| Date of Group Risk & Compliance Meeting | 3 March 2023 |
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| Agenda Item | 6 - Annual Policy & Procedures Report |
| Author & Contact Details | Angela Dawson, Head of Quality & Transformation |
| Purpose of Paper/Report | To inform the Group Risk & Compliance Committee of the range and status of Policies and Procedures across the Group, which provide a framework to ensure the organisation meets legislative requirements, contractual obligations and generally supports best practice. |
| Executive Summary | This Report outlines the Management Framework for ensuring the Group has effective Policies and Procedures in place. The report also shows which Policies and Procedures have been renewed or introduced and invoked during the year. |
| Recommendations | It is recommended that the Group Risk & Compliance Committee accept the Report and provide an update to the Board of Trustees meeting on 22 March 2023 and agree to some form of external review of key Policies to ensure they meet the requirements of the Charity and the 2 subsidiary companies. |
| Strategy Impact | None. |
| Risk Impact | Effective monitoring and control system in place to review and update Policies & Procedures, with continued monitoring the risk remains low. |
| Financial Impact | None. |
| Legal & Compliance Impact | Complies with all legislation including Health & Safety at Work 1974, Data Protection Act 2018 and Employment Law |
| Customer Service Impact | None. |

# 1. INTRODUCTION

This paper has been prepared by the Head of Quality & Transformation to inform the Group Risk & Compliance Committee of the range and status of Policies and Procedures across the Group, which provide a framework to ensure the organisation meets legislative requirements, contractual obligations and generally supports best practice.

The Age UK North Tyneside Group uses Policies and Procedures to provide the framework for its entire operation. They provide clear direction for staff and volunteers as well as insights into company philosophies, values and ethical standards. Policies and Procedures go hand-in-hand because of the close relationship between the two.

Implementing effective Policies & Procedures improves the way we look from the outside as they help to ensure we comply with relevant regulations. They also demonstrate that we are efficient, professional and stable which leads to stronger business relationships and a better public reputation.

As work environments, laws and technology change, Policies and Procedures require maintenance and updating to remain effective.

All Policies and Procedures are reviewed regularly. There is no specific timeframe set by law but we believe it is best practice to review each policy either every one, two or three years depending on the Policy for relevancy and accuracy. Changes are inevitable in order to adjust to the Group's needs or to comply with a revised law. Routine maintenance ensures that the Group's Policies and Procedures continue to align with its mission and goals.

The Group has 117 active Policies & Procedures which are co-ordinated and monitored by the Head of Quality & Transformation using an Action Plan (**Paper 5A**) which outlines the following:

1. Name of Policy & Procedure
2. Date due to be reviewed
3. Version Number
4. Review Cycle
5. Owner

The Head of Quality & Transformation is responsible for managing and monitoring the Action Plan and informing the Owner when a Policy and Procedure is due to be reviewed. It is then the Owners responsibility to ensure that the Policy & Procedure is up to date, relevant and correct.

When the appropriate revisions are completed by the Owner the revised Policy and Procedure is sent back to the Head of Quality & Transformation to upload it onto the Group's Staff and Volunteer Portal and to inform staff that the Policy has been reviewed.

Where there are significant changes to a Policy and Procedure or if there is a new Policy and Procedure which has been introduced then this is first of all approved and signed off by the Group Chief Executive before it is implemented.

Salaried staff are asked to complete a Policy and Procedures Training Record to show that they have read and understood the revised Policy and Procedure which is then filed in their P File for audit purposes.

Hourly paid staff (majority are care staff) are informed of changes/updates to Policies and Procedures at Team Meetings. All monthly Team Meeting Agenda's include a Policy of the month to allow staff to contribute and comment on any changes.

All Policies and Procedures are available to both staff and volunteers on the Group's Staff and Volunteer Portal.

New ways of training, evidencing training and raising awareness of policies is included in the work underway to implement the Digital Strategy.

## 2. POLICIES AND PROCEDURES RENEWED SINCE THE LAST REPORT

52 Policies and Procedures have been reviewed since the last report in March 2022.

| Policy | Review Cycle in years |
|---|---|
| Menopause & Andropause Policy | 3 |
| Training Policy | 3 |
| IT Policy | 3 |
| Coronavirus Vaccine Policy | 3 |
| Data Breach Policy | 1 |
| Data Protection Policy | 1 |
| Data Security Policy | 1 |
| Equality, Diversity & Inclusion Policy | 3 |
| Information Governance Policy | 3 |
| Quality Policy | 1 |
| End of Life Policy | 3 |
| Hydration Policy | 1 |
| Mental Capacity & DOL's Policy | 3 |
| Autonomy & Independence Policy | 3 |
| Charging Policy | 1 |
| Investment Policy | 1 |
| Debtors Policy | 1 |
| Pension Policy | 1 |
| Reserves Policy | 1 |
| Comments, Compliments & Complaints Policy | 3 |
| Conflict of Interest Policy (I&A) | 3 |
| Domestic Abuse & Violence Policy | 3 |
| Critical Incident Policy | 3 |
| Customer Participation Policy | 3 |
| Food Safety & Hygiene Policy | 3 |
| Mobile Phone Policy | 3 |

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|---|---|
| Performance Development Review Policy | 3 |
| Personal Safety & Dealing with Challenging Behaviour Policy | 3 |
| Personalisation Policy Statement | 3 |
| Privacy & Dignity Policy | 3 |
| Safeguarding Adults Policy | 1 |
| Information Maintenance Policy | 3 |
| Safeguarding Customer Finances Policy | 1 |
| Induction Policy Statement | 3 |
| RIDDOR Policy | 3 |
| COSHH Policy | 3 |
| Sabbatical Leave Policy | 3 |
| Green Policy | 3 |
| Loyalty Awards Policy | 3 |
| Accident Reporting Policy | 3 |
| Improvement & Disciplinary Policy | 2 |
| First Aid Policy | 3 |
| Maximum Temperature Policy | 3 |
| Moving & Handling Policy | 3 |
| Office Code of Conduct Policy | 3 |
| Professional Registration Policy | 1 |
| Recruitment & Monitoring of Employees requiring Sponsorship Policy | 3 |
| Whistleblowing Policy | 3 |
| Activity Policy | 3 |
| Media Relations Policy | 3 |
| Public Leave Policy | 3 |
| Social Media Policy | 3 |
| | |

## 3. POLICIES INVOKED SINCE THE LAST REPORTING PERIOD

**3.1 Absence Management Policy** – Invoked 123 times for varying levels of absence this year, compared to 81 times last year. Absence is managed well and everything is done to support staff back to work. Staff on long term sick for repeat incidents of absence are monitored over a 12 month period and brought back to disciplinary if repeat offenders. We offer Anxious Minds for counselling and have a self-referral organisation called Able Minds that offer 9 month free support online that is discussed in wellbeing meetings with Managers and HR.

There are **3 trigger levels of action** to help us identify unsustainable patterns of absence:

**Level 1** – is the first 'trigger level' for four occasions or two occasions of absence totalling more than ten days during a rolling period of twelve consecutive months; or a pattern of absence otherwise considered unacceptable by the company, e.g. a pattern of absences on Mondays and/or Fridays.

**Level 2** – the second 'trigger level' is two further occasions or one occasion of absence totalling more than ten days within a six month period of the first written caution; or continued patterns of absence otherwise considered unacceptable by the company.

**Level 3** – the third 'trigger level' is absence for ten or more days or on two or more occasions within any six month period or your pattern of absence is otherwise considered unacceptable by the company.

Levels of absence monitored since the last report in line with the Policy are:

- Level 1 x 35 times – 30 in the previous year
- Level 2 x 42 times – 27 in the previous year
- Level 3 x 46 times – 24 in the previous year

**3.2 Maternity Policy** invoked 8 times since the last report, compared to 6 in the previous year. 3 staff on full Maternity - 1 Charity and 2 EveryDay Care and Support, and 5 more awaiting to go on Maternity submitting MATB1 forms and therefore working through various elements of the Policy with risk assessments in place.

**3.3. Improvement & Disciplinary Policy** – this Policy has been invoked 91 times this year compared to 52 last year for the following reasons:

36 x Level 3 sickness – 22 in previous year
51 x Conduct – 56 in previous year
1 x Capability – 1 in previous year
2 x Mediation – 2 in previous year
1 x Withdrawal of contract

**3.4. Redundancy Policy** invoked 10 times this year. Three staff were actually made redundant, 4 staff are currently going through consultation and 3 staff left obtaining alternative employment.

## 4. POLICIES & PROCEDURES IN THE PROCESS OF BEING REVEWED

There are 6 Policies currently under review at the time of writing this report:

1. Code of Conduct Policy
2. Maternity Policy
3. Anti-Corruption & Bribery Policy
4. Expenses Policy
5. Safeguarding Children's Policy
6. Infection Control Policy

In the previous report it was felt that an external review of our key Group Policies & Procedures could be beneficial especially with the move to becoming a Registered Social Landlord and managing Havelock Place and also to ensure they fit, are smart, effective and meet the requirements of the Charity and its two subsidiary companies. However, this did not happen as we are still awaiting to hear the outcome of our RSL application therefore we will prioritise this for 2023-2024. Plans are already in place to review all HR key Policies using CIPD/'HR Inform' which gives us access to a whole range of Policy templates.

## 5. NEW POLICIES & PROCEDURES INTRODUCED

There have been 2 new Policies introduced since the last report in March 2022.

1. Legionella Management Policy which was recommended by CHAS.
2. Modern Slavery Policy and a Modern Slavery &Human Trafficking Statement

## 6. NEW POLICIES IN DEVELOPMENT/DRAFT

There are 2 new Policies in development and/or draft:

**For the Group:**
1. Conflict of Interest Policy for Trustees & Directors
2. Pay Policy

There has been no movement on these two Policies since the last report and they will be given priority this year.

## 7. CONCLUSION

The Group manages its Policies and Procedures effectively and has a robust system in place to do so and there are sufficient Policies and Procedures in place to effectively manage its business. However as mentioned above we are proposing to carry out a review of our key Group Policies via an external consultant to ensure they fit, are smart, effective and meet the requirements of the Charity and its two subsidiary companies.

## 8. RECOMMENDATION

It is recommended that the Group Risk & Compliance Committee accept the Report and provide an update to the Board of Trustees meeting on 22 March 2023 and agree to the external review of the Group's key Policies & Procedures as outlined above.

## 9. APPENDIX

**Paper 5A** - Policy & Procedures Action Plan