Study Leave Policy and Procedure

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix C.

Policy Profile			
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Document History			
Version	**Date**	**Review date**	**Reason for change**
V3.1	17.07.2006	15.12.2011	Amalgamation of medical and non-medical study leave policies; routine review and up-dating of content
V3.2	15.12.2011	15.12.2014	Review on three yearly cycle
V3.3	31.07.2013	15.12.2014	Minor amendments in relation to funding for consultants and Trust employed doctors
V3.4	30.7.15	01/06/2016	To include 10% financial cost charge and other changes agreed in the NMET 5-9 report to Education and Workforce committee on 23/07/2015 to bring in line funding for master's and other qualifications to eliminate variation due to the different funding streams

V3.5	01/06/2016	01/06/2019	To update the processes for applying for medical study leave and funding. Removed the 10% contribution Changed MSc funding from 75% to 50% and introduced an application process

Contents

Executive Summary

St George's University Hospitals NHS Foundation Trust is committed to supporting the education, training and development needs of its entire staff within the boundaries of available resources. Whilst it is imperative that we continue to train and develop staff we must also ensure that the financial costs of study leave are kept as low as possible in order to maximise Trust resources.

The aim of the Study Leave Policy is to provide a framework for the fair and equitable distribution of what is an expensive resource. It aims to keep in balance the needs of the individual, the service and organisation. The policy identifies how study leave (including funding and leave) is approved and supported at St George's University Hospitals NHS Foundation Trust and sets out the roles and responsibilities of staff and managers.

Appraisal is the main opportunity within which to identify education, training and development needs and these should be recorded in individual Personal Development Plans. These may also be identified and agreed in regular supervision discussions between manager and staff or at other key points including recruitment, induction and performance discussions.

All staff may apply for study leave whether they are full time, part time, permanent or fixed term. For the purposes of this policy, study leave has been defined as 'Leave that is granted to enable an individual to undertake an education, training or development activity. This normally requires the individual to be absent from the workplace for a designated period of time'.

Study leave comprises of Mandatory and statutory training (MAST) including induction programmes as well as other training that is deemed essential or desirable by the applicants' line manager.

This policy applies to all permanent staff (including temporary staff as appropriate) working in any of the "locations" registered by St. George's University Hospitals NHS Foundation Trust with the Care Quality Commission (CQC) to provide regulated activities. "Locations" are not necessarily geographically based or determined. Therefore, the term "locations" does not just refer to Trust buildings; it is the term used by the CQC to describe the hub of operations for a service or range of services and so includes all activities being performed in the course of performing one's role.

In view of the reduction in funding from Health Education England South London all staff in bands 5-9 will be expected to contribute financially 50% towards Master's and PhDs.

1 Introduction

St George's University Hospitals NHS Foundation Trust is committed to supporting the education, training and development needs of all of its staff within the boundaries of available resources. Whilst it is imperative that we continue to train and develop staff we must also ensure that the financial costs of study leave are kept as low as possible in order to maximise Trust resources. The Trust Executive team have identified seven principles to guide managers on the allocation of study leave. These are set out below:

Principle one
The intended outcome is to treat all staff equally.

Principle two.
The application of these principles should ensure the minimal acceptable expenditure on study leave costs.

Principle three
Backfill to replace staff on study leave must be kept to an absolute minimum.

Principle four
Travel and subsistence cannot be met by the Trust unless specified as a component of national guidelines.

Principle five
Before an application for study leave can be considered staff must be up to date with their mandatory training.

Principle six
Study leave **must** be identified through appraisal as a development need in the personal development plan and be directly linked to the achievement of a Trust objective.

Principle seven
Study leave that is essential to maintain patient safety or regulatory / legislative requirements, or to meet Trust objective, will be approved. **It is important to note that study leave for mandatory training as identified within the Trust will be fully supported**

2 Purpose

The aim of the Study Leave Policy is to provide a framework for the fair and equitable distribution of what is an expensive resource. It aims to keep in balance the needs of the individual, the service and organisation. The policy identifies how study leave (including funding and leave) is approved and supported at St George's University Hospitals NHS Foundation Trust and sets out the roles and responsibilities of staff and managers.

The objectives of this policy are to

- Define the types of study leave

- Provide guidance on leave that will be supported

- Identify roles and responsibilities for study leave

- Describe the application process for study leave and funding

- Describe the recording and monitoring arrangements for supported study

3   Definitions

CPD: Continuing Professional Development

CPPD: Continuing Personal and Professional Development This is the lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the Trust and the NHS. It enables professionals to expand and fulfil their potential and as such it is part of a broader PDP for the individual which meets both personal and professional requirements.

Desirable training is training that will enhance the role and or performance of the individual and / or enhance career or personal development.

Essential training is training that is deemed necessary for a member of staff to undertake in order to maintain patient safety or to meet professional regulatory requirements. This will apply to many clinical courses / modules along with courses designed to help staff support students / trainees.

ESR: Electronic Staff Record
The national NHS system for recording information on staff including having appraisals.

Intrepid: The system used to apply for study leave and record study leave for doctors and dentists in training posts.

Mandatory and Statutory Training (MAST) is the term used to describe the systematic approach to risk management training provided by St George's University Hospitals NHS Foundation Trust to meet significant legislative and guidance documents. Included within the full portfolio of MAST are some 14 elements, ranging from fire safety, health and safety, basic life support, infection prevention and control, and medicines administration, to prevention and management of violence and aggression, safeguarding children, equality and diversity and protection of vulnerable adults. As set out in the MAST policy St George's identifies two types of MAST:

- Corporate MAST – compulsory for all staff.

- Role Specific MAST – identified by line managers and staff members at local induction and annual appraisals. It is specific to an individual's role within the organisation.

The Trust is wholly committed to supporting staff in fulfilling their responsibility to comply with the MAST requirements and will enable staff to complete Corporate MAST training in line with legislation, CQC standards and requirements. This will assist the Trust in maintaining its Values, Corporate Objectives and Mission statement.

OLM: Oracle Learning Manager
The training database linked to the ESR system which records the training and education undertaken by individual staff.

PDP: Personal Development Plan

This is the plan that details the learning and development a person needs to undertake over the next year. This looks at the individual as a whole, at their job, their place in the Trust and future career. The PDP needs to reflect agreements to address any gaps in knowledge and skills.

Study leave - Leave that is granted to enable an individual to undertake an education, training or development activity. This normally requires the individual to be absent from the workplace for a designated period of time. Study leave must be agreed by the individual's manager and should align with the seven principles identified in section 1.

4   Scope

This policy applies to all permanent staff (including temporary staff as appropriate) working in any of the "locations" registered by St. George's University Hospitals NHS Foundation Trust with the Care Quality Commission (CQC) to provide regulated activities.

It covers all applications for leave and funding in order to undertake education, training and development activities. For the purposes of this policy, work based or on-the-job development, including mentoring, shadowing or reflective practice, is not included in the allocation for time off. Workplace or on the job development should be agreed with the line manager and planned so as to minimise the impact on service delivery and ensure equality of access for staff.

5   Roles and Responsibilities

5.1   Chief Executive and the Trust Board

The Chief Executive and Trust Board have overall responsibility for ensuring effective strategies and policies are in place within the Trust to enable the required training to take place. This ensures that staff have the appropriate opportunities to be released from the workplace in order to take approved education, training and development. This responsibility is delegated to the Director of Workforce and Organisational Development

5.2   Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development is responsible for ensuring that the policy, procedures and systems are in place for supporting study leave and funding for all staff groups.

5.3   Head of Professional Support and Development

The Head of Professional Support and Development has responsibility for developing the study leave policy and for ensuring that fair and equitable systems are in place for the allocation of study leave funding and for the recording and reporting on education, training and development resources. They will agree a plan for the allocation of resources on an annual basis with the Director of Nursing and Patient Safety and the Director of Workforce and Organisational Development. They are responsible for managing the Non-Medical Education and Training Levy (NMET) contracts as part of the Learning and Development Agreement (LDA) with Health Education England South London (HEESL). Payment for courses is allocated in two different ways:

Indirect Funding – Annually the DDNgs and other senior manager's request places on University courses based on Training Needs Analysis (TNA) of their departments. They are then commissioned through University contracts. The list of the commissioned courses is distributed by senior managers throughout the Divisions. This list will need to be referred to by managers and staff before a University application is submitted to enable them to stipulate whether it is a direct or a indirectly funded place. The Trust commissions from a list of approved universities which are decided upon by HEESL.

Traditionally the majority of our commissioned places are with Kingston University however, not all courses run by Kingston will be commissioned in the TNA therefore, applicants must check with their manager to ascertain this prior to applying. If the course has not been commissioned in the TNA it will need to be paid for from the direct budget, please see below.

Direct Funding – Each division is allocated a CPPD cash allocation of monies and this is used to pay for courses that have not been commissioned by the contract. This is predominantly used for study days and conferences but can also be used for University courses that have not been commissioned by the contract.

5.4 Medical Director

The Medical Director has Trust Board level responsibility for the education and development of medical and dental staff within the Trust. The Medical Director is supported by an Associate Medical Director and a Director of Medical and Dental Education with responsibility for education

5.5 Director of Postgraduate Medical and Dental Education

The Director of Postgraduate Medical and Dental Education (DPMDE) is responsible for ensuring that the appropriate systems and processes are in place to support the training of junior doctors and dentists within the Trust. They are responsible for approving the allocation of study leave expenses for doctors and dentists in training posts within the Trust in line with the requirements of the Medical and Dental Education Tariffs as part of the LDA.

5.6 Divisional Directors of Nursing

Responsible for final approval of study leave and funding at Divisional or Departmental level

5.7 Education and Development Department

The Education and Development Department are available to advise staff and managers with decisions on and priorities for study leave in accordance with the study leave policy and supplementary guidelines that may be issued to support changing situations within the Trust. The Education and Development team will record staff attendance at training events on the learning management system on receipt of the appropriate Non-Medical funding form. Specialist trainers within the Trust are required to input attendance details directly onto the learning management system and receive training in order to do this.

5.8 Managers

Managers are responsible for ensuring that staff are up-to-date with their MAST and role specific MAST before further study leave and / or funding is granted.

As part of the annual appraisal process managers and their staff member should identify required learning in the individual's Personal Development Plan. The allocation of study leave should align with the seven principles identified earlier in this document and the examples given for guidance in Appendix A.

Managers must prioritise staff release for education, training and development on the basis of the above principles and the needs of the local service. Priority should always be given to mandatory and statutory training. Decisions should be made on a fair and equitable basis and managers should be able to justify their decision making process if required.

Managers are responsible for following up with their staff to ensure that the approved education, training and development has been undertaken and within the agreed time frame It is also recommended that managers encourage staff to share their learning with colleagues. Un-notified absences should be treated as disciplinary issues.

Managers should ensure that their staff are aware that there is a Trust requirement for the organisation to receive information on progress and results, however they should also seek confirmation from the staff member that the learning activity has been successfully completed. Learning / other support should be offered if the staff member is failing to progress satisfactorily.

Managers should ensure that staff are aware of the possible claim back of fees and study leave.

5.9   Staff

All staff have a personal and professional responsibility to ensure that they develop themselves in order to deliver a high quality service to patients and the organisation.

Staff must be compliant with both MAST and role specific MAST before any other type of study leave will be considered. Study leave and funding applications should align with the seven principles identified earlier in this document and guiding examples attached in Appendix A. Applications must be approved by the line manager and the Divisional Director of Nursing / Department Lead for Education e.g. Lead Therapist . Consultant and other Trust doctors' applications may be agreed by the line manager. Doctors and Dentists in training posts applications are agreed by their local manager with their funding approved by the DPMDE. Staff are responsible for submitting the correct information to support their application and to enable fees to be paid.

For nurses and midwives

It is recommended that the Preceptorship process (6 to 12 months) is completed and an appraisal conducted before accessing CPPD funding.

Mentorship courses for nurses and midwives will be commissioned by the education and development team from indirect funding as part of the annual training needs analysis. Places will be allocated in discussion with the Divisional Directors of Nursing based on the need of the clinical area rather than the development of individuals. All applications must be approved by the Mentorship panel interview process, lead by the Senior Nurse for Mentorship and Placements.

Upon completion of the course Mentors will be expected to:

1) Attend an annual mentor update and

2) Complete their three-year review (triennial review) - which are both NMC requirements to mentors students .

For all of the non-medical staff, there is a requirement that the course/programme has been identified in the appraisal and Personal Development Plan (PDP). Therefore, it would be a general expectation that normally staff will be in post for 12 months before they access courses

When study leave and / or funding has been allocated, staff are expected to fully attend the learning activity and are expected to complete and submit required assignments / assessments to meet the stated time lines. Failure to do this may result in the Trust claiming back course fees or the costs of study leave. If staff have concerns about their ability to progress with the learning activity then they have a duty to discuss this with their manager, who should then notify the Head of Professional Support and Development.

Sickness or absence whilst on study leave must be reported to line managers in the normal way. Un-notified absences will be treated as disciplinary issues.

Staff should note that where appropriate, funding may be allocated without study leave. In these circumstances staff will be expected to attend the learning activity in their own time or to have made arrangements with their manager to work flexibly to cover the time out of the workplace.

Staff are required to sign the Non-Medical Funding Application AND Study Leave Agreement form to indicate that:

1) They are aware that the Trust may claim back fees or study leave costs and

2) That educational institutions will share the progress (where appropriate) and results of the individual staff member. Staff are required to share their learning with colleagues in their work area and / or the wider Trust.

Where staff, both medical and non-medical, have their course or conference fees paid by an external organisation e.g. pharmaceutical company, this must be declared following the process outlined in the Standards of Business Conduct Policy (declaration of interests).

Requests for study days that could be provided in-house will not normally be approved

5.10 Master's Programmes

All Master's applications for funding (including those for individual modules) should be made to the Head of Professional Support and Development after discussion and approval by the Divisional Directors of Nursing or departmental leads e.g. Head of Therapies.

This will require a Non-Medical Funding Application form and supporting statement which should be sent to the Head of Professional support and Development

These applications should be submitted by **February** as the training needs analysis (TNA) takes place in April /May.

All applications for funding will be reviewed by a panel. If approved, funding will be capped at 50%.

5.11 Payback of fees and study leave costs

Managers may wish to claim back study leave allocated for the attendance at the course if the staff member leaves within 12 months. This is up to the manager's discretion and may be deducted from the individuals remaining annual leave entitlement. Advice should be sought from finance to claim back study leave funding for fees if a staff member leaves within 12 months. Any repayment of fees must be then be transferred to the Education Department budget in line with the Learning and Development Agreement requirements.

Examination Leave and Re-sits

Individuals required to take part in examinations as part of their course of study should include these dates as part of their study leave application. If additional time is required by an individual this should be taken in their own time e.g. by using annual leave allocation or days off.

Re-sits of examinations should be undertaken in the staff members' own time and at their own cost

Only one attempt at re-sitting a course will be funded by the Trust unless there are genuine mitigating circumstances.

Doctors in Postgraduate training may be allocated private study leave to prepare for examinations, in line with their professional study leave guidance and at the discretion of the educational supervisor. The supervisor should consider the impact on service delivery and ensure equality of access for staff when making their decisions. This should form part of the individual's overall annual allocation of study leave.

6   Funding sources for study expenses and process for application

6.1   Non-medical funding

The Trust has an education contract with Health Education South London which enables us to purchase a range of courses and study days with designated Universities. This provides the majority of our clinical courses for nurses and midwives. Courses for Allied Health Professionals are purchased using Direct Funding. Applications for these courses should be approved by the line manager and the Therapies Lead.

A Non-Medical Funding Application Form should also be completed to:

- provide a record of the agreed study leave allowance

- to enable Education and Development staff to record the training on OLM

- to cross reference with the courses requested in the annual Training Needs Analysis to ensure that the right amount of places are used , which prevents the Trust from exceeding the contract budget.

Staff in agenda for change bands 1-9 are eligible to access funding for study from the Non-Medical Education and Training Education Levy (NMET). There is both CPPD funding along with specific funding allocated for staff in bands 1-4. This is external funding and subject to change each year and we therefore cannot guarantee its availability. A spending plan for these funds is developed annually by the Head of Professional Support and Development subject to approval by Departmental Leads.

Staff can access the funding (subject to approval from the line manager and Divisional Director of Nursing / Departmental Lead) for courses, conferences and study days.

Staff seeking funding for Master's programmes through the CPD money will receive 50% of their annual payment up to a ceiling of £3500. This will be subject to review on an annual basis in line with changes to University fees. There is no guarantee of future funding and staff must reapply for funding each year. An application needs to be made to the panel. See point 5.11. This is to provide parity with funding for standard Master's programmes.

Applications for funding from the CPD or bands 1-4 money must be via a Trust Non-Medical Funding application form. Applicants must submit the Funding Application form to the 'Education Centre' along with the payment details for the course. Once funding has been

approved individuals are responsible for submitting their own application to the course / learning event.

Travel, accommodation and subsistence payments are **not** supported. Divisions may pay this at their discretion.

Managers and staff should always consider in-house provision before applying for external courses where the learning goals are comparable.

6.2 Doctors and Dentists in Postgraduate Training

Education and Development use a system called Intrepid for keeping track of and approving study leave claims. Intrepid is only to be used by trainees with an NTN, employed in training posts.

- Trainees may apply for up to 30 days per annum (LTFT trainees pro-rata)
- Trainees are entitled to a maximum of £850 per annum (pro rata & subject to agreed top-slicing arrangements)
- Trainees in a commissioned specialty (i.e. where a London Trust is a Lead Provider) can be subject to a 'top slice'. In this instance further information will be provided by the Training Programme Director (TPD)
- Study leave cannot be used for travel costs within London (zones 1-6)
- Expenses incurred from examinations are not covered by the allocated study leave budget
- Private study leave to prepare for examinations is deductible from the 30 days study leave allowance
- Individuals who are required to take part in examinations as part of their course of study should include these dates as part of their individual study leave application.
- The study leave allocation should include Trust arranged teaching programmes, departmental teaching sessions and tasters.
- Applications for study leave should demonstrate that the learning forms part of the specified curriculum.
- Cover should be arranged internally, locums or other agency staff should not be used.
- Foundation Year one (FY1) doctors have protected learning activities programmed into their working week. Such activity will be designed to follow the Foundation Year 1 curriculum. Therefore, a separate study leave allocation is not usually given and additional leave is unlikely to be supported except in exceptional circumstances.
- Foundation year one doctors do not receive a study leave funding allowance. They are however allowed to 'borrow' up to five study days from FY2 in order to undertake a 'taster' experience.
- National guidelines for study leave should be followed.

Each study leave application will follow the process as outlined in appendix 11.3

Further information can be found on appendices 11.4, 11.5 and 11.6

6.3 Clinical Fellows or Junior Doctors in service only posts

Study leave for clinical fellows is awarded at the discretion of their employing service. Clinical Fellows may claim through the service they are working in at the time of attendance. Study leave applications should be approved locally and added to Expenses on Demand as appropriate

- Trust employed junior doctors or clinical fellows are eligible to apply for 30 days study leave over 3 years. This allowance should include leave for mandatory and statutory training.
- Leave should be approved by the local manager and negotiated to cause minimal disruption to the service.
- Study leave should not be approved unless the applicant can demonstrate that they are compliant with mandatory and statutory training.
- Cover should be arranged locally and should not normally require locum replacement.
- Mandatory and Statutory training must be prioritised by managers when allocating study leave.
- Where external funding is required the relevant General Manager may make a discretionary contribution to the costs from Divisional budgets. The maximum award of funding would normally be £500 per individual per annum.
- Where staff have their course or conference fees paid by an external organisation e.g. pharmaceutical company, this must be declared following the process outlined in the Standards of Business Conduct Policy (declaration of interests).

6.4 Staff Grade, Specialty Doctor and Associate Specialists

Study leave for staff grade, specialty doctors and associate specialists (SASG) should be claimed through the service they are working in at the time of attendance. Study leave applications should be approved locally and where there is available funding by the postgraduate centre (Education Business Manager) as appropriate

- Staff Grade, Specialty Doctors and Associate Specialists are eligible to apply for 30 days study leave over 3 years. This allowance should include leave for mandatory and statutory training.
- Leave should be approved by the local manager and negotiated to cause minimal disruption to the service.
- Study leave should not be approved unless the applicant can demonstrate that they are compliant with mandatory and statutory training.
- Cover should be arranged locally and should not normally require locum replacement.
- Mandatory and Statutory training must be prioritised by managers when allocating study leave.
- Where external funding is required, there is a small allocation per SASG doctor through the LDA. This can be claimed via the postgraduate centre (Education Business Manager) and entered on Expenses on Demand as appropriate. The relevant General Manager may also wish to make a discretionary contribution from Divisional budgets. The maximum award of funding will normally be £500 per individual per annum.
- Where staff have their course or conference fees paid by an external organisation e.g. pharmaceutical company, this must be declared following the process outlined in the Standards of Business Conduct Policy (declaration of interests).

7 Dissemination and implementation

7.1 Dissemination

This updated version of the policy will be advertised via the eGazette and sent to clinical, Management, Corporate and Education Leads. It will be uploaded onto the Trust Intranet.

7.2 Implementation

The policy will be implemented by managers at all levels in the organisation. They have an individual and corporate responsibility for ensuring that they apply the policy fairly within their teams. Staff members also have a personal responsibility for acquainting themselves with the content of the policy. The Associate Director of HR-Education and Development and senior members of the Education and Development team are available for further support.

7.3 Monitoring compliance

Any grievance arising from the application of this policy will be dealt with by the senior manager within the service who will follow the process set out in the Grievance Procedure.

St George's University Hospitals **NHS**

NHS Foundation Trust

Monitoring compliance and effectiveness table					
Element/ Activity being monitored	**Lead/role**	**Methodology to be used for monitoring**	**Frequency of monitoring and Reporting arrangements**	**Acting on recommendations and Leads**	**Change in practice and lessons to be shared**
Principle 5 staff accessing study leave are up-to-date with mandatory training requirements	*Education and Development Department*	*Randomised audits of the learning management system to ascertain if staff accessing MPET funding have successfully undertaken their MAST*	*Annual audit presented at Education Board*	*The Associate Director of Workforce - Education and Development will share audit results with relevant senior managers including divisional directors of nursing*	*All managers would be reminded of the importance of staff attending mandatory training, embedding this into the appraisal process, and building this into a holistic approach to personal development plans*
Equitable and appropriate access to development opportunities to develop competence and confidence	*Education and Development Department*	*Results of NHS Staff Survey and any grievances raised Monitor data regarding BME applications from the information supplied by the HEI's*	*Staff survey is an annual cycle* *Grievances may be raised at any time during a year* *BME Application monitoring on a quarterly basis*	*The Human Resources Directorate will lead on developing action plans arising out of the NHS staff survey and any formal grievances raised.* *BME Data to be fed back to HR*	*Directorate / division based Human Resources Managers will facilitate local discussions with managers on specific recommendations*
Failure to complete or pass development	*Education and Development Department*	*Reports received from programme providers*	*Reports are sent to Divisional Director of Nursing /Departmental*	*Divisional Directors of Nursing / departmental Education leads /*	*The line managers of individual staff 'failing' courses will be*

programmes			*Education Leads / Education Supervisors*	*Education Supervisors will liaise with appropriate line managers and / or the individuals concerned*	*expected to identify reasons for failure and implement supportive mechanisms where appropriate*
Claim Back of Study Leave hours	*Departmental Manager*	*Reports received from managers claiming back fees and funding*	*Divisional Managers discretion*	*Divisions to liaise with the Education and Development department for information and advice.*	*Education and Development will facilitate local discussions with managers on specific recommendations*

8   Associated documentation

HR 2.24 Corporate Induction Policy

HR 2.14 Appraisal Policy and Guidelines

HR 2.16 Equality and Diversity in Employment

HR 2.20 MAST Policy

Standards of Business Conduct policy

9   References

NHS Terms and Conditions of Service Handbook (Agenda for Change Agreement)

Terms and Conditions - Consultants (England) 2003

National Health Service, Doctors in Public Health Medicine (England and Wales) Terms and Conditions of Service

Care Quality Commission:

Regulation 22 of the Health and Social Care Act 2008 (regulated Activities) regulations 2010. Outcome 13 on staffing: people who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff. This is because providers who comply with the regulations will make sure that there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Outcome 14 on Supporting Workers: people who use services are safe and their health and welfare needs are met by competent staff. This is because providers who comply with regulations ensure …… that staff are properly trained, supervised and appraised and enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

10 Appendix

10.1 Non-Medical Funding process flow charts

Please be aware that Non-Medical Funding Applications will not be accepted without an signed Learning agreement attached.

10.1.1 Contract Funding

(commissioned by the Divisional Training Need Analysis)

Minimum of six weeks' notice is required

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┌─────────────────────┐     ┌─────────────────────┐     ┌─────────────────────┐
│ Clarify with your   │     │ Non Medical funding │     │ Send your Univeristy│
│ manager whether the │ ──▶ │ application must be  │ ──▶ │ application and      │
│ course has been     │     │ approved by manager,│     │ compled Funding     │
│ commissioned in the │     │ Divisional Director │     │ Application to the  │
│ TNA                 │     │ of Nursing/Education│     │ Education Centre    │
│                     │     │ Lead                │     │                     │
└─────────────────────┘     └─────────────────────┘     └─────────────────────┘
                                                                   │
                                                                   ▼
┌─────────────────────┐     ┌─────────────────────┐
│ Applicant collects  │     │ The Education and   │
│ application from the│     │ Development         │
│ Education Centre. It│ ◀── │ Department willl    │
│ is the applicant's  │     │ confirm whether the │
│ responsibility to   │     │ course has been     │
│ send their          │     │ commissioned as part│
│ application to the  │     │ of the TNA process  │
│ University/Course   │     │ via email to the    │
│ Provider            │     │ applicant           │
└─────────────────────┘     └─────────────────────┘
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10.1.2 Online Applications

Some universities (i.e. LSBU and The Royal Marsden) applications are made online by the member of staff, please follow the steps below in order to apply.

Clarify with your manager whether the course has been commissioned in the TNA	→ Non Medical funding application must be approved by manager, Divisional Director of Nursing/Education Lead	→ Send your Funding Application to the Education Centre prior to submitting your online application
		↓
	← Applicant to submit the application online to the University.	← You will receive email confirmation from Education and Development that your course has been commissioned as part of the TNA Process

10.1.3 Process for obtaining Direct Funding

10.1.4 Minimum of six weeks' notice is required

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┌────────────────────────┐     ┌────────────────────────┐     ┌────────────────────────┐
│ Non Medical funding    │ ──▶ │ Non Medical funding    │ ──▶ │ Funding will be        │
│ application must be     │     │ application and        │     │ approved if there is   │
│ approved by manager,    │     │ evidence of the course │     │ provision in the       │
│ Divisional Director of  │     │ cost needs to be sent  │     │ Divisional Education   │
│ Nursing/Education Lead   │     │ to the Education Centre│     │ Budget                 │
│                        │     │ for budgetary approval │     │                        │
└────────────────────────┘     └────────────────────────┘     └────────────────────────┘
                                                                          │
                                                                          ▼
┌────────────────────────┐     ┌────────────────────────┐     ┌────────────────────────┐
│ Applicant must book on │ ◀── │ The applicant will be  │ ◀── │ A purchase order will  │
│ to the course/         │     │ informed of the        │     │ be raised and sent to  │
│ conference directly.   │     │ purchase order number  │     │ the course organiser   │
│ Ensure invoice is      │     │ by Education and       │     │ by the procurement     │
│ ticked as the method   │     │ Development            │     │ department             │
│ of payment             │     │                        │     │                        │
└────────────────────────┘     └────────────────────────┘     └────────────────────────┘
         │
         ▼
┌────────────────────────┐
│ Invoice address,       │
│ should it be requested │
│ is: Accounts Payable,  │
│ Bronte House Annexe    │
└────────────────────────┘
```

Please note, Accounts Payable will not be able to pay invoices that are not addressed to them. This will delay payment and may jeopardise your place on the course/conference.

10.1.5 Process of obtaining a Reimbursement

If you pay for the course/conference yourself, you can claim the monies back from the CPPD budget. We do not recommend or encourage this as a method of payment. However, it is becoming increasingly common for course providers not to accept invoicing as a method of payment.   Therefore, if it is unavoidable for you not to pay upfront, please follow the reimbursement process outlined below in order to claim a reimbursement for course fees via Expenses on Demand (EOD).

All reimbursement claims must be made within 3 months of the course date, claims made after this time will not be accepted. Payroll will not process a reimbursement before the course has taken place; reimbursements received prior to the course date will be paid

10.1.6 Guidance on Study Leave

We recognise the importance of staff training and updating in relation to the quality of care that we can offer our patients along with the personal and professional impact of continuing to provide staff development opportunities. In line with the trust values we aim to ensure that all staff have appropriate education and development and applications for funding are treated equitably.

The Education and Development Department are able to authorise funding for non-medical applications. Please note, authorisation of study leave is to be authorised locally by the line manager and the departmental process that is in place, should be followed.

Please note that these guidelines do not include training that has been classified as mandatory / statutory by the Trust. Staff will be appropriately supported to attend such training.

Examples of study leave that will continue to be permitted, and the circumstances in which it will be agreed

	Education Activity	Example of courses	Risks of non-attendance	Recommended approach
1	Courses to support clinical delivery, patient safety and Trust objectives	Critical Care Courses Examination of the new born Perioperative practice Chemotherapy administration Trauma course Acute stroke care Independent Prescribing	Increased SIs/ adverse incidents Increased patient complaints Reduction in quality of care/quality indicators Certain training is explicitly required as part of the role and may be essential for the Band Unable to meet NICE guidance, national audit or peer review requirements. Loss of financial allocation next year	Where training is essential to provide a safe, high quality service approval will be given. Staff may be asked to use own time (through flexible working, making hours up, annual or unpaid leave) at the discretion of the DDNG.
2	Conferences paid for with NMET CPD money, which are not covered in 1. Above	Conferences are valuable for updating of staff and sharing new developments in practice	Staff not aware of latest developments in care therefore unable to deliver contemporary practice	It is recommended that staff are funded to attend a conference only if they are presenting.
3	Professional regulation courses	Mentorship training for nurses and midwives Preceptorship training	Insufficient mentors to support student nurses and midwives in the workplace. In breach of professional regulations re assessment and sign-off of students.	This equates to mandatory training. Where training is essential in this financial year, approval can be given to 100% of study Recommended 5 days to be allocated for

| | | | Unsafe training environment with potential safety implications for patients.

Risk of fewer student allocations in future which will have a financial impact when the tariff system is introduced | Mentorship course and 4 days for Newly qualified nurses to complete the Trust's Preceptorship programme. |
|---|---|---|---|---|
| 4 | Master's / PhD programmes | A range of clinically focussed, leadership and management programmes | Some Postgraduate programmes are a professional requirement e.g. in Pharmacy.

Failure to meet our requirement that all DDNs must have or be working towards a Master's degree, and the requirement that Nurse Consultants should be educated to doctorate level.

Risk to quality of service provision and the reputational status of the Trust | Study leave applications to be submitted for approval via the DDN/Education Lead for commissioning in the TNA. 50% funding to a maximum of £3,500 pa. |
| 5 | QCFs – paid for from an NMET allowance Bands 1-4 | Level 2 health related programmes for HCAs

A minimum requirement for Healthcare Assistants. Where possible we recruit staff with the qualification. Where they do not hold it we encourage them to do the course asap | Reduction in patient safety / increase in SIs / adverse incidents – HCAs provide a significant % of hands-on patient care.

Increased patient complaints

Reduction in quality of care / quality indicators | 100% of study leave (usually half days) at the discretion of the DDN |
| 6 | Appraisal and Talent Management | Study days provided by Education and | Essential to support Trust and service objectives | 100% study leave, avoiding backfill wherever possible |

		training	Development		
7	Leadership and Management programmes	Leadership programmes run in-house National Leadership programmes L&M Masterclasses e.g. Trust Strategy Understanding Finance	Reduction in effective ward / department / service management Reduction in patient safety / increase in SIs / adverse incidents Increased patient complaints Reduction in quality of care / quality indicators	100% study leave, avoiding backfill wherever possible
8	Corporate training	Customer care skills Communication training Equality and Diversity	Essential for improving staff attitude and provides an opportunity to embed Trust values. Risk of poor feedback in the patient surveys; risk of increased patient complaints	100% study leave, avoiding backfill wherever possible
9	Junior Doctor training	e.g. Clinical courses, Exam preparation Leadership courses	Statutory requirement for provision of study leave up to 30 days per annum. (Objectives for junior doctors are tied to career progression rather than Trust objectives)	100% but requirement for cross cover rather than locum cover wherever possible. Private study leave is only to be granted at the discretion of the service manager up to a maximum of five days per year. All study leave requires at least six weeks' notice.
10	Consultant and SG		Breach of employment contract entitlement to 30 days leave over 3 years but balanced	Ensure via team planning within the clinical area and affected services that there is

			with the needs of the service.	sufficient spread of leave to maintain the service without backfill e.g. not all attend the same conference from one Dept. Ensure that maintain 42 weeks per year delivery of clinical commitments.
	SAS CPD			
11	Team support and development activities	Bespoke training / team development provision	Ineffective team working with potential reduction in the quality of care / service provision Increased patient complaints Poor feedback in patient satisfaction surveys	100% of time required but ensure disruptions to service kept to a minimum.

10.1.7 Non-Medical Funding Application and Learning Agreement

This form can be located from the Education and Development Homepage

St George's University Hospitals **NHS**
NHS Foundation Trust

St George's University Hospitals **NHS**
NHS Foundation Trust

Non Medical Funding Application

Please ensure that all applications are received a minimum of 8 weeks prior to the course date. Any applications that are not fully completed will be returned, this will delay the authorisation process which could result in you not being able to undertake the course.

Name (as on payslip)		**Course Title**	
Employee Number		**Course Provider**	
Band		**Course Date**	
Job Title		**Course cost**	
Department		**Number of study days Allocated**	
Division		Please ensure that you attach information relating to the cost of the course. This can be either a copy of the application or promotional information from the course provider.	
Contact Number			

Payment Method - If the course has been commissioned in your Divisional TNA please proceed to the signature declaration	
Please tick one of the boxes below	

Invoice		**Reimbursal**	
Please ensure that you inform the course provider that invoices must be addressed to Accounts Payable, Bronte House Annexe, St George's University Hospitals NHS Foundation Trust, Blackshaw Road, Tooting, SW17 0QT. The Purchase Order number must be quoted.		If you are required to pay the course fees upfront, you can claim the monies back using Expenses on Demand (EOD). Please complete this form and return it together with proof of payment, this can be either a receipt, cleared invoice or bank statement. Claims must be made within 3 months of the course date.	
Please provide the full address details of the company/Education Provider that needs to receive payment		To be completed by the applicant: In understand that if I leave St George's University NHS Foundation Trust within 12 months of completion, the Trust may claim back any study leave approved for this course.	
Company Name			
Address		**Applicant's Signature**		**Date**	
Address		**Manager's Signature**		**Date**	
Address		**Manager's Name (Block capitals)**			
Postcode		**Divisional Director of Nursing or equivalent e.g. Therapies Lead Authorisation**			
Telephone Number		**Name**		**Date**	
Email Address		**Signature**			

Please return your completed application (ensuring all sections have been completed) to Michelle Cowan, Education Centre, Perimeter Road SGH

Learning Agreement

Name of Applicant (block capitals):

Course Title:

The Education and Development Team are delighted that you have been offered this learning opportunity and we hope that you enjoy your course/module.

The purpose of this learning agreement is to ensure that you are aware of your responsibilities when undertaking a course that is funded by the Trust. Please read the information below and sign to say that you agree to adhere to this learning agreement.

1. For all Master's or qualification courses funding will capped at 50%. Funding applications need to be made on an annual basis.
2. If you leave the Trust within 12 months of starting a course, the Trust may reclaim 100% of the course cost if over £100. This will be discussed at your exit interview with your manager.
3. You will be expected to pursue your studies with diligence, which means attending the University as required and submitting assignments by the due date.
4. Failure to attend or non-submission of work where there are no mitigating circumstances will be classed as a disciplinary issue.
5. The university will provide data about your enrolment and results will be shared between the university and the Trust. These results will be shared with your manager and DDN/Education Lead.

We hope you enjoy your learning and that you are able to apply what you have learnt in your role in the Trust,

Best wishes,

Julie Goldie

Head of Professional Support and Development

Please sign to say you have read the learning agreement and agree with the terms above

Signed:…………………………………………………

Date:…………………

Print name:……………………………………………..

Please attach this learning agreement with your study leave formFunding application form

10.2 Doctors and Dentists in Postgraduate Training Study leave application process

Go To: www.intrepidv10.co.uk/LDN-STG

→

Log onto Intrepid and click on 'Leave Application'

→

Fill out the application form. (Please do this 6 weeks in advance of the course)

↓

Your application will be approved by a rota coordinator, educational lead and/or the DME and a member of the PGME Team

←

Your application will be automatically be sent to the correct approvers

←

Ensure you include your estimated costs and any receipts. EXPENSES WILL NOT BE REIMBURSED WITHOUT RECEIPTS

↓

You will receive an automatically generated email once the application has been approved at all four stages

→

You will then be sent an email from a member of the PGME team advising you to add the approved expense to EoD (Expenses on Demand)

→

Log into EOD

↓

Please direct all questions regarding EoD to eod.admin@stgeorges.nhs.uk

←

Your expenses will be added to your next available pay cheque

←

Enter the claim using the expense category "EDUCATION DEPARTMENT PRE-APPROVED ONLY"

A Guide to Study Leave & INTREPID

intrepid

The information in the booklet is for Doctors in TRAINING. If you are a trust doctor, clinical fellow, LAS or Consultant, please contact your service for information on study leave.

excellent /
kind /
responsible /
respectful /

Excellence in specialist and community healthcare

St George's University Hospitals NHS Foundation Trust

Where to go for Study Leave

Trainee Doctors:

- F2s, CMTs, CSTs, ACCSs, ST1-8s, LATs
- Must have an NTN and be employed in a training post
- Apply for study leave through INTREPID.

Trust Doctors:

- LASs, Clinical Fellows, Consultants
- Please contact your service for information on study leave.

Entitlements

Study leave allocation

- Trainees: May apply for up to 30 days per annum (LTFT trainees pro-rata)
- Trust Doctors: At the services discretion

Funding

- Trainees: Maximum of £850 per annum (pro rata & subject to top-slicing)
- Trust Doctors: At the services discretion

Top Slicing:

- If you are in a commissioned specialty (i.e. where a London trust is a Lead Provider), your budget may be subject to a 'top slice'. In this instance further information will be provided by your Training Programme Director (TPD)

Making an Application for Study Leave

Go To: www.intrepidv10.co.uk/LDN-STG → Log onto Intrepid and click on 'Leave Application' → Fill out the application form. (Please do this 6 weeks in advance of the course)

↓

Your application will be approved by a rota coordinator, educational lead and/or the DME and a member of the PGME Team ← Your application will be automatically be sent to the correct approvers ← Ensure you include your estimated costs and any receipts. EXPENSES WILL NOT BE REIMBURSED WITHOUT RECEIPTS

↓

You will receive an automatically generated email once the application has been approved at all four stages → You will then be sent an email from a member of the PGME team advising you to add the approved expense to EoD (Expenses on Demand) → Log into EOD

↓

Please direct all questions regarding EoD to eod.admin@stgeorges.nhs.uk ← Your expenses will be added to your next available pay cheque ← Enter the claim using the expense category *"EDUCATION DEPARTMENT PRE-APPROVED ONLY"*

Your INTREPID login details and a more in-depth guide to study leave and INTREPID will be sent to yourselves via email.

10.2.2 Local Specialties

Local Specialties – Intrepid Process Map

Trainee Submits claim via intrepid

- The claim will go through 4 stages of authorisation, at each stage the authoriser will have the opportunity to sign off, query or reject the claim.
- If a claim is rejected at any stage an email will go directly to the trainee and previous authorisers. Any subsequent authorisers in the sequence will not be made aware of the claim.
- All claims should be made at least 6 weeks in advance
- Retrospective claims should only be submitted in exceptional circumstances

Stage 1: Time Off

Department Manager / Rota Coordinator

- The nominated coordinator will receive an email advising they have a claim awaiting authorisation.
- This is the departments opportunity to check that the time off required is suitable and appropriate cover can be arranged.
- This should be received at least 6 weeks in advance
- If the claim is authorised at this stage an email will go to the next person in the sequence
- If it is rejected an email will be sent to the trainee advising

Stage 2: Appropriate

Educational Supervisor / Training Prog. Director

- Nominated Supervisor will receive an email advising they have a claim awaiting authorisation.
- This is the ES / TPDs opportunity to check that this is an appropriate course /conference for the trainee
- If the claim is authorised at this stage an email will go to the next person in the sequence
- If it is rejected an email will be sent to the trainee and previous authoriser advising

Stage 3: PGMDE Sign Off

Director of Medical Education

- Once the claim has been authorised at a departmental level an email will be sent to the DME advising they have a claim awaiting sign off.
- This is the DMEs opportunity to check this is an appropriate use of study leave funding
- If the claim is authorised at this stage an email will go to the final stage of authorisation.
- If it is rejected an email will be sent to the trainee and previous authorisers advising

Stage 4: Budget Sign Off

PGMDE Team

- This is the final stage of authorisation from the PGME team. When a claim is received at this stage it will be reviewed to ensure the trainee has the required amount of study leave funding and leave days available.
- NB: Payment for the course will not be granted until the Trainee attends the course and submits the necessary supporting paperwork - proof of payment and attendance.

Stage 5: EOD

Finance Team

- You will receive an email once your claim has been authorised for payment from the PGME Team.
- You will be asked to enter your claim on EoD.
- Select Education Department Pre-Approved Only'
- NB: Once approved on EoD, you will be reimbursed through you next available pay cheque.

If you have any queries regarding Intrepid or your department would like any further support please do not hesitate to get in touch intrepid.support@stgeorges.nhs.uk / 0208 725 2237

10.2.3 MDECS Specialties

MDECS Specialties – Intrepid Process Map

Trainee Submits claim via intrepid

- The claim will go through 3 stages of authorisation, at each stage the authoriser will have the opportunity to sign off. query or reject the claim.
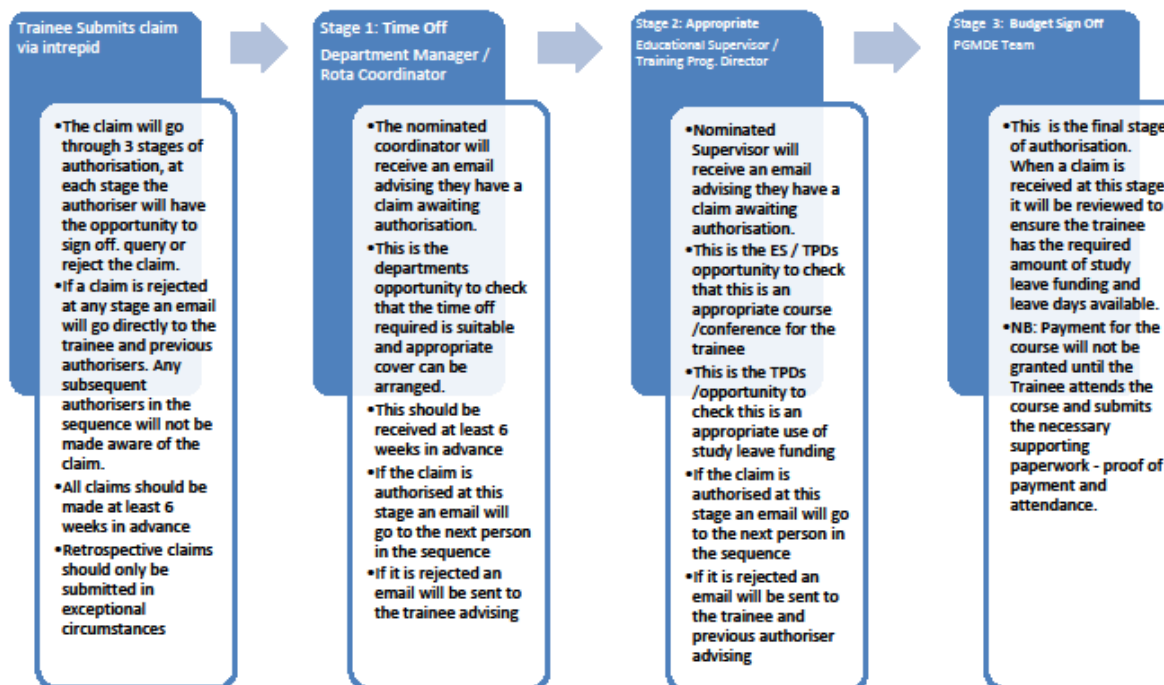- If a claim is rejected at any stage an email will go directly to the trainee and previous authorisers. Any subsequent authorisers in the sequence will not be made aware of the claim.
- All claims should be made at least 6 weeks in advance
- Retrospective claims should only be submitted in exceptional circumstances

Stage 1: Time Off
Department Manager / Rota Coordinator

- The nominated coordinator will receive an email advising they have a claim awaiting authorisation.
- This is the departments opportunity to check that the time off required is suitable and appropriate cover can be arranged.
- This should be received at least 6 weeks in advance
- If the claim is authorised at this stage an email will go to the next person in the sequence
- If it is rejected an email will be sent to the trainee advising

Stage 2: Appropriate
Educational Supervisor / Training Prog. Director

- Nominated Supervisor will receive an email advising they have a claim awaiting authorisation.
- This is the ES / TPDs opportunity to check that this is an appropriate course /conference for the trainee
- This is the TPDs /opportunity to check this is an appropriate use of study leave funding
- If the claim is authorised at this stage an email will go to the next person in the sequence
- If it is rejected an email will be sent to the trainee and previous authoriser advising

Stage 3: Budget Sign Off
PGMDE Team

- This is the final stage of authorisation. When a claim is received at this stage it will be reviewed to ensure the trainee has the required amount of study leave funding and leave days available.
- NB: Payment for the course will not be granted until the Trainee attends the course and submits the necessary supporting paperwork - proof of payment and attendance.

If you have any queries regarding Intrepid or your department would like any further support please do not hesitate to get in touch intrepid.support@stgeorges.nhs.uk / 0208 725 2237

10.3 Equality and Impact Assessment Forms

10.3.1 Initial Screening

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
			Existing	

1.1 Who is responsible for this service / function / policy?

Director of Human Resources and organisation Development – for non-medical staff

Medical Director – for consultant staff

Director of Medical and Dental Education – for doctors and dentists in training

1.2 Describe the purpose of the service / function / policy? Who is it intended to benefit? What are the intended outcomes?

The aim of this policy is to clarify the roles and responsibilities in relation to study leave and the procedures to be used in applying for and approving leave and funding for study.

The objectives of this policy are to

- Define the types of study leave

- Provide guidance on leave that will be supported

- Identify roles and responsibilities for study

- Describe the application process for study leave and funding

- Describe the recording and monitoring arrangements for supported study

1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives

This policy relates to Trust objectives , particularly being an exemplary employer and strengthening education

1.4 What factors contribute or detract from achieving intended outcomes?

Availability of MPET funding to support study. National guidelines for individual professional groups. Trust financial constraints

1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human Rights? Details: [see Screening Assessment Guidance]

The policy is an update of an existing policy and as such the impact has not changed

Overall the existence of the policy is intended to have a positive impact by promoting equality of access to learning opportunities and providing staff and managers with guidance when considering applications for study leave and funding.

1.6 If yes, please describe current or planned activities to address the impact.

The Trust's appraisal skills training for managers enables discussion on equal opportunities in the context of facets of the Equality Act 2010 and it also encourages participants to consider issues like part time / full time working hours and different shift patterns which can impact on fair access to development. Supervisors and managers are encouraged to explore different learning styles and are alerted to the importance of understanding and accommodating the different learning styles of their staff to ensure Personal Development Plans are relevant and responsive to individuals' needs.

The Trust's values, and equality and human rights, including the protected characteristics of the Equality Act 2010, are discussed in the MAST seminars. Reference is made to the importance of the ongoing development of all staff and flexibility in access to training and development, for example, where disabled staff are unable to access hard to reach venues.

1.7 Is there any scope for new measures which would promote equality?

Auditing BME data

1.8 What are your monitoring arrangements for this policy/ service

Uptake of study leave and funding through the existing staff records systems

Generating and implementing any improvement plans required where the annual NHS staff survey indicate that individuals or groups are being systematically marginalised.

1.9 Equality Impact Rating [low, medium, high]- see guidance notes 3.1 above

Low

2.0. Please give you reasons for this rating

If you have rated the policy, service or function as having a high impact for any of these equality dimensions, it is necessary to carry out a detailed assessment and then complete section 2 of this form

No formal evidence of discriminatory practice at a corporate level.

10.3.2 Detailed Assessment for High Impact Area

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Policy/Service	Date of Assessment

2.1 In which areas is the service, function or policy judged to be high priority? *Summarise issues raised at the screening stage. Outlined above*

2.2 What relevant data is available [e.g. ethnic coding monitoring, complaints, previous consultation etc]? Does the data indicate there is a differential impact on any groups?

Ethnic coding monitoring information has been requested by the trust to review

2.3 Is there any national or local guidance on equality issues for this service, policy or function?

2.4 Summarise the consultation. **Who are the main stakeholders? What are their views?**
The policy has been reviewed by Directors, key education leads, professional and management leads, staff side. Comments have been integrated into the policy.

2.5 What are the recommendations for change arising from the assessment? (To consult with key stakeholders before disseminating trust wide)

2.6 What are the costs and benefits to the relevant group and to the Trust?

2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.

2.8 Monitoring arrangements

10.4 Checklist for the Review and Approval of Procedural Documents

<u>**Checklist for the Review and Approval of Procedural Documents**</u>

To be completed and attached to any document submitted to the Policy Approval Group for ratification.

	Title of document being reviewed	**Yes/No/ Unsure**	**Comments**
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	Routine revision of policy
3.	**Development Process**		
	Is the method described in brief?	No	Policy revised by author and circulated for consultation
	Are individuals involved in the development identified?	Yes	Author
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have human resources/staff side committees	Yes	Wide consultation

Title of document being reviewed	Yes/No/ Unsure	Comments
(or equivalent) approved the document?		undertaken. Comments incorporated

7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	Trust intranet
	Have archiving arrangements for superseded documents been addressed?	Yes	Corporate archiving of documents
9.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	