

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 27 OCTOBER 2017**

<b>Title:</b>	<b>APPROVAL OF POLICIES</b>
<b>Responsible Director:</b>	David Burbridge
<b>Contact:</b>	Berit Reglar, Deputy Foundation Secretary, Ext 14324

<b>Purpose:</b>	The policies below have been reviewed by all relevant stakeholders and the Policy Review Group and are submitted for approval.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	None
<b>Key Issues Summary:</b>	<p>Save for the new 'Reviewing Inpatient Deaths Policy', the following policies have been reviewed in accordance with the Policy on Controlled Documents, which demands that all policies are reviewed, as a minimum, every three years:</p> <p><b>Research Governance Policy:</b> The policy sets out the overarching governance for all research conducted for the Trust.</p> <p><b>Equality and Diversity in Employment Policy:</b> The Policy outlines the Trust's commitment and responsibilities to equality and diversity in employment.</p> <p><b>Work Life Balance Policy:</b> The Policy outlines the work life balance options available to Trust staff.</p> <p><b>Raising Concerns in the Public Interest (Whistleblowing) Policy:</b> The policy sets out the Trust's support for staff in raising concerns in the public interest.</p> <p>The <b>Reviewing Inpatient Deaths Policy</b> is a new policy.</p>
<b>Recommendations:</b>	<p>The Board is asked to consider, and if thought fit, approve the following:</p> <ol style="list-style-type: none"> <li>1. Research Governance Policy</li> </ol>

	<ol style="list-style-type: none"><li>2. Equality and Diversity in Employment Policy</li><li>3. Work Life Balance Policy</li><li>4. Raising Concerns in the Public Interest (Whistleblowing) Policy</li><li>5. Reviewing Inpatient Deaths Policy</li></ol>
<b>Signed:</b> David Burbridge	<b>Date:</b> 27 October 2017

# **UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS  
THURSDAY 27 OCTOBER 2017**

## **APPROVAL OF RESEARCH GOVERNANCE POLICY; EQUALITY AND DIVERSITY IN EMPLOYMENT POLICY; WORK LIFE BALANCE POLICY; RAISING CONCERNS IN THE PUBLIC INTEREST (WHISTLEBLOWING) POLICY; and REVIEWING INPATIENT DEATHS POLICY**

### **PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS**

#### **1. Research Governance Policy**

- 1.1. The policy has undertaken a full stakeholder consultation review, as part of the three-yearly mandated review of Controlled Documents.
- 1.2. The policy has had some minor changes including the addition of a Monitoring Matrix within Appendix A detailing how the efficacy of the policy will be monitored.
- 1.3. The Senior Research and Development Management Group is now called the Research Development and Innovation Strategy Group.
- 1.4. The associated policy and procedural documentation has been updated to remove those controlled documents which have been archived since the last review of the policy.

#### **2. Equality and Diversity in Employment Policy**

- 2.1. The policy sets out the Trust's commitment to value diversity and promote equal opportunities regardless of age, disability, ethnic origin, sex, sexual orientation, gender reassignment, race, religion or belief, marriage or civil partnership, pregnancy or maternity.
- 2.2. Additional definitions for Public Sector Equality Duties and the requirements as set out in the Workforce Race Equality Standards are included within the revised policy.
- 2.3. With regards to organisational change, the policy now stipulates that any proposed organisational changes must be equality impact assessed prior to their implementation to ascertain whether the proposed change is likely to affect any group more or less favourably. Where this is found to be the case there must be valid, legal and/or justifiable reasoning for doing so.
- 2.4. Retirement on the grounds of ill health will now also be considered where it is not possible for the Trust to make reasonable adjustments

for disabled staff or staff who become disabled during the course of their employment with the Trust.

- 2.5. The responsibilities for members of the Equality and Diversity Steering Group have been removed as the group has been disbanded. The previous duties allocated to the members of the group are now the responsibility of the Executive Director of Delivery.
- 2.6. Amendments have also been made to the monitoring of the policy. KPI reports and staff survey findings will now be reported on by the Executive Director of Delivery annually. These were previously provided on a monthly basis.

### **3. Work Life Balance Policy**

- 3.1. The policy sets out the Trusts commitment to recognise the importance of supporting staff to balance their work and personal commitments wherever possible and provides a range of flexible working patterns and leave arrangements to assist with this.
- 3.2. The policy has undergone the three-yearly mandated review by all stakeholders. This has resulted in the following changes:
  - 3.2.1. Shared Parental Leave is now included within the policy. Eligible fathers and partners are able to request additional leave during the 12 months following the birth/adoption/placement of a child. This requires the mother/adopter to reduce their own eligible maternity/adoption leave.
  - 3.2.2. Shared Parental Leave must be taken in full weeks.
  - 3.2.3. Staff have the right to return to the same job if they have taken leave of 26 weeks or less, regardless of how many periods of leave they have had. This includes any combination of maternity, adoption, paternity or shared parental leave.
  - 3.2.4. Staff who take more than 26 weeks leave have the right to return to either the same job, or a similar job if it is not reasonably practicable for them to return to the same position.
  - 3.2.5. The monitoring of the efficacy of the policy has been updated. The Executive Director of Delivery will receive an annual report analysing all rejected applications for work life balance at the Operational Workforce Group to ensure there has been no unlawful discrimination.

### **4. Raising Concerns in the Public Interest (Whistleblowing) Policy**

- 4.1. The policy has been updated to reflect recommendations made from Sir Robert Francis's Freedom to Speak Up review. This stipulates that NHS Foundation Trusts must appoint a Freedom to Speak Up

Guardian to work with Trust leadership teams to create a culture whereby staff are able to speak up in order to protect patient safety and empower workers. The policy details that where staff feel unable to raise concerns with their line manager, they are able to raise these with the Freedom to Speak Up Guardian.

- 4.2. The reviewed policy also makes reference to postgraduate doctors and dentists in training who are contractually required to refer to Health Education England's Terms of Agreement regarding protected disclosures for Doctors in Training.
- 4.3. The policy also makes clear the distinction between raising concerns with line managers and 'whistleblowing'. The policy outlines the correct process to follow if a member of staff feels that the concerns they have raised with their line manager have not been dealt with satisfactorily.
- 4.4. The Chief Executive is now also responsible for ensuring all concerns raised are dealt with fairly, thoroughly and in accordance with the policy.
- 4.5. Duties have also been assigned to the Trust Freedom to Speak Up Guardian. These include the following:
  - 4.5.1. Report to the Board on a quarterly basis the number of concerns raised with them; and
  - 4.5.2. Ensuring that any concerns raised are dealt with in accordance with the associated procedure.
- 4.6. Members of the Human Resource Department will advise on the application of the policy and associated procedure, to ensure fairness and consistency of application. They will also report on the number of complaints which have not been resolved through the Freedom to Speak Up Guardian, on an annual basis.
- 4.7. Members of the Occupational Health and Staff Support Service will offer confidential advice and support to any staff involved in a Whistleblowing concern.

## **5. Reviewing Inpatient Deaths Policy**

- 5.1. This policy has been drafted to meet the requirements outlined in the National Quality Board's Guidance on Learning from Deaths.
- 5.2. The purpose of the policy and its associated documents is to ensure the Trust reviews inpatient deaths in a robust manner in line with national guidance and requirements. Through implementation of the policy the Trust will ensure that all relevant inpatient deaths are subject to clinical review and that the outcomes of these are used for learning and quality improvement.

- 5.3. Under the policy all inpatient deaths will require a Medical Examiner review. Those inpatient deaths which do not meet the exclusion criteria, as detailed in the associated procedure, will require a further review at a Mortality and Morbidity Meeting.
- 5.4. The outcomes of these cases will be presented to the Clinical Quality Monitoring Group (CQMG) for final review. This group will decide whether any cases justify further review or independent investigation as part of the associated Policy for the Reporting and Management of Incidents including Serious Incidents. The outcomes of these will subsequently be fed back to CQMG, Medical Examiners, and relevant specialities.
- 5.5. The Medical Director is responsible for the implementation of the policy and will receive exception reports from Medical Examiners when further investigation is required.
- 5.6. Divisional Directors and Clinical Service Leads will be responsible for ensuring clinical specialities undertake reviews as required by the Medical Examiners.
- 5.7. Members of Clinical Risk and Compliance Unit will provide exception reports to the Medical Director, and manage the process of reviewing and escalating outcomes of the Medical Examiner reviews. They will also present reports in line with national requirements to the Board of Directors and the Clinical Commissioning Group; these will include mortality figure and outcomes.

## **6. Recommendation**

The Board of Directors are asked to consider, and if thought fit, approve the following policies:

- 6.1. Research Governance Policy;
- 6.2. Equality and Diversity in Employment Policy;
- 6.3. Work Life Balance Policy;
- 6.4. Raising Concerns in the Public Interest (Whistleblowing) Policy; and
- 6.5. Reviewing Inpatient Deaths Policy.

**David Burbridge**

Director of Corporate Affairs

27 October 2017