

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.

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V3.3	31.07.2013	15.12.2014	Minor amendments in relation to funding for consultants and Trust employed doctors

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Executive Summary

St George's Healthcare NHS 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 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 Georges Healthcare NHS 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 are 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 must be agreed by the individual's manager. Three categories of training have been identified within the policy: mandatory and statutory training (MAST) which includes induction programmes; essential training and desirable training.

This policy applies to all staff (temporary and permanent) working in any of the "locations" registered by St. George's Healthcare NHS 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.

1. Introduction

St George's Healthcare NHS 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.

Examples to illustrate the application of these principles are attached in Appendix B

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 Healthcare NHS 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

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 above.

Mandatory and Statutory Training (MAST) is the term used to describe the systematic approach to risk management training provided by St George's Healthcare NHS 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 (2011) St George's identifies two types of MAST:

- 1) Corporate Core MAST – compulsory for all staff.
- 2) 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 core MAST training in line with the NHSLA and other legislation, standards and requirements. This will assist the Trust in maintaining its Values, Corporate Objectives and Mission statement.

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

Desirable training is training that will enhance the role and or performance of the individual and / or enhance career or personal development. This covers all training not identified by the Trust as mandatory or training that is not essential for someone to undertake their role.

ESR: Electronic Staff Record

The national NHS system for recording information on staff including having appraisals.

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. All mandatory and essential training for the postholder will be included in the PDP and any review using the KSF outline for the post will suggest further areas for learning and development. Where the KSF is not used the PDP still needs to reflect agreements to address any gaps in knowledge and skills. Although a number of individuals may have the same NHS KSF outline for their post, each will have their own individual PDP. This is because each individual will have their own strengths and also their own learning and development needs.

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.

4. Scope

This policy applies to all staff (temporary and permanent) working in any of the “locations” registered by St. George’s Healthcare NHS 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.

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 Human Resources and Organisational Development

5.2 Director of Human Resources and Organisational Development

The Director of Human Resources 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 Assistant Director of Human Resources – Education and Development

The Assistant Director of Human Resources for Education 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 HR 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 NHS London

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 interim Associate Medical Director with responsibility for education

5.5 Director of Medical and Dental Education

The Director of Medical and Dental Education (DMDE) 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 junior doctors within the Trust in line with the requirements of the Medical and Dental Education Levy (MADEL) as part of the LDA and the Medical and Dental Education Commissioning System (MDECS).

5.6 Divisional Directors of Nursing and Governance / Departmental Lead for Education

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 OLM system on receipt of the appropriate study leave form. Specialist trainers within the Trust are required to input attendance details directly onto the OLM system and receive training in order to do this.

5.8 Education Board

The Education Board will oversee the implementation and future development of the Study Leave Policy.

5.9 Managers

Managers are responsible for ensuring that staff are up-to-date with their core 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. 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.

5.10 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 core 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. Consultant applications are agreed by the line manager and Junior Doctor / Dentist applications are agreed by their local manager with their funding approved by the DMDE. Staff are responsible for submitting the correct information to support their application and to enable fees to be paid.

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.

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 study leave application form to indicate that a) they are aware that the Trust may claim back fees or study leave costs and b) that educational institutions will share the progress (where appropriate) and results of the individual staff member.

Staff should be prepared 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).

6. Payback of fees and study leave costs

Managers can use their discretion to claim back course fees and study leave costs in the following circumstances:

- 1) Discontinuation of the course without mitigating circumstances
- 2) Failure of the course due to non-submission without mitigating circumstances
- 3) When staff leave the Trust within 12 months of completing a formal course or module or when attendance fees of more than £500 have been paid (not applicable to doctors and dentists in training who are on formal rotation programmes)

The following scale should be considered:

Discontinuation or failure due to non-submission without mitigating circumstances: Up to 100% of costs to be claimed

Staff member leaves within 6 months of completing a course or when attendance fees of more than £500 paid: Up to 100% of costs may be claimed

Staff member leaves between 6-12 months of completing a course: Up to 50% of costs may be claimed

In deciding whether to undertake this course of action managers should consider the personal circumstances of the individual case. For example, if a member of staff asks to attend a course (desirable) or asks to be prioritised for an essential course and then leaves to take up a new job shortly afterwards, claim back may be justified. However, if the organisation has benefited from the person's learning or if a staff member has to discontinue or move because of changing family circumstances then there would be less justification for claim back. Discontinuation or failure due to non-submission without mitigating circumstances should be subject to claim back.

It should be noted that even where staff have not been granted study leave, non-attendance at courses / learning events paid for with Trust resources will, in the absence of notification, constitute a disciplinary issue. Where payment has been made by cash this will be reclaimed from the staff member.

MAST study leave and funding should not be considered for claim back as this is a requirement of their role. Non-attendance will be dealt with via the processes identified in the MAST policy.

The Assistant Director of HR-Education and Development should be notified of instances of claim back of fees or study leave costs for monitoring purposes.

7. 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.

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.

8. Funding sources for study expenses and process for application

Non-medical funding

The Trust has an education contract with NHS London which enables us to indirectly purchase a range of courses and study days with designated Universities in London. This provides the majority of our clinical courses for nurses along with some provision for midwives, AHPs and Clinical Scientists. A number of Master's and PhD programmes can also be accessed by this route. Applications for these courses should be approved by the line manager and the Divisional Director of Nursing / Departmental Education Lead and submitted directly to the University. Some applications may need to be signed by the Assistant Director of HR-Education and Development or designated Deputy according to the requirement of the University. A Trust study leave application form should also be completed to a) provide a record of the agreed study leave allowance b) to ensure that staff sign to acknowledge the payback clause and sharing of results and c) to enable Education and Development staff to record the training on OLM.

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 CPD funding along with specific funding 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 Assistant Director of HR-Education and Development subject to approval by the Director of Nursing and Patient Safety and the Director of HR and Organisational Development. Divisions and Departments are allocated an expenditure budget plus there are Trust level budgets for Master's support and Leadership programmes.

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. Funding can be for individuals or for team or corporate training events. Staff may apply for funding for Master's programmes that are not available via the education contract funding described above. As a general rule, staff seeking funding for Master's programmes through the CPD money will receive 75% 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. If staff elect to undertake an unusually expensive course such as an MBA, funding will be capped at £3500 for a period of two years only, subject to available funding as above. 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 study leave form. Applicants must submit the study leave form to 'Training and Development' along with the payment details for the course to enable payment via the Agresso system. 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, in line with the requirements of NHS London.

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

Doctors and Dentists in Postgraduate Training

Doctors and Dentists in Postgraduate training must seek approval for study leave from their Educational Supervisor and must be supported by their local manager. There are national guidelines for study leave which should be followed, however, cover should be arranged internally as opposed to locum cover. Doctors and Dentists in training are eligible for up to 30 days leave within a 12 month period. The leave allocation should include Trust arranged teaching programmes, Deanery, departmental teaching sessions and tasters. Applications for study leave should demonstrate that the learning forms part of the specified curriculum. 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. Private study leave to prepare for examinations should be negotiated locally and will form part of the 30 days leave allowance.

FY2 doctors, dentists, specialist trainees and specialist registrars are eligible for funding from the MADEL Levy / MDECS. There is a notional sum of money per trainee which is subject to 'top-slicing' for courses organised by the Trust for trainees at the discretion of the DMDE in some specialties. Approval for funding is given by the Director of Medical and Dental Education following submission of an appropriately signed study leave form and relevant receipts to the Education Centre. Alternatively, payment details should be included with the application form to enable fees to be paid via the Agresso system.

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.

The study leave allowance for Dental Foundation year 2 trainees will be used by the Lead Provider (SGH) to provide a South West London sector educational programme. The hands-on simulation sessions will be run at Croydon University Hospital. This means that there will be limited study leave funds available for outside courses eg those run by the Royal College.

Staff Grade, Specialty Doctor and Associate Specialists

Trust employed junior doctors and Associate specialists are eligible 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 payment should be made 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).

Medical Consultants

Consultants are contractually eligible for 30 days study leave over three years. Training should normally be agreed as part of the annual appraisal process. Applications for study

leave and funding should be submitted to the appropriate General Manager for initial approval. Final sign off should be given by the Clinical Director or Divisional Chair as appropriate. The pattern of leave should be negotiated locally so as to cause minimal impact on the service. Locum cover should not normally be provided. Mandatory training is given priority at all times and other training may not be approved unless the applicant can demonstrate that mandatory and statutory training requirements have been met. 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).

Directors

Study leave for Directors should be individually negotiated with the Chief Executive and funded through Divisional / Departmental budgets.

9. Dissemination and implementation

9.1 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.

9.2. 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 Assistant Director of HR-Education and Development and senior members of the Education and Development team are available for further support.

10. 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.

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
<i>Principle 5 staff accessing study leave are up-to- date with mandatory training requirements</i>	<i>Education and Development Department</i>	<i>Randomised audits of the OLM system to ascertain if staff accessing MPET funding have undertaken their core MAST seminar or eMAST</i>	<i>Annual audit presented at Education Board</i>	<i>The Assistant Director of HR - Education and Development will share audit results with relevant senior managers including divisional directors of nursing</i>	<i>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</i>
<i>Equitable and appropriate access to development opportunities to develop competence and confidence</i>	<i>Education and Development Department</i>	<i>Results of NHS Staff Survey and any grievances raised</i>	<i>Staff survey is an annual cycle Grievances may be raised at any time during a year</i>	<i>The Human Resources Directorate will lead on developing action plans arising out of the NHS staff survey and any formal grievances raised.</i>	<i>Directorate / division based Human Resources Managers will facilitate local discussions with managers on specific recommendations</i>
<i>Failure to complete or pass development programmes</i>	<i>Education and Development Department</i>	<i>Reports received from programme providers</i>	<i>Reports are sent to Divisional Director of Nursing /Departmental Education Leads / Education Supervisors</i>	<i>Divisional Directors of Nursing / departmental Education leads / Education Supervisors will liaise with appropriate line managers and / or the individuals concerned</i>	<i>The line managers of individual staff 'failing' courses will be expected to identify reasons for failure and implement supportive mechanisms where appropriate</i>

<i>Claim back of fees or study leave funding</i>	<i>Education and Development Department</i>	<i>Reports received from managers claiming back fees and funding</i>	<i>Annual to Education Board</i>	<i>The Education Board will review the examples of claim back and recommend actions to be taken if appropriate</i>	<i>Education and Development will facilitate local discussions with managers on specific recommendations</i>
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11. 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

12. 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.

APPENDIX A

Study leave and funding process flow charts

1. Study Leave and funding approvals process for University courses as part of the Non-Medical Education Contract

Development need identified at annual appraisal / intermediate review



Application form and Trust study leave form completed by applicant (this applies even if funding only if approved eg no study leave)



Study leave form signed by line manager



Study leave and course application approved by: Divisional Director of Nursing or delegated officer; Senior manager; or, Departmental education lead. Approvals must be granted in line with agreed commissions.

- Application forms for Kingston University to be signed by designated local signatory
- Application forms for other Universities to be countersigned by authorised signatories in Education and Development
- Application forms for King's do not currently require countersignature however APPLICATIONS MUST NOT BE SUBMITTED WITHOUT PRIOR APPROVAL FROM DDN OR ASSISTANT DIRECTOR OF HR-EDUCATION AND DEVELOPMENT



Application form submitted to University by applicant



Study leave form to be submitted to the Education Centre marked 'Education Contract'

2. Non-medical study leave and funding approvals process for cash funded provision

Development need identified at annual appraisal / intermediate review



Application form and Trust study leave form completed by applicant (this applies even if funding only if approved eg no study leave)



Study leave form signed by line manager



Study leave and or funding approved by: Divisional Director of Nursing or delegated officer; Senior manager; or, Departmental education lead



Study leave form, copy of application form and payment details submitted to the Education Centre marked 'Study Leave'



Study leave form signed by approved signatory



Course Provider details and costs will be logged onto agresso system to generate payment
ALLOW AT LEAST 8 WEEKS BEFORE COURSE / CONFERENCE START DATE .

IF YOU DO NOT SUBMIT THE PAYMENT DETAILS WITH YOUR STUDY LEAVE FORM
YOU MAY FIND THAT YOU ARE UNABLE TO ATTEND THE EVENT



Education and Development will email you to confirm that your funding has been approved



Applicant to submit application form to course provider

You are strongly advised not to prepay for courses / learning events but if you do, then you must submit proof of payment and a completed (travel) expenses claim form with your study leave form. The money will be reimbursed via payroll in the next available pay run.

3. Medical Study Leave and funding approvals process (Trainees)

Development need identified at appraisal / review



Medical study leave form and claim form completed by applicant



Study leave form signed by Educational Supervisor and supported by local manager



Study leave form, expenses claim form and appropriate receipts submitted to the Education Centre marked 'Medical Study Leave'



Study leave is authorised and form signed by Director of Postgraduate Medical Education or Training Programme Director



Applicant to submit form and payment to course provider



Proof of payment and applicants compliance with mandatory induction processes are checked by the Training Programme Coordinator



Training Programme Coordinator submits study leave form, claim form and receipts to Payroll



The money will be reimbursed via payroll in the next available pay run

- **Please allow 6-8 weeks for reimbursement.**
- **Please submit a study leave and claim form for each course being claimed for.**
- **Please ensure that separate receipts / proof of payment are submitted for each element of the claim.**
- **Payment can be made by the Trust directly to the course provider. Please contact the Training Programme Coordinator for details**

4. Medical Study Leave and funding approvals process (Consultants, Staff Grades and Associate Specialists)

Development need identified at appraisal / review



Study leave form completed by applicant; evidence of compliance with MAST demonstrated



Study leave form signed by General Manager



Study leave is authorised and form signed by Clinical Director or Divisional Chair where appropriate



Applicant to submit form and payment to course provider or General Manager processes payment through Agresso



Proof of payment and expense claim form submitted to General Manager after training has taken place where individual pays up front



General Manager submits study leave form, claim form and receipts to Payroll within three months of training event



The money will be reimbursed via payroll in the next available pay run

- **Please submit a study leave and claim form for each course being claimed for.**
- **Please ensure that separate receipts / proof of payment are submitted for each element of the claim.**
- **Payroll will not reimburse until the training event has taken place**
- **Allow 6-8 weeks for reimbursement.**
- **Claims for reimbursal must be presented to payroll within three months of the training event taking place**
- **Payment can be made by the Trust directly to the course provider via the Agresso system**

Appendix B

Guidance on Study Leave

The financial difficulties faced by the Trust have been highlighted to staff in a number of communications from our Chief Executive and Directors. In order to assist our cost saving measures we are carefully scrutinising all expenditure including the costs associated with release of staff for 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. Funding for study leave is set out in the Study Leave Policy, this guidance aims to assist managers in the allocation of study leave. A number of examples have been presented to illustrate a range of situations, it is not a comprehensive list.

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.

The following principles have been set out to help managers and staff in the allocation of study leave.

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|-----------------|---|
| Principle one | The intended outcome is to treat all staff equally. |
| Principle two | The application of these principles should ensure the minimum 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 costs 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 objectives, will be approved. |

Examples to illustrate these principles are attached. For further information contact Di Morgan, Assistant Director of HR–Education and Development or other senior members of the Education and Development team.

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	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 can be given to 75% of the study leave required. Staff will be asked to use own time (through flexible working, making hours up, annual or unpaid leave) for remaining 25% days at the discretion of the DDN particularly where courses are of significant length eg examination of newborn
2	Conferences and courses paid for with NMET CPD money which are not covered in 1. Above	Conferences and study days 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 NMET Levy funding withdrawn in this financial year and a loss of allocation next year	Where funding is available from the NMET Levy then staff will be supported if they attend in their own time and pay for their own travel / subsistence. There will be no need therefore for any absence to be backfilled.
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	This equates to mandatory training. Where training is essential in this financial year, approval can be given to 100% of study

			<p>assessment and sign-off of students.</p> <p>Unsafe training environment with potential safety implications for patients.</p> <p>Risk of fewer student allocations in future which will have a financial impact when the tariff system is introduced</p>	leave.
4	Masters / PhD programmes	A range of clinically focussed, leadership and management programmes	<p>Some Postgraduate programmes are a professional requirement eg in Pharmacy.</p> <p>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.</p> <p>Risk to quality of service provision and the reputational status of the Trust</p>	<p>100% study leave if they are a professional requirement</p> <p>12 days pa for all others plus assistance with flexible working patterns wherever possible. Backfill should only be used in exceptional circumstances and then only when agreed at director level</p>
5	NVQs – paid for from an NMET allowance (Joint Initiative Funding JIF)	<p>Level 2 health related programmes for HCAs</p> <p>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</p>	<p>Reduction in patient safety / increase in SIs / adverse incidents – HCAs provide a significant % of hands-on patient care.</p> <p>Increased pt complaints</p> <p>Reduction in quality of care / quality indicators</p> <p>JIF funding withdrawn in this financial year and a loss of allocation next year</p>	75% 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	100% study leave, avoiding backfill wherever

	training	Development and by NHS London	objectives	possible
7	Leadership and Management programmes	<p>Leadership for Managers, for ward managers / other managers @ Bands 6-7 x 4 days. Includes service improvement project</p> <p>Senior Staff Leadership, new consultants and other new senior starters x 5 days</p> <p>Leadership at the point of care, for Band 5 nurses / AHPs</p> <p>L&M Masterclasses eg</p> <p>Trust Strategy</p> <p>Understanding Finance</p>	<p>Reduction in effective ward / department / service management</p> <p>Reduction in patient safety / increase in SIs / adverse incidents</p> <p>Increased pt complaints</p> <p>Reduction in quality of care / quality indicators</p>	100% study leave, avoiding backfill wherever possible
8	Corporate training	<p>Customer care skills</p> <p>Communication training</p> <p>Equality and Diversity</p>	<p>Essential for improving staff attitude and provides an opportunity to embed Trust values.</p> <p>Risk of poor feedback in the patient surveys; risk of increased patient complaints</p>	100% study leave, avoiding backfill wherever possible
9	Junior Doctor training	e.g. Clinical courses, Exam preparation	Statutory requirement for provision of study leave up to 30 days per annum.	100% but requirement for cross cover rather than locum cover wherever possible. Private

		Leadership courses	(Objectives for junior doctors are tied to career progression rather than Trust objectives)	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 SAS CPD		Breach of employment contract entitlement to 30 days leave over 3 yrs but balanced with the needs of the service.	Ensure via team planning within the clinical area and affected services that there is sufficient spread of leave to maintain the service without backfill eg not all attend the same conference from one Dept. Ensure that maintain 42 weeks per year delivery of clinical commitments.
11	Team support and development activities	Bespoke training / team development provision One Team development activities	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.

Appendix C:

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
			Existing	
<p>1.1 Who is responsible for this service / function / policy?</p> <p>Director of Human Resources and organisation Development – for non-medical staff</p> <p>Medical Director – for consultant staff</p> <p>Director of Medical and Dental Education – for doctors and dentists in training</p>				
<p>1.2 Describe the purpose of the service / function / policy? Who is it intended to benefit? What are the intended outcomes?</p> <p>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.</p> <p>The objectives of this policy are to</p> <ul style="list-style-type: none"> • 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 				
<p>1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives</p> <p>This policy relates to Trust objectives , particularly being an exemplary employer and strengthening education</p>				
<p>1.4 What factors contribute or detract from achieving intended outcomes?</p> <p>Availability of MPET funding to support study. National guidelines for individual professional groups. Trust financial constraints</p>				
<p>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]</p> <p>The policy is an update of an existing policy and as such the impact has not changed</p> <p>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</p>				

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?

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.

2. EQUALITY IMPACT ASSESSMENT FROM – DETAILED ASSESSMENT FOR HIGH IMPACT AREAS

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Policy/Service	Date of Assessment
<p>2.1 In which areas is the service, function or policy judged to be high priority? <i>Summarise issues raised at the screening stage. Outlined above</i></p>				
<p>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?</p>				
<p>2.3 Is there any national or local guidance on equality issues for this service, policy or function?</p>				
<p>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.</p>				
<p>2.5 What are the recommendations for change arising from the assessment? (To consult with key stakeholders before disseminating trust wide)</p>				
<p>2.6 What are the costs and benefits to the relevant group and to the Trust?</p>				
<p>2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.</p>				
<p>2.8 Monitoring arrangements</p>				

Appendix D:

Checklist for the Review and Approval of Procedural Documents

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 (or equivalent) approved the document?	Yes	Wide consultation undertaken. Comments

Title of document being reviewed	Yes/No/ Unsure	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	