than 5 minutes inactivity).
- Users shall invoke the screen lockout for periods when they are away from their device for no longer than 45 minutes. For periods longer than 45 minutes and at the end of the working day they shall log-off or shut down the device and switch off the screen.
- For IT systems processing SECRET information the screen lockout shall be invoked for a period of no longer than 30 minutes inactivity.
- Users shall be required to re-authenticate to unlock their screens.

Key Words

Authenticate, Auto Screen, Desk, Lock, Log-off, Screen, Unlock

8.24.44 Charging of electronic devices

Because of the fire risk associated with the charging of electronic devices the charging of all personal electronic devices like telephone and Ipads is forbidden.