

Compassionate/Bereavement Leave Policy and Procedure

1. INTRODUCTION

- 1.1 The purpose of compassionate / bereavement leave is intended to help employees when they suffer the death, serious illness or acute need of a partner or a close immediate family member i.e. husband, wife, mother, father, son, daughter, brother or sister.

2. SCOPE

- 2.1 This policy applies to all employees regardless of grade, length of service and hours worked.

3. PRINCIPLES

- 3.1 When an employee suffers loss, they require a sympathetic approach from NHS 24 and may also require appropriate time off to deal with funeral arrangements.
- 3.2 NHS 24 will endeavour to support employees at times of bereavement.

4. LENGTH OF COMPASSIONATE/ BEREAVEMENT LEAVE

- 4.1 Employees will be entitled to up to one weeks paid leave where the deceased is a partner or close relative as described in 1.1 (i.e. five consecutive working days for a full time employee and pro rata entitlement for a part time employee).
- 4.2 In particular cases of hardship or difficulty (e.g. extended travel to the funeral), the period may be extended by a further five days consecutive leave for a full time employee and pro rata entitlement for a part time employee. The relevant Director or Associated Director of Nursing will be required to authorise any extended periods of compassionate/bereavement leave whether paid or unpaid. Annual leave can also be utilised at this stage.
- 4.3 The case may also arise where an employee is responsible for the funeral arrangements of a partner's relative or relative as described in 1.1 above, such as a mother-in-law or father-in-law. In this situation sufficient leave should be granted to allow the employee to make the funeral arrangements and attend the funeral. It is expected that two days' leave would normally cover this situation, unless the employee had to travel a distance and necessarily required additional leave.
- 4.4 If the deceased, although not a close relative, has had the sort of relationship with the employee normally expected between closer relatives, the leave provisions at 4.1 should apply e.g. this may apply where an employee has been brought up by grandparents or an aunt or uncle.

- 4.5** In normal circumstances, employees will be entitled to one days' compassionate leave/bereavement leave for the death of a person who is not an immediate family member or partner (e.g. relative, close friend or colleague). In considering whether compassionate /bereavement leave is appropriate in these cases and any additional leave, the line manager should take into account the specific circumstances (e.g. the relationship between the member of employee and the relative, friend or colleague; where the member of employee has responsibility for the estate of the deceased; the availability of other relatives or friends and the extended travel distances).
- 4.6** Where the deceased is an employee, the arrangements for the attendance of colleagues at the funeral will be at the discretion of the relevant Director or Associate Director of Nursing, who will have regard to the exigencies of the service

5. PROCEDURE

- 5.1** It is accepted that advanced notice will be unlikely due to the nature of the situation. In order to ensure that the granting of compassionate/bereavement leave is fair to all employees in all parts of the organisation, the following procedure should be followed :-
- The employee should make a request for compassionate/bereavement leave to their appropriate line manager/team leader or, if unavailable, duty line manager/team leader. The 'Approved Leave Pro Forma' see Appendix A should then be completed. If the employee is not at work at the time of request, the team leader or line manager will complete and obtain the employee's signature retrospectively. In cases where unpaid leave has been granted, the employee's signature will normally be required prior to granting any such leave.
 - The line manager must ascertain the full circumstances relating to the request and determine the amount of leave to grant. (See Management Guidelines). The employee should be advised in writing, using the Approved Authorised Leave Form, of the duration of the leave granted and details as to whether it is paid or unpaid. The line manager must obtain authorisation from the relevant Associate Director of Nursing or Director where further periods of extended leave is being sought, whether paid or unpaid.
- 5.2** Line managers should record the granting of Compassionate/Bereavement Leave using the Approved Authorised Leave Pro Forma, obtaining any further authorisation from the relevant Director or Associate Director of Nursing, and email a copy immediately to Central Resource Team (CRT) and the Human Resources Department. In turn, the Human Resources Department will update the Personnel Management Information System (CIPHR). Any periods of unpaid leave granted will require payroll notification: for front line staff this will be completed by the Service Support Team and for non front line staff by the Human Resource Department. See Appendix B for 'Request for Authorised Leave – Process Flow'.
- 5.3** Once the employee has signed off the Approved Authorised Leave Pro Forma, which in certain circumstances may be retrospective of the leave taken, Part B should then be sent to the Human Resource Department.

6. REVIEW

The Policy will be reviewed on a 2 year basis by the Partnership Forum.

APPROVED AUTHORISED LEAVE

Part A: To Be Completed By Team Leaders / Line Managers

Where an employee is requesting any form of leave other than annual leave, leave for off line activities, study leave or facilities time, please complete Part A indicating the category of leave authorised and email to Central Resource Team.

The Team Leader/Line Manager should then complete Part B of the form and submit all details (Parts A & B) to the Human Resources Department for information to be stored against the individual's personal record and Cipher update.

Name Of Employee			
Location		Employee	
		Payroll Number:	
	Dates Approved	From	To Paid/Unpaid*
Half Shift	Dates Approved	From	To Paid/Unpaid*
Total Hours Approved (Front Line)		Total days Approved (Non frontline)	

* Delete As Appropriate

CATEGORY OF LEAVE

Category of Authorised Leave Approved	Please indicate
Parental Leave :	
Maternity Leave	
Compassionate Leave/Bereavement Leave	
Dependants Leave	
Adoption Leave	
Fostering Leave	
Special Leave: Domestic Situation Jury Service Civic and Public Duties Voluntary Emergency Services Reserve Services	

Part B To Be Completed By Team Leaders/Line Managers for HR info only

Comments:(*please give as much detail regarding the reason for request*)

Authorising Team Leader / Line Manager:
Signature: _____ Date _____

Authorising ADON/Director in cases where extended periods of leave is requested, whether paid or unpaid:
Signature: _____ Date _____

Part C To Be Completed By Employee.

I have noted the approved dates of my leave and agree with any unpaid leave (If applicable).

Signature: _____ Date: _____

To Be Returned To Human Resources Department