

## TEMPORARY RELOCATION OF STAFF POLICY

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## DOCUMENT CONTROL

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## **1. INTRODUCTION**

- 1.1 This policy outlines the Trust's arrangements to enable the temporary relocation of staff where required. These arrangements which have been developed in partnership with staff and their representatives.

## **2. PURPOSE & SCOPE**

- 2.1 The purpose of this policy is to facilitate the temporary relocation of staff in order to ensure the most appropriate match between temporary changes in service demand and resource allocation.
- 2.2 The scope of this policy applies to the temporary relocation of staff for the minimum period of one shift and the maximum period of six months. Any changes affecting staff for more than six months will be subject to the Trust's Organisational Change policy.
- 2.3 This policy applies to all staff including all clinical and non-clinical staff.

## **3. DUTIES AND RESPONSIBILITIES**

- 3.1 The duties and responsibilities of those involved in the development and implementation of this policy are as follows:

### **Trust Board**

- 3.2 The Trust Board's responsibilities are as follows:
- overall responsibility for the organisation and arrangements made to ensure that the objectives outlined within this policy are established, implemented and achieved
  - to ensure that sufficient and adequate financial and physical resources are allocated to the effective management of the temporary relocation of staff within the Trust
  - to ensure the appointment of competent persons to assist and advise in the measures necessary to comply with the requirements of all relevant legal duties and national NHS standards in relation to staff management.

### **Directors**

- 3.3 The Director of Human Resources and Workforce Development will be the lead director responsible for ensuring the development and implementation and for ensuring the ongoing monitoring of effectiveness and review of the policy in the future.

### **Managers**

- 3.4 The line manager will take responsibility for the overall management of the process for the temporary relocation of staff in liaison with Human Resources managers regarding statutory employment requirements and best practice techniques

- 3.5 The line manager/clinical lead who is receiving the member of staff being temporarily relocated is responsible for welcoming the member of staff and ensuring a Local Induction is completed

**All Staff**

- 3.6 Each employee is required to cooperate with Somerset Partnership NHS Foundation Trust and its managers by engaging in the process for temporary relocation of staff as it applies to him/her self and working positively with management to overcome barriers in order to facilitate temporary changes.

**Human Resources Department**

- 3.7 The Human Resources Team will be responsible for advising the manager regarding best practice in relation to the temporary relocation of staff ensuring the effective and efficient administration and management of the process.

**Author of this Policy**

- 3.8 The author of this policy will be responsible for ensuring the regular review and update of the document.

**4. EXPLANATIONS OF TERMS USED**

- 4.1 The following expressions in this agreement are defined as shown below:

Continuous Service	Continuous service in the NHS without a break in service, but excluding any service for which a redundancy payment or other compensatory or termination payment has been made, or previous service from which the employee has retired and for which pension benefits have been paid.
Organisational Change	Structural or managerial change that is not of the employee's making.

**5. POLICY FOR THE TEMPORARY RELOCATION OF STAFF**

**Key Principles**

- 5.1 Key principles of this policy are as follows:
- The Trust reserves the right to redeploy/relocate staff to other services or departments within the Trust within a reasonable travel to work distance on a temporary basis, where it can be demonstrated that there is a need to do so for service or financial reasons.

- The Trust will endeavour to inform, consult and give as much notice as is reasonably possible of a temporary change once the requirement for change is identified. However it is likely that the timescales are likely to be reflective of the nature and speed of the event and the period of time the temporary change is likely to take place.
- Managers will monitor the situation to ensure that the temporary arrangements are not in place for longer than is necessary and for a maximum period of 6 months.
- The Trust will wherever possible take into account the diverse needs of its workforce when considering the temporary location of staff. This includes staff with disabilities, where we will seek to make reasonable adjustments to support them.

### **Staffing Implications**

- 5.2 The temporary change to service delivery requirements may result in the Trust requiring the staff to do one or more of the following: -
- Work at a different location within Somerset
  - Working different hours/shift times/days
  - Working across different services/specialities
  - Working in different job roles

### **Working in a Different Location**

- 5.3 Where staff are required to temporarily locate to another place of work, the Trust will put in place the following arrangements:
- Excess Mileage Allowance to ensure that the member of staff is reimbursed for the cost of any additional miles they are required to travel to another work base on a temporary basis. Excess mileage will be payable for the entire period of the temporary relocation in line with the appropriate policy.
  - In exceptional cases of hardship, consideration may be given to making an advance in payment of this allowance to facilitate relocation. However each case will be considered on merit and will require authorisation from the relevant operational director.
  - As the journey to the new temporary base is not classed as business miles, but home to work miles, then staff are not required to change their car insurance to cover travel on official business, where they do not already have this in place.
  - For those staff who do not have their own transport, the following options will be considered:
    - Car sharing with other staff. This may include reviewing duty rotas to support this.

- Providing information regarding public transport
- Reviewing working hours to facilitate car sharing or times of public transport
  
- Sharing patient transport, where appropriate
  
- In very exceptional circumstances and for a limited period, the Trust may consider the provision of transport.
  
- Careful consideration will be given to the number of miles that staff would need to travel from their home to the new temporary location compared to the distance from their home to their substantive contractual base to ensure that the number of miles to be travelled are reasonable under the circumstances.
  
- Whilst in normal circumstances and in the event of a substantive change, home to work travel is not included within working hours, in the event of a temporary relocation of staff, consideration will be given to the possibility of incorporating some of the additional travel time into working time for temporary period of change. In addition and where this can be accommodated in line with service need, start and finish times may be varied to accommodate travel arrangements.
  
- If service requirements do not allow flexibility to accommodate additional travelling time, then on an exceptional basis, payment to cover this additional time may be made. This however will require authorisation by the relevant operational director.

### **Working Different Hours/Shift Times/Days**

- 5.4 In some cases temporary changes in service requirements and/or redeployment to alternative locations may require changes to working hours/shift times/days in line with those within the new temporary base in the event that service need cannot accommodate flexibility. In such cases, where this may lead to a reduction in pay staff will be entitled to receive short term protection of their hours of work or unsocial hours payments, based on their NHS continuous service, in line with the Trust's Protection Policy, for the period of the change/redeployment/relocation.

### **Working in Different Services/Specialities**

- 5.5 On occasions staff maybe required to work in different teams as well as a new location. In such cases arrangements will be put in place to ensure that staff have the appropriate skills set and that the relevant induction and training is provided.

### **Working in Different Job Roles**

- 5.6 Staff may also be required/have the opportunity to be temporarily redeployed to a different job role. Again in such cases, arrangements will be put in place

to ensure that staff have the appropriate skills set and that the relevant induction and training is provided. Where necessary, the Professional Lead for each member of staff affected will be required to confirm members of staff are not working outside of their competence and capability.

### **Personal Circumstances**

- 5.7 In the management of any temporary change, careful consideration will be given to the personal circumstances of those staff affected by those changes. In particular those with caring responsibilities for children or elderly relatives.

### **Reasonable Responses to Change**

- 5.8 It is recognised that changes to working arrangements can be concerning, unsettling and disruptive to staff. As a result therefore, the Trust will take all reasonable steps to consult and support staff through the change and where possible adopt a flexible approach where this can achieve an effective balance between the needs of the service and the personal circumstances of individual members of staff.
- 5.9 At the same time however, it is important to recognise that the Trust has a responsibility for ensuring the best possible use of available resources in the provision of care. As a result it is the Trust's expectation that staff will take all reasonable steps to comply with the Trust's need to make temporary changes and to work with the Trust in a positive way to seek to compromise where necessary and agree plans to overcome any barriers to change. During such periods of change the Trust will also carefully monitor patterns of absence. Where it is identified that these are linked to non compliance then such matters will be dealt with under the Trust's Disciplinary Procedure.

## **6. TRAINING REQUIREMENTS**

- 6.1 The Trust will work towards all staff being appropriately trained to carry out their roles in the event of any temporary relocation in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

## **8. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **Monitoring arrangements for compliance and effectiveness**

- 8.1 Overall monitoring will be by the Joint Staff/Management Committee



### **Responsibilities for conducting the monitoring**

- 8.2 The Human Resources team will monitor procedural document compliance and effectiveness.

### **Methodology to be used for monitoring**

- 8.3 The methodology to be used for monitoring will be as follows:

- staff survey results
- audits
- grievance monitoring

### **Frequency of monitoring**

- 8.4 Monitoring will take place whereby issues around compliance are raised with staff side colleagues.

### **Process for reviewing results and ensuring improvements in performance occur.**

- 8.5 A robust process will be put in place for reviewing results and ensuring improvements in performance occur. Monitoring/audit results will be presented to the Joint Management/Staff Committee for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This group will be responsible for ensuring improvements, where necessary, are implemented.

## **9. COUNTER FRAUD**

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 10.1 The standards and outcomes which inform this procedural document are as follows:

<b>Section</b>	<b>Outcome</b>
Suitability of staffing	12 Requirements relating to workers
	13 Staffing
	14 Supporting workers
Suitability of management	23 Requirement where the service provider is a body other than a partnership
	28 Notifications – notice of changes

## **11. REFERENCES, ACKNOWLEDGEMENT AND ASSOCIATED DOCUMENTS**

### **11.1 References**

Equality Act 2010.

Part-Time Workers (Prevention of Less Favourable Treatment) Regulations 2000

Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations

### **11.2 Cross reference to other procedural documents**

Equality and Diversity Policy and Equality and Diversity Strategy

Development & Management of Procedural Documents

Policy for the Management of Organisational Change

Flexible Working Policy

Mandatory Training Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy and procedure

11.1 All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

### **Relevant Objective within Trust Strategy**

11.2 This policy has been developed to support the requirements of the Trust's Five year Integrated Business Plan

### PRINCIPLES TO SUPPORT THE REQUEST FOR SHORT TERM TRANSFER OF STAFF AT COMMUNITY HOSPITALS

1. Staff need to be informed why there is a need to support and where possible an amicable agreement reached before 'transferring' of staff confirmed and a risk assessment should be completed.
2. Senior Nurse needs to ensure own hospital staffing is not compromised and a risk assessment should be completed.
3. Consider the staff being asked to move:
  - How many times has this happened
  - Access to transport
  - Skills competency
  - Specific caring situation
4. Where a late night return journey is necessary and the member of staff is not a car driver or has no access to a car a taxi to be arranged by the hospital they are covering.
5. Full shift to be transferred - not part shift.
6. Where possible hospital needing help to pre-plan and use the agreed policy.
7. When an urgent request for the same day or within 24hours please consider when asking staff, if they are on day off, this may impact on their rest time.
8. Good practice to ask staff if they mind being contacted beforehand.
9. If staff member has any concerns contact your line manager.