



# Policy Manual

## Foreword by the Chair of the Board of Directors

This manual is a living document, collecting together current policy on all aspects of the operation of Brooke House. Each policy statement is a standalone paper, approved by the Board and regularly reviewed.

The policy statements describe how we will implement the vision, mission, values and objectives of Brooke House. This manual enables safe, efficient and effective ways of working and protects the interests of the staff, volunteers, clients, beneficiaries of services and funders

While these policies are comprehensive, they do not override the duties and responsibilities set out by individuals' professional bodies, rather, they are complementary to professional standards and aim to promote good practice.

They should not be seen as the requirement; they set the minimum standards which we should achieve.

We hope that they will be a useful training tool and help in the induction of new members of the team. Above all, they should be legible and readily comprehensible so that staff may refer to them during their daily work.

The policy statements must respond to changing requirements and settings. Team members are encouraged to highlight deficiencies which may be incorporated into regular reviews.

## Vision

### Mission

To provide multi-disciplinary, evidenced-based and outcomes-focused, high-impact support services to retired RUC officers, military veterans and their families.

## **Values**

Our vision is that Brooke House Health and Wellbeing Centre will become a centre of excellence within Northern Ireland for the care and recovery of the uniformed services and their families, complementing other therapeutic services and providing an environment where they may develop together.

## **Governance**

Brooke House Health and Wellbeing Centre is a Company Limited by Guarantee, registered at Companies House, number NI670320. Brooke House is also seeking registration with the Northern Ireland Charities Commission. The Governing Documents are the Articles of Association of the Company, and the Constitution which was submitted with our application for charitable status. The governance provisions are set out in the Constitution.

All members of staff are appropriately accredited with their professional bodies and are in good standing. All statutory requirements, such as Access NI checks, are carried out where indicated and are up-to-date.

## **The Board**

The Board of Directors is responsible for the overall governance and strategic direction of Brooke House, developing its vision, mission, values and objectives in accordance with its governing documents and other legal and regulatory guidelines.

There are currently four members of the Board.

<i>Mr John Graham</i>	Chair
<i>Mr Michael Skuce</i>	Secretary
<i>Mrs Dorothy Brodison</i>	
<i>Mr Stephen White</i>	

The Chair, who is elected annually, is responsible for overall leadership, including representation of Brooke House at outside events, introducing and supporting new directors, liaison with external organisations and planning Board business.

The Company Secretary is responsible for managing correspondence, arranging meetings, maintaining Board records and submitting returns to regulatory authorities.

A Treasurer, when appointed will monitor fund-raising activities, grant applications, budgets, income and expenditure, and present annual accounts,

The Board intends to appoint further directors with expertise in areas such as fundraising.

## **Executive Leadership and Management**

The Director leads the executive team which comprises

## **Policy Framework**

Policy statements are grouped under the following headings;

- Board procedures (expenses, directors' interests, gifts, hospitality)
- Risk management (corporate and operational)
- Organisational policies
- Volunteer policies
- Safeguarding
- Financial governance
- Fundraising
- Data protection
- Clinical governance
- Charity governance
- Human Resources policy
- External complaints
- Health and Safety
- Whistle-blowing
- Diversity
- Crisis Management

## **Policy Review**

All policies, when promulgated will have a review date which will not be more than two years after the date of issue. Four months before the review date, all staff will be encouraged to suggest improvements. At least two months before the review date, a revised policy statement will be presented to the Board for its approval.

## **Policy Formulation**

In drafting policy, reference will be made to the Code of Good Governance and its seven principles and practices of good governance for. The seven principles are as follows: Leadership, Responsibilities, Legal requirements and obligations, Effectiveness, Performing, Reviewing and Renewing, Delegation, Integrity and Openness.

## **Policy Promulgation**

Policy statements will be published in hard copy and electronically so that they are readily accessible to all members of staff, volunteers and associates. They may be displayed as appropriate or required by statute. When issued, changes from previous versions will be highlighted.

[illegible]

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# **1. Board Procedures**

## **1.1 Publicity**

The Board will honour funders' requirements regarding publicity in their letters of offer and ensure that all documentation relating to those grants carry acknowledgements and logos as directed. We will inform beneficiaries, the staff and stakeholders of the source of project funds. Any public statement made concerning the project will acknowledge the source of funds.

## **1.2 Gift and Hospitality Policy**

As a general rule, gifts and hospitality should not be accepted unless approved in advance by the Board. This includes;

- gifts to partners and spouses
- discount, frequent user or loyalty cards
- gifts for speaking at external events and conferences
- seasonal gifts (such as calendars) bearing the company logo
- any gifts of alcohol

Staff involved in the procurement or monitoring of a contract must be particularly careful not to accept hospitality.

## **Prizes or Awards**

Staff who are offered a prize or award in connection with their official duties will normally be allowed to keep it provided; there is no risk of public criticism, it is offered strictly to recognise personal achievement, and it is not in the nature of a gift nor can be construed as a gift, inducement or payment for a publication or innovation to which other rules apply.

## **1.3 Conflict of Interest Policy**

Board members have an obligation to act in the best interests of Brooke House and in accordance with the Articles of Association. Staff members have similar obligations.

Board Members must at all times act in the best interests of the organisation and its beneficiaries, present and future. Board members need therefore to be sensitive to the possibility that activities outside the organisation (including holding office or being otherwise involved in organisations, companies or political parties) could be perceived as having a bearing on - or coming into conflict with - the objects and integrity of the organisation.

Board members have a duty in law to avoid conflicts of interest and must not take part in discussion or decision in which there is such a conflict. A conflict of interest arises;



where a director (or committee member or employee) has a material interest in or stands to gain financially from any decision of the charity;

where a director, committee member or employee has an interest outside the charity which is in conflict with their position within Brooke House.

At the start of each Board meeting, members will be asked to declare whether any agenda items raise a potential conflict of interest. This will be recorded and minuted. Where a conflict of interest occurs, the individual concerned should withdraw from the meeting for that item on the agenda.

It is the potential, rather than the actual, benefit from which the conflict of interest arises which requires authority. In order to avoid a breach of trust and to ensure transparency, authority is required where there is a possibility of benefit.

### Declaring Interests

On appointment to the Board of Brooke House, or to the staff, individuals will be asked to read and comply with this policy and complete a declaration of interests form.

The register of interests will be reviewed annually. Any changes to circumstances or new interests should be declared to either the Board Secretary or to the Director as soon as practicably possible. Individuals will be asked to complete and sign a new declaration of interests form.

### Data Protection

All information will be processed in accordance with Brooke House Health and Wellbeing Centre data protection policy (see section 9).



BROOKE HOUSE  
HEALTH & WELLBEING CENTRE

## Declaration of Interests Form

Name	
Address	
Position in Organisation	
Description of Interest (if none please state)	
Does interest affect individual or a relative	
Is the interest current?	
Please list all interest of last 3 years	
I declare all information supplied is true	
Signature	Date:

## 2. Risk Management

### 2.1 Risk Management Policy

Brooke House Health and Wellbeing Centre recognises the importance of effective risk management overseen proactively by the Board. Its risk management processes will identify, categorise and rank risks according to their likelihood and impact, and will specify timescales and mitigating actions.

The Board will maintain a Risk Register which will be reviewed at each meeting. See Risk Register template overleaf. Risk reporting procedures will be reviewed annually. The risks and reporting procedures will be detailed in the Annual Report.

Risks will be grouped in the following areas;

- Governance
- Strategic
- Operational
- Financial
- People
- Regulatory
- Reputational

Operational risk assessments will be carried out on all activities and revised to ensure that they are up to date. Risks will be rated in order to ensure that the appropriate response is made to the risks which are most significant.

“Major risks are those which have a high likelihood of occurring and would, if they occurred, have a severe impact on operational performance, achievement of aims and objectives or could damage the reputation of the charity, changing the way management committee members, supporters or beneficiaries might deal with the charity.” (Charity Commission Guidance, 2020).

Operational risk assessments will be reported in the following format;

### Brooke House Risk Assessment

**Activity or Location:**

**Date of Assessment:**

**Date of Re-assessment:**



Hazard	Event Location	Who might be harmed and how	Control measures	Risk rating (high, medium, low)	Further Action

Highly-rated operational risks will be entered on the Board Risk Register automatically and reviewed by the Board at all meetings. Medium or low operational risks may be entered at the Board's or the Director's discretion.

The Board Risk Register will specify;

- The risk, its likelihood and impact
- Description of the issue
- Its rating – high, medium or high – colour-coded
- Mitigating action
- Responsible person

The format of the Risk Register and reporting frequency will be reviewed annually.

## Brooke House Health and Wellbeing Centre Risk Register



	Risk	Description	Mitigation/Remarks	Responsible
	GOVERNANCE			
	Likelihood Impact			
	STRATEGIC			
	Likelihood Impact			
	OPERATIONAL			
	Likelihood Impact			
	FINANCIAL			
	Likelihood Impact			
	PEOPLE			
	Likelihood Impact			
	REGULATORY			
	Likelihood Impact			
	REPUTATIONAL			
	Likelihood Impact			

## 2.2 Crisis Management

As we deal with the Covid19 crisis it is worth remembering that another crisis is as likely to occur now as in the preceding months and years

We need to maintain our readiness, to be prepared to respond in a timely and effective manner, to be able reassure our beneficiaries, staff and stakeholders that the situation was being effectively managed and to put in place a recovery plan.

A crisis is a developing set of circumstances which are increasingly out of control and likely to cause harm to our beneficiaries, staff or the organisation if effective decisions are not made immediately.

### Readiness

The earlier a crisis is identified, the more effectively it will be managed. Robust risk management procedures will raise potential issues and help assess their likelihood and impact.

Issues will be more readily raised in a trusting working environment when junior members of staff feel that they are valued and their views are vulnerable. Whistleblowing may alert the Board to emerging problem.

Crises are more likely to develop where there are other stresses on staff and the organisation, for example, if posts are left unfilled. Corporate and operational resilience will help contain a crisis and limit its impact as it develops.

### Response

The measures needed to manage a crisis will depend on the nature of the emergency. A fire needs a very different response than a financial crisis or a breakdown of information governance.

There are some common threads, however. The first responsibility of the staff and the Board is to make the situation safe, whatever form that might take.

The next step is to limit the extent of the damage, not just on site but also in consultation with our beneficiaries, staff and stakeholders. We will need to inform our funders as a matter of urgency and also to make appropriate notifications and reports to regulators, in particular, the Charity Commission.

Brooke House will need to develop an effective communications plan and talk to the media proactively, ensuring that public debate is informed and that speculative reporting is minimised.

### Reassurance

Clear decisions will have to be made and communicated openly if we are to regain the confidence of beneficiaries, staff and stakeholders.

A trusting working environment before a crisis will help in reassuring staff that effective measures are being taken. A blame culture will be destructive and alienate those who will be key in recovering from the crisis.

### Recovery

While dealing with an emerging crisis the Board should be clear about who is going to deal with which aspects of the emergency and in which timescales. For example, in the event of an information breach, the administrative staff may be asked to quantify the extent of the information loss, the clinical lead may assess implications for clinical governance and the Director may notify regulators and send a breach report to the Information Commissioner's Office while the Board develop the strategic communications plan.

If the crisis poses an existential threat to the organisation, the Board will have to assess the options and plan for the rundown of services without compromising the wellbeing of our beneficiaries while looking after our staff.

### 3. Corporate Governance

Brooke House Health and Wellbeing Centre (Brooke House) was established by the Ely Centre in 2018 and is currently operating under their direction and policy provisions. The Ely Centre has decided that Brooke House should become an independent organisation and a new Board of Directors has been formed to develop the Centre. In preparation for the handover of Brooke House later in this financial year, the new Board has registered Brooke House as a Company Limited by Guarantee and is currently applying for registration with the Charity Commission of Northern Ireland (CCNI).

#### The Board of Directors

John Graham	Chair
Michael Skuce	Secretary
Dorothy Brodison	
Stephen White	

The Board meets every two months on the first Thursday of the month.

On the handover from the Ely Centre, the Board will become responsible for the overall governance and direction of Brooke House, developing its mission, values and strategic objectives in accordance within the Articles of Association, Constitution and other legal and regulatory guidelines, the most important of which are set out by the Charity Commission of Northern Ireland (CCNI).

In preparation for the handover, the new Board of Directors is reviewing the current governance arrangements and ensuring that they are clear, comprehensible and fit for purpose.

Direction regarding the corporate governance of Brooke House is set out in a number of documents including the Articles of Association and the Constitution. The aim of this manual is to draw them together and review them in accordance with the *Code of Good Governance* produced by the *Developing Governance Group*, a group of voluntary and community sector associations, working to improve the quality of governance in voluntary and community organisations in Northern Ireland.

The Ely Centre Corporate Governance Manual sets out seven core principles against which their governance arrangements were developed;

- Leadership
- Legal requirements and obligations
- Effectiveness
- Performing, reviewing and renewing the committee
- Delegation
- Integrity
- Openness

The most recent iteration of the *Code of Good Governance* has recast these as five key principles setting out how an effective board will provide good governance and leadership by;

- Understanding its role and responsibilities
- Working well both as individuals and as a team
- Ensuring the delivery of organisational purpose
- Exercising appropriate control
- Behaving with integrity and by being open and accountable

In amending the Ely Centre Governance Manual for our use, we will apply these principles. At our next Board meeting in October 2020, we will benchmark our governance structure using the *Governance Health Check* developed by the *Developing Governance Group*. We will ensure that the provisions in the Articles of Association, the Constitution and this manual are consistent, comprehensive and are an example of best practice in the voluntary sector.

### **3.1 Purpose**

The purpose, aims and objectives of Brooke House are set out in the Constitution, our governing document.

*4. The Objects of Brooke House Health and Wellbeing Centre, which are specifically restricted to the following, are to develop and deliver innovative, evidence-based traditional and complementary therapies, in order to promote the health and wellbeing of serving and retired members of the British Armed Forces, the Police, Prison and Emergency Services, and their families and carers, in Northern Ireland, Great Britain and the Republic of Ireland, (the beneficiaries) by the advancement of health, the relief of need and the advancement of citizenship and community development.*

#### **4.1 Purpose One: The advancement of health:**

*(1) Brooke House Health & Wellbeing Centre will support and improve the physical and mental health and wellbeing of the beneficiaries who have been physically injured,*



*psychologically impacted and/or bereaved as a result of their service.*

*(2) The direct benefits which flow from this purpose include improved mental and physical health outcomes, increased levels of social support, reduced levels of stress, anxiety and feelings of isolation and loneliness. These benefits are demonstrated through feedback from service users, quantitative and qualitative service impact monitoring, focus groups, monitoring of services by our internal monitoring team and independent evaluation. In providing support there is a risk of unintended side effects from some of the traumafocused treatments however these are uncommon, and the benefits outweigh the harm.*

*(3) A private benefit to Directors may arise from our programme of ongoing training in good governance and management. Through this training Directors gain skills and experience which are transferable to other settings. These benefits are incidental and necessary to ensure the benefit is provided to our beneficiaries.*

*(4) A further benefit emerging from this purpose is gained by Directors who have suffered as a result of their service in the Armed Forces, the Police, Prison and Emergency Services. These Directors may apply for and be referred to the services in the same way as all other beneficiaries. This benefit is incidental and necessary to ensure the benefit is provided to our beneficiaries.*

**4.2 Purpose Two: The relief of those in need due to ill-health and disability:**

*(1) Brooke House Health & Wellbeing Centre will make provision for relief of the beneficiaries who are in need by reason of illhealth and disability. The charity will also support British veterans who live in the Republic of Ireland. The direct benefits flowing from this purpose will be support for veterans in need resulting from ill-health, often exacerbated by age and disability.*

*(2) These benefits are demonstrated by feedback from service users, quantitative and qualitative service impact monitoring, focus groups, monitoring of services and by our internal monitoring team and independent evaluation.*

*(3) There is a risk of harm if unmet need is not identified which will be mitigated by health and social needs assessments.*

*(4) There is no private benefit.*

**4.3 Purpose Three. The advancement of citizenship or community development:**

*(1) Brooke House Health & Wellbeing Centre will support Volunteers through training and development to provide interventions which support Brooke House clients to integrate fully into social and community life. The direct benefits which flow from this purpose include the promotion of social inclusion, social investment and reduced social isolation and loneliness in a rural area with high levels of multiple*

*deprivation and under-provision of health and social services.*

*(2) These benefits are demonstrated through monitoring data, feedback from service users, case reviews, psychometric measures and independent evaluation. The only private benefit flowing from this purpose is that gained by the volunteers who will receive accredited training which can be used in other areas for employment.*

*(3) This benefit is incidental and necessary to provide a safe service for our beneficiaries.*

### **Leadership**

The Board ensures the good governance of the organisation and is responsible for developing our mission, values, strategic direction, aims and objectives in accordance with the Articles of Association, the Constitution and other legal and regulatory guidelines setting out standards for corporate governance, safeguarding, financial management, fundraising, clinical performance, information management, health and safety provisions and human resources management.

The Board develops the mission and values of the organisation, reviews their relevance every three years in the strategic plan and monitors progress through the annual operational planning process.

The Board will review the competencies of its members, identify deficiencies and recruit additional directors as necessary from whom the officers of the Board will be elected on an annual basis.

The Board will review for approval the accounts, annual report and annual plan at its Annual General Meeting.

The Board receives and reviews progress reports at its bimonthly meetings to ensure the organisation is achieving the agreed targets.

Operational staff are appointed by the Board to manage the day-to-day running of the organisation. Delegation by the Board for operational matters will be monitored by agreed operational objectives listed in the development and operational plans.

The Board will support the staff and will meet with them as a management group to plan and coordinate activity across the organisation. Each staff member is responsible to the Board

## Legal Requirements and Obligations

The directors are equally responsible in law for Board actions and decisions, and are collectively responsible and accountable for ensuring that the organisation is performing well, is solvent and complies with all its obligations.

The Board must ensure that Brooke House and its staff understand and comply with the governing document, relevant laws, contractual obligations, and the requirements of any regulatory bodies. It will provide for the efficient and accountable management of Brooke House resources in line with regulations governing charity finance and the purpose of the organisation.

The Board will maintain and regularly review the system of internal controls in the organisation, performance reporting, and policies and procedures, including;

- Implementation of appropriate financial policies and procedures (including expenditure authorisation limits) to ensure probity, accountability and transparency.
- Approval of annual operational plans, financial plans and budgets.
- Monitoring and review of quarterly financial and operational reports to ensure the organisation is fulfilling its strategic objectives.
- Generation and resourcing of sufficient income to achieve strategic objectives.
- Delivery of high-quality services regulated by quality-assurance systems which are implemented, reviewed and improved on an ongoing basis.

The Board must ensure it upholds and applies the principles of equality and diversity and that the organisation is fair and open to all sections of the community in all of its work.

The Board must act prudently to protect the assets and property of the organisation and ensure that they are used to deliver the organisation's objectives.

The Board should understand and regularly review the risks to which the organisation is subject and take action to mitigate them. This includes:

- Adoption of a risk management approach including financial risk.
- Application and ongoing review of a business continuity planning process.
- Oversight of an annual health and safety risk assessment and implementation of recommendations made.
- Resilience and crisis management planning.

The Board must ensure that good practice in the recruitment and management of both staff and volunteers is applied, including;

- Compliance with all legal requirements and best practice in relation to human resources and that policies and procedures are reviewed on a regular basis;
- Provision of support, supervisory training and development as required for staff and volunteers;
- Ensuring there is an effective process in place to hear the views of staff and volunteers;

Participation in the recruitment of staff;  
Full and appropriate line management and appraisal of staff.

### Effectiveness

The Board should have clear responsibilities and functions and should organise itself to carry out these responsibilities effectively.

Directors should understand their individual and collective roles, responsibilities and accompanying duties.

The Board should organise its work to ensure that it makes the most effective use of the time, skills and knowledge of directors. The Board should ensure there are effective processes for members to review their contribution to Brooke House and how it can be improved.

Directors should ensure that they receive appropriate advice and the information they need in order to make good decisions, including;

- Seeking information to ensure an understanding of the governance responsibilities of directors;

- Receiving and reading all relevant minutes and papers in advance of Board meetings.

Directors should ensure they have access to the diverse range of skills, experience and knowledge needed to run the Centre effectively, ensuring that fair and effective arrangements are in place to identify and elect/co-opt and induct new committee members.

The Board should ensure that all members receive the necessary induction training and ongoing support needed to discharge their duties effectively.

The Board should ensure proper arrangements for the supervision, support, appraisal and remuneration of all staff. This includes;

- Annual appraisal of all staff;

- Implementation of annual increments and cost of living awards;

- Review and implement procedures for the assessment of grades and salaries;

- Commitment to maintenance of the ethos of Brooke House.

The Board should ensure proper arrangements are in place for the recruitment, supervision and support of volunteers including clearly-defined written roles and implementation of a policy to reimburse reasonable out-of-pocket expenses. Policies and procedures should refer to volunteers as well as paid staff as appropriate.

### Performing, Reviewing and Renewing the Board

The Board should periodically review its effectiveness and that of the organisation as a whole and take any necessary steps to ensure that both continue to work well and meet legal requirements.

The Board may co-opt up to four additional members as necessary to ensure a diverse range of skills and expertise. Recruitment of new members should be open and focused on creating a diverse, skilled and effective executive board.

The Board should periodically carry out reviews of all aspects of the work of the Centre, starting with its governing document, and use the results to inform positive change.

The Board should regularly review and assess its own performance, that of individual directors and of sub-committees, standing groups and other bodies.

### Delegation

The Brooke House Board will establish sub-committees as necessary to support the committee in ensuring that the financial, human and physical resources are effectively and efficiently acquired and managed. Full authority for such matters rests with the Board which will receive reports of all such activity.

The Board should ensure that staff, volunteers and anyone performing duties on their behalf have sufficient delegated authority to carry out requirements. All delegated authorities must have clear, written limits relating to budgetary, reporting and other matters.

The Board should set clear terms of reference for sub-committees, standing groups and advisory panels.

All delegated authorities must be subject to regular monitoring by the Board

### Integrity

The Board should view maintaining the integrity of the organisation as a primary duty. They should act reasonably at all times in the interests of the Centre and of its present and future beneficiaries. All individual directors should act according to high ethical standards and ensure that conflicts of interest are properly dealt with.

Directors must not benefit from their position beyond what is allowed by the governing document and the law, and only when it is in the best interests of the organisation.

Directors may not receive personal gifts from suppliers or potential suppliers of services or products to Brooke House.

Directors should identify and promptly declare any actual or potential conflicts of interest affecting them, including conflicting loyalties which may arise from association with nominating organisations. Where a director has a conflict of interest in relation to the procurement of an item, a service or contract bid, this conflict of interest will immediately be declared and the director will take no further part in processes relating to the bid or procurement process.

## Openness

The Board should be open, responsive and accountable to beneficiaries, stakeholders, funders and others with an interest in Brooke House and its work.

The Board should encourage and enable the engagement of stakeholders in developing strategic objectives, planning and decision-making.

The Board should be open and accountable to stakeholders about its own work and the governance of the organisation by ensuring that its Annual Report and Accounts are audited, accessible and presented clearly at the Annual General Meeting.

## 3.2 Roles of Directors and Officers of the Board

### Role of a Director

Directors are responsible for good governance by developing the mission, values and strategic objectives of Brooke House in accordance with the Articles of Association, Constitution and other legal and regulatory guidelines. They;

- Ensure they understand their governance responsibilities and prepare for the induction of new directors.

- Put forward Agenda items in advance of meetings. Apologise in advance if absence is unavoidable. Read all papers in advance of meetings. Attend and participate in at least four meetings per year.

- Value the diversity of the backgrounds and views of other directors and staff and avoid promoting vested sectional interests.

- Declare any potential conflicts of interest and withdraw from any discussion on those issues.

- Accept the authority of the chair concerning the process of the meeting.

- Accept collective responsibility for the decisions of the Board. Within the constraints of openness and accountability, they maintain the confidentiality of items designated as confidential by the chair and the contribution of others to meetings.

- Actively participate in appropriate sub-committees and working groups.

- Are willing to participate in recruitment, disciplinary action, complaints and/or grievance panels as requested.

- Consider who would best fill office-bearer roles and contribute positively in the election of office-bearers.

- Propose potential directors for consideration by the Board.

Promote the mission and values of Brooke House.

Contribute to the drawing up and monitoring of strategic and operational plans.

Identify their training, development and information needs and participate in appropriate training and/or development activities.

Foster and maintain good relations with staff, volunteers and service users.

Take reasonable care for the health and safety of themselves and others. Co-operate in compliance with relevant health and safety requirements.

Directors must not be debarred by law from the directorship of a company and must be willing to undertake the role and responsibilities of a director as set out in law and in this role statement.

To ensure that directors are not out of pocket as a result of participating in governance, they are entitled to claim legitimate expenses.

It should be noted that individual directors do not have any authority in relation to the Board outside the collective authority of the Board unless specific authority is delegated by the Board.

### **Role of The Ely Centre Company Secretary**

The role of the Company Secretary is to support the Chair in ensuring the smooth functioning of the Management Committee. In summary, the Secretary is responsible for:

Ensuring meetings are effectively organised and recorded.#

Maintaining effective records and administration.

Upholding the requirements of governing documents, charity law and company law.

Organising the Annual General Meeting and preparing the Annual Report.

Ensuring that statutory reports are submitted.

Overseeing data protection and information governance procedures.

While the Secretary is responsible for communication and correspondence, much of the work may be delegated to paid staff.

The Secretary acts as an information and reference point for the Chair and other directors, clarifying past practice and decisions, confirming legal requirements and retrieving relevant documentation.

### **Role of the Board Chair**



The Chair will provide leadership and direction to the Board enabling them to fulfil their responsibilities for the overall governance and strategic direction of the organisation and in developing the strategic objectives and goals in accordance with the governing document, legal and regulatory guidelines.

The Chair is accountable to the Board and the membership.

The Chair will work in partnership with the staff to ensure that Board decisions are acted upon and the organisation is managed in an effective manner.

Specifically, the Chair will;

- Ensure the effective operation of the Board and chair meetings in a fair and effective manner;

- Draw up the agenda in advance of meetings and ensure that the agenda and papers are sent out at least five working days prior to the meeting;

- Ensure that appropriate and accurate minutes are taken of each meeting (including approving draft minutes) and are approved at the following meeting;

- Contact directors who have not attended three consecutive Board and discuss their future attendance and if appropriate their Board membership;

- Identify and address training, development and information needs of the organisation.

- Put in place fair and effective arrangements to identify and elect/co-opt and induct new directors;

- Ensure the induction and training needs of directors are regularly assessed and addressed

- Ensure executive committee members fulfil their role and follow appropriate governance procedures;

- Develop effective processes for committee members to review their contribution to Brooke House.

- Establish fair and effective arrangements to identify/appoint the next chairperson and other office-bearers.

- Ensure that sub-committees operate in accordance with their agreed role.

- Develop the strategic and operational planning processes of the organisation and implement and monitor plans in line with mission and values.

In conjunction with the staff and secretary, plan and chair the Annual General Meeting in compliance with the requirements of a company law.

Represent Brooke House at appropriate official functions and meetings.

### **3.3 Policies and Procedures**

The Board will promulgate Policy Statements grouped under the following headings;

- Board procedures (expenses, directors' interests, gifts, hospitality)
- Risk management (corporate, operational and crisis management)
- Organisational policies
- Volunteer policies
- Safeguarding
- Financial governance
- Fundraising
- Data protection
- Clinical governance
- Charity governance
- Human Resources policy
- External complaints
- Health and Safety
- Whistle-blowing
- Diversity

#### **Policy Review**

All policies, when promulgated will have a review date which will not be more than two years after the date of issue. Four months before the review date, all staff will be encouraged to suggest improvements. At least two months before the review date, a revised policy statement will be presented to the Board for its approval.

#### **Policy Formulation**

In drafting policy, reference will be made to the Code of Good Governance and its seven principles and practices of good governance for. The seven principles are as follows: Leadership, Responsibilities, Legal requirements and obligations, Effectiveness, Performing, Reviewing and Renewing, Delegation, Integrity and Openness.

#### **Policy Promulgation**

Policy statements will be published in hard copy and electronically so that they are readily accessible to all members of staff. They may be displayed as appropriate or required by statute. When issued, changes from previous versions will be highlighted.

## 4. Clinical Governance

### What is Clinical Governance?

*Clinical governance is defined as “A framework through which (NHS) organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish.”*

There are seven pillars of clinical governance:

1. Client and public involvement
2. Staffing and staff management
3. Clinical effectiveness and research
4. Using information and IT
5. Education and training
6. Risk management
7. Audit

### Applies to:

This policy applies to all staff, Associates, Providers and volunteers of Brooke House Health and Wellbeing Centre.

### Responsibilities:

The Clinical Governance lead for Brooke House is the Clinical Health and Wellbeing Manager in conjunction with the Director. It is his/her responsibility to ensure that the principles in this Policy are implemented effectively. Specifically, s/he will:

- Provide clinical governance leadership and advice
- Promote high quality care within Brooke House
- Keep an overview of the level of current awareness maintained by individual staff members
- Act as the expert in dealing with clinical complaints and significant events
- Initiate and review internal audits as appropriate

The Chairperson, with the Board of Directors is responsible for quality monitoring and any amendments to policy or procedural issues.

### Procedures:

#### 4.1 Client and Public Involvement

The aim of Client and Public Involvement (Known as Personal and Public Involvement in the NHS) is to make sure the views of service users, carers, and the public help to shape new and existing services.

This means involving service users, carers and the public in the planning, commissioning, delivery, and evaluation of services.

### Client involvement

Clients are always actively involved in planning their own care and are asked at the point of case closure to complete a feedback questionnaire which covers:

- Their awareness of the referral having been made (if they did not self-refer)
- The accessibility of the services
- The promptness of being seen
- Appointments being arranged to suit where possible
- The standard of facilities (waiting area, toilets, consulting room etc.)
- Whether they were treated with courtesy, respect, and care by Brooke House personnel
- Whether they were clear about any intervention before it was started
- How much the service helped them cope with their problems better
- How much the service helped improve their situation
- How satisfied they were with the Brooke House service overall
- How likely is it that they would recommend Brooke House to a friend or family member who had similar difficulties (and met the entry criteria)
- Space for any other comments to expand on any previous responses and/or offer suggestions for service improvement

This information is then utilised to continuously improve service delivery.

### Public involvement

Funders, stakeholders and external groups to develop a 360° understanding of the needs for our services, the effectiveness of service delivery and outcomes in terms of enhanced health and wellbeing.

### Complaints monitoring and recording system

Brooke House aims to be responsive to the needs of its volunteers, members, partners and the local community, and to provide the best possible support and services to users and as such welcomes complaints. From time to time an individual or organisation may feel it has not had the best possible service that Brooke House Health and Well Being Centre aims to provide. In such instances it is important that a complaint is made, the circumstances investigated and necessary corrective action undertaken within reasonable time limits. All complaints will be monitored to identify key trends and/or deficiencies in the service provision.

## 4.2 Staffing and Staff Management

The appropriate recruitment and management of staff to deliver the services to the highest standard and in line with best/evidence-based practice.

### Good relationships with staff

Brooke House strives to have healthy, professional relationships with all its clients, staff, board members, associates, and volunteers. It will strive to communicate in a clear and timely fashion.

The Clinical Health and Wellbeing Manager oversees the Associate Network that delivers talking therapies to Brooke House clients. The Clinical Health and Wellbeing Manager maintains relationships with the Associates via:

- Emails and telephone calls as required
- Regular reviews of client caseloads and progress
- 1:1 and group meetings on a quarterly/annual basis

### The right staff in the right place at the right time

Brooke House will recruit and endeavour to procure staff and associates who hold the relevant qualifications and experience to provide excellent service for clients. All associates and volunteers are screened by Brooke House staff before taking position, following a stringent tender process.

All Associate Talking Therapists are screened by the Clinical Health and Wellbeing Manager and must meet certain pre-determined criteria to be eligible to become an Associate.

Evidence must be provided on:

- Appropriate recognised qualifications in Counselling, CBT, Clinical/Counselling Psychology, EMDR etc.
- Having been in practice for 2 years +
- Accreditation by the relevant professional body (e.g. BACP, BABCP, BPS, HCPC etc.) or working towards accreditation withing a specified time
- Demonstrable experience in common mental health problems, Trauma/PTSD and other issued relevant to the BH client groups
- Ability to work out of Brooke House or in a suitable venue in a specific location
- Regular clinical supervision
- Ongoing continuing professional development
- Liability insurance
- Access NI Enhance Disclosure check
- Names of 2 referees one of whom must be their clinical supervisor
- Acceptance of BH sessional rate
- Declaration of self-employment status
- Signing Partnerships Agreement

Brooke House supports the ongoing development of its staff, both financially and by allowing time out for CPD.

### Good working conditions

Brooke House Health and Wellbeing centre provides safe and functionally offices for staff use in Brooke House Health and Wellbeing Centre, 26 Colebrooke Park, Brookeborough, Co. Fermanagh, BT94 4DW. The offices will be regularly cleaned and maintained to ensure a good working condition for staff and associates.

## 4.3 Clinical Effectiveness and Research

**Clinical Effectiveness** refers to “Performing the right treatment to the right person at the right time and in the right place”.

Staff within Brooke House are expected to work within protocols and pathways where these have been developed. This will ensure that:

- Client care is guided by the best available evidence of the effectiveness of particular interventions.
- Local agreements between Brooke House and other statutory or voluntary/charitable providers are followed in order to streamline the client experience.

In addition, staff are expected to read journals and/or websites regularly to maintain current awareness of best practice. This should include regular scanning of NICE and other national guidelines for changes in recommended practice.

### Research

Brooke House is open to being actively involved in relevant research through relationships with Academia and NHS bodies as appropriate. This requires working within relevant ethical codes.

In addition, staff are expected to read journals and/or websites regularly to maintain current awareness of research findings and resulting changes in recommended best practice.

### Evidence-based approach

In relation to the treatment of mental health issues an evidence-based approach is followed using NICE and EMDR UK guidelines.

In relation to the wider intervention for wellbeing the evidence base is adhered to where it exists, and best practices followed.

### Ability to change procedures according to new evidence

The Clinical Health and Wellbeing manager regularly reviews the evidence base and can make changes to service delivery as required.

### Compliant with outside guidelines (NICE)

See above

### Continuous learning culture

Following any external CPD paid for by Brooke House, staff are expected to share their learning with colleagues, either formally in meetings, or through informal means. It is the responsibility of each staff member to ensure that any urgent updates are brought to the attention of all colleagues to whom the information is relevant as soon as possible after the learning event.

The Clinical Health and Wellbeing Manager will arrange a clinical meeting once a week with the Health and Wellbeing Coordinators, one of the functions of which is to allow sharing of best practice and provide support for clinical work.

## **4.4 Using Information and IT**

Make sure patient data is accurate, safe, and up to date. It is the responsibility of every member of staff to ensure that the details of any correspondence/consultations with clients are recorded in a way that:

- Is easily understood by colleagues, and by the client if requested
- Reflects exactly what took place in the communication/consultation, including any discussion relating to risk
- Provides clear information about any agreed care plan
- Identifies any differences of opinion between the staff member and the client
- Uses codes and templates as agreed within Brooke House, to enable effective searching of client data
- Will stand the test of time

Brooke House will use client data for purposes consistent with our GDPR (see Data Protection Policy) and will maintain client confidentiality at all times when using data for clinical governance purposes. Client records will be searched to provide evidence for internal audits and case studies, and to ensure clinical effectiveness.

### **Good data collecting systems**

Brooke House has a purpose designed database which is accessible only by Brooke House staff. It is regularly updated by both Administrative and Clinical/Wellbeing staff.

Client casenotes are held in secure cabinets and do not leave the Brooke House premises.

### **Confidentiality assured**

All clients referred to Brooke House must complete a GDPR statement. For any assessment by the Clinical Health and Wellbeing Manager an additional clinical psychology consent and confidentiality form is completed with the client.

All Associate Talking Therapists will contract with their individual clients in relation to consent etc as per their professional body guidelines on professional practice.

## **4.5 Education and Training**

Appropriate support for staff to be competent.

### **Continued Professional Development for individuals**

All applied psychologists will have the opportunity to engage in CPD activity and will have a measure of protected time from Brooke House to do this. The **BPS** currently recommends a minimum of 40 hours of recorded CPD per year.

Associate Talking Therapists will be expected to adhere to the recommendations from their registering/accrediting body:

- The **BACP** would normally expect registered members to undertake at least 30 hours of CPD a year.
- For both Full Accreditation and Reaccreditation, the **BABCP** expects a minimum of five CBT CPD activities per year. These should be drawn from across the range a list of acceptable types of learning and development activities.

## 4.6 Risk Management

Systems to understand, monitor and minimise risk to staff and patients.

Brooke House takes a “no blame” approach and encourages all staff to discuss any incident that has or could have posed a risk or actual harm. The learning from incidents is shared across the whole team, and any actions are reviewed until fully implemented.

Clinical incidents are referred from the general Significant Events meeting to a clinical meeting, to enable a detailed discussion in a confidential environment. Brooke House has fully embraced the Duty of Candour within its Significant Events Policy.

[https://www.cqc.org.uk/sites/default/files/20150327\\_duty\\_of\\_candour\\_guidance\\_final.pdf](https://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf)

Reporting systems for critical incidents and identifying risk

The Clinical Health and Wellbeing Manager is responsible for the overall risk assessment and management process for self-harm and suicide in relation to Brooke House clients. There is a risk identification, management, and escalation process in place. The service also has a suicide safety plan document for completing with relevant clients.

All Associate Talking Therapists are responsible for containing risk for individual clients and escalating to the Clinical Health and Wellbeing manager should the need arise.

## Audit

Clinical audit is the review of clinical performance and the refinement of clinical practice as a result. Within Brooke House, this may refer to:

- The application of the results of formal national or local audits to our client population and the identification of areas for improvement.
- Audits carried out in Brooke House by staff or by external experts which result in improvements in practice.
- The use of case studies to highlight specific issues that are then generalised within our client population.



The weekly clinical meeting can provide a forum for the dissemination of the results of audits and the exchange of opinions about how the results can be used to improve practice.

### **Reflective, personal learning**

The HCPC requires reflection in the record of continued professional development for Clinical Psychologists to retain continued registration. A key factor in developing and maintaining these skills is the use of consultation or supervision and having a space where it is possible to open thinking to the mind of another with a view to extending knowledge about the self. In their practice and, for example, within their CPD plans and supervision psychologists should consider self-care and how they can maintain their own wellbeing. It is also important for psychologists to evaluate effectiveness of practice, by welcoming feedback from clients.

### **Reference material**

[BPS Practice Guidelines](#)

[HCPC Standards of Proficiency for Practitioner Psychologists](#)

[BACP Good Practice in Action](#)

[BABCP Standards of Conduct , Performance and ethics](#)

[EMDR Association UK](#)

## **5. Human Resources Policy**

### **5.1 Staff Code of Practice**

*Staff Members of Brooke House Health and Well Being Centre* should always promote and safeguard the well-being and interests *of Brooke House Health and Well Being Centre Clients*, acting honestly and with integrity. Staff Members should respect the dignity and value of the client, their home, property and belongings if such engagements bring you into contact with these. Staff Members should avoid bringing Brooke House Health and Well Being Centre service and activities into disrepute.

The confidentiality and privacy of clients should be safeguarded at all times. No information should be disclosed about a client to anyone other than those involved in their care without the agreement either from the client or from someone who is authorised to act on their behalf. The only exception is information that needs to be provided in order to comply with the law or if there was cause that disclosing the information was essential to the client's well-being.

Staff Members should never discriminate against any person on grounds of sex, race, religion etc. or on the grounds of social standing. Volunteers should also respect the values and spiritual beliefs of all clients that they come into contact with.

If working on a one-to-one basis, you should form a close relationship with your client but always take a professional approach to your work.

You should never, under any circumstances, agree to be a signatory to a client's will or accept any gifts from those you help.

If a complaint or problem is received from a client the issue should be referred to the Chairperson.

## **5.2 Recruitment and Selection Policy**

### **Aims:**

Brooke House aims are to attract, assess and appoint the best candidate for jobs, to promote equality of opportunity and to build a quality workforce to achieve the objectives of Brooke House.

### **Equal Opportunities**

Brooke House seek to encourage applications from all sections of the community, especially those which are under-represented in its workforce.

All selection decisions will be based on skills, qualifications and experience. Brooke House recognises that apart from job related qualifications and experience, other knowledge and experience may be equally valid in the appointment of a worker and are particularly relevant in the case of people from groups which experience discrimination.

Person specifications and job descriptions will be carefully drawn up to ensure that criteria are relevant to the job, and that they do not discriminate on any grounds other than the ability to do that job. With regards to Director recruitment this will follow its own specific set of guidelines.

### **Person specification**

The person specification is a statement of the specific skills, knowledge, experience and attributes required to undertake the tasks involved in the job. It will be used as a basis for selecting candidates to be shortlisted and for decision-making during the interview itself by providing known, appropriate, justifiable and agreed criteria.

### **Job description**

The job description sets out the responsibilities, accountabilities and scope of the job and itemises some of its main tasks.

### **Advertising the job**

The advert will be designed and placed to attract as wide a group of suitable applicants as possible. Care will be taken to ensure the language used does not discriminate unintentionally.

The advert should reflect the main elements of the job description and person specification and should also include:

- The name of the organisation(s)
- Job title
- Brief outline of duties and requirements
- Method of application
- Closing date, interview date (where appropriate)

Brooke House will also make provision for the job information to be available in accessible formats, if required.

### **Dealing with applications**

All applications should be treated as confidential. All applicants will be kept informed of any significant changes to the recruitment schedule.

The monitoring form will be detached prior to the application forms being sent to the recruitment panel. Monitoring of applications received will allow Brooke House and/or recruitment agency to assess if a wide range of applicants have been reached and the success of the media used. It will also be useful to compare the number of completed applications received with the number of application packs requested as this may indicate that an encouraging advertisement has not been backed up by an equally encouraging application pack.

### **Shortlisting**

All applications received before the closing date will be considered.

Members of the shortlisting panel are obliged to declare an interest to the Chair of the selection panel if they do business with, are related to or are a close friend or partner of any of the applicants. The Chair of the selection panel will decide whether the panel member should withdraw or continue to be involved in the selection process.

An applicant's disability, irrespective of any need to adapt the building or facilities should they be successful, will not disqualify nor adversely affect the candidate's chances of being shortlisted or offered the post. This also applies where an existing employee has been newly disabled.

Each candidate's ability to meet the requirements of the job, as stated in the person specification, should be assessed using a simple scoring system.

Candidates shortlisted for interview will be notified in good time and will be asked if they have any special requirements for interview.

### **The interview**

The aim of the interview is to assess the applicant's suitability for the job in relation to the person specification. All candidates will be asked the same initial questions and allocated the same amount of time for their interview. Different supplementary or probing questions can be asked as appropriate depending on the response of the candidate to the initial question. Candidates may also be asked specifically about a matter arising from their application form, e.g. unexplained gaps.

Panel members must give the most careful consideration to their assessment of candidates. Each panel member is personally responsible for ensuring that they take adequate and legible notes of each candidate's interview.

All candidates will be asked about their commitment to equality and how they will ensure their work promotes this.

Any test will be relevant to the job description and justifiable against the criteria in the person specification.

## **5.3 AccessNI Statement Policy**

### **General Principles**

As an organisation using AccessNI to help assess the suitability of applicants for positions of trust, **Brooke House Health and Wellbeing Centre** complies fully with AccessNI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information. We also comply fully with obligations under the Data Protection Act 2018 and other relevant legislative requirements with regards to the safe handling, storage, retention and disposal of Disclosure Information.

### **Consent**

As we no longer receive a copy certificate from AccessNI, notification will be provided to the applicant/staff member/volunteer when requesting and retaining a (copy of a) Disclosure certificate.

### **Storage and Access**

Disclosure information is be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

### **Handling**

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed. We recognise it is a criminal offence to pass this information to anyone who is not entitled to receive it.

### **Usage**

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

### **Retention**

Once a recruitment (or other relevant appointment, regulatory or licensing) decision has been taken, we do not keep Disclosure information for any longer than is necessary. We comply with AccessNI's Code of Practice requirement to ensure that it is not retained longer than is required for the specific purpose of taking a decision on the applicant's suitability. Disclosure certificates will be returned to the applicant once a decision, recruitment or otherwise has been made and will be retained no longer than the agreed period.

### **Disposal**

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means ie by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (eg waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-

conviction information supplied by police. However, despite the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the AccessNI unique reference number of the Disclosure Certificate and the details of the recruitment decision.

## **Recheck Policy**

Where appropriate and required on recruitment, staff will complete an AccessNI check, which complies with AccessNI's Code of Practice.

External facilitators and associates shall also complete AccessNI checks when appropriate and required according to suitability need, procurement, and funder guidelines. If an external facilitator or associate is delivering under a number of grants within the one year a single AccessNI will be deemed sufficient. If there is a gap larger than 12 weeks in delivery, or a funder specific requirement, a further AccessNI check may need to be completed.

Detailed information regard AccessNI can be found at

<https://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks>

## 5.4 Recruitment of Ex-Offenders

### Policy Statement

1. Brooke House Health and Wellbeing Centre complies fully with the Code of Practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees and other recipients of information by AccessNI under Part V of the Police Act 1997, for the purposes of assessing Applicant's suitability for employment purposes, voluntary positions, licensing and other relevant purposes. We undertake to treat all applicants for positions fairly and not to discriminate unfairly or unlawfully against the subject of a Disclosure on the basis of conviction or other information revealed.
2. This policy is made available to all Disclosure applicants at the outset of the recruitment process.
3. Brooke House Health and Wellbeing Centre are committed to equality of opportunity (see separate Equal Opportunities Policy) to following practices, and to providing a service which is free from unfair and unlawful discrimination. We ensure that no applicant or member of staff is subject to less favourable treatment on the grounds of gender, marital status, race colour, nationality, ethnic or national origins, age, sexual orientation, responsibilities for dependants, physical or mental disability political opinion or offending background, or is disadvantaged by any condition which cannot be shown to be relevant to performance.
4. Brooke House Health and Wellbeing Centre actively promotes equality of opportunity for all with the right mix of talent, skills and potential, and welcomes applications from a wide range of candidates, including those with criminal records. The selection of candidates for interview will be based on those who meet the required standard of skills, qualifications and experience as outlined in the essential and desirable criteria.
5. We will request an AccessNI Disclosure only where this is considered proportionate and relevant to the particular position. This will be based on a thorough risk assessment of that position and having considered the relevant legislation which determines whether or not a Standard or Enhanced Disclosure is available to the position in question. Where an AccessNI Disclosure is deemed necessary for a post or position, all applicants will be made aware at the initial recruitment stage that the position will be subject to a Disclosure and that Brooke House Health and Wellbeing Form will request the individual being offered the position to undergo an appropriate AccessNI Disclosure check
6. In line with the Rehabilitation of Offenders (Exceptions)(Northern Ireland) Order 1979 (as amended in 2014), Brooke House Health and Wellbeing Centre will only ask



about convictions which are defined as “not protected” for the purposes of obtaining a Standard or Enhanced disclosure.

7. We undertake to ensure an open and measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned eg the individual is applying for a driving job but has a criminal history of driving offences. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of the conditional offer of employment.
8. Brooke House Health and Wellbeing Centre may consider discussing any matter revealed in a Disclosure Certificate.
9. We ensure that all those in Brooke House Health and Wellbeing Centre who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of Disclosure information. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to employment of ex-offenders (e.g. the Rehabilitation of Offenders (Northern Ireland) Order 1978).
10. We undertake to make every subject of an AccessNI Disclosure aware of the existence of the Code of Practice, and to make a copy available on request.

**HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM WORKING WITH Brooke House Health and Wellbeing Centre. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON A DISCLOSURE CERTIFICATE.**

## 5.5 Leave Policy

This policy should be read in conjunction with staff contracts of employment. Staff will maintain a record of annual leave, TOIL, sickness absence and other leave on a leave record form that will be held on file.

### Annual leave

The annual leave year runs from 1 April to 31 March each year. Each year's leave should normally be taken within the same year. Leave may only be carried forward to the next year at the discretion of the Director. Any leave carried forward should normally be used by the end of April.

Staff joining after 1 April will be granted leave pro-rata in their first leave year.

Staff should not take more than 3 weeks annual leave in one block.

Staff should give notice of annual leave as far ahead as possible, so that adequate cover can be arranged where appropriate. Wherever possible at least one month's notice should be given.

To book annual leave, staff should:

- Fill in dates on their annual leave request form

- Arrange to speak to their line manager to get requested leave agreed and signed off.  
Alert them to any impact on service delivery, key meetings, etc.

- Once approved, enter leave dates onto the staff scheduler

### Bank holidays

Part time staff members are entitled to pro rata time off for bank holidays. Time off for each bank holiday is one fifth of the staff member's working week – see example calculations below:

Full time (35 hours) = 7 hours off (1/5 of the working week)

Part time (21 hours) = 4¼ hours off (1/5 of the working week)

Part time (17½ hours) = 3½ hours off (1/5 of the working week)

If the bank holiday falls on a normal working day for the part time employee, some extra hours may need to be worked in the week. (Hours normally worked on that day minus hours due off)

If the bank holiday falls on a non-working day for a part time employee, the hours due should be taken off during that week.

Part time workers will agree with their line manager when the extra time will be taken or worked and this will be entered in the diary.

### **Time off In lieu**

TOIL can be taken for extra time worked only when the work has been authorised in advance by the line manager and the TOIL form completed and signed by the line manager. TOIL is for additional hours worked outside regular hours for an urgent/particular reason and not for less than ½ hour.

Any TOIL accrued will be taken within one month. No more than three days time off in lieu may be accrued at any one time. A record of TOIL taken should be entered in the TOIL form after approval by the line manager.

### **Sick leave**

On the first day of absence due to sickness staff should inform their line manager by telephone as early as possible. They should ring in each day unless a period of absence has been agreed or a doctor's certificate sent in.

Line managers will inform the admin staff who will enter the absence in the staff scheduler and cancel any appointments. Line managers will also inform their projects, if appropriate.

A doctor's certificate is required after 5 working days' absence and should be posted to the office as soon as possible.

On return to work after sickness absence, staff should fill in their sickness record, recording the first and last day of absence, and arrange to meet with their line manager to have the form signed and complete return to work interview.

### **Maternity/Paternity Leave**

Maternity and Paternity leave and pay will be according to stator guidelines. Requests for maternity or paternity leave and return to work dates must be organised through your line manager or director, and provide at least 8 weeks' notice.

### **Special leave**

In certain circumstances additional leave, either paid or unpaid, can be authorised. Other special leave may be authorised at the discretion of the Director and/or Trustees.

Staff will keep a record of any special leave taken on the special leave form.

This policy is to be read in conjunction with the following document:

Individual Staff contract

## **5.6 Travel, Subsistence and Expenses Policy**

The policy applies to Board members, all permanent staff, those on fixed term contracts and those on both long and short term secondments (“individuals”).

Brooke House Health and Wellbeing Centre will reimburse individuals for the costs associated with travelling on official business.

If you are in doubt about any proposed travel arrangements, please consult the Director before incurring the expenditure. Abuse of the policy may constitute a disciplinary offence.

In the event of any dispute over the provisions of this scheme, the decision of the Chairman shall be final.

### **Administration**

Brooke House official claim forms should be used at all times to claim mileage and travel, subsistence and hospitality. Claims from Board members and members of the Senior Management Team (SMT) will be authorised by the Director.

Brooke House will register, audit and analyse claims prior to submission to payroll service, Expenses will normally be paid with that month’s salary on the 20th, or on the previous working day if the 20th happens to fall on a weekend, by credit transfer into the individual’s bank.

### **Control Requirements and Restrictions**

Claims for expenses must be submitted within three months of the month end in which they are incurred. Retrospective claims for expenses which are over three months old will be considered spent and therefore will not be reimbursed. Anyone knowingly making a false claim will face disciplinary action in accordance with disciplinary procedure.

The Brooke House year-end is 31 March; individuals should endeavour to submit up-to-date claims in early April for audit purposes, allowing a clean cut off at 31 March.

Claims for all expenses other than for mileage (rail, taxi, private cars, subsistence, hotel and other purchased items) must be supported by receipts as evidence of actual payment of incurred expenses.

Claims including items without a receipt will be reduced by the value of that specific item, which may be reclaimed at a later date not exceeding three months, providing the receipt is attached to the claim.

Where, occasionally, it is not possible to provide receipts or travel tickets (for instance if you use a vending machine or where the travel ticket is retained by the operator) an explanation must be provided on the claim form.

Self-certification against expenses claimed does not satisfy audit arrangements, and is not acceptable as evidence of a claim, except in exceptional cases where receipts are not available.

Claims for items purchased using a credit card must be evidenced and receipted by the detailed itemised payment receipt and not the total summary card payment receipt.

Receipts will be retained by Brooke House.

Optional tips and gratuities on bills which are given at your discretion will not be reimbursed. Any receipted bills claimed which includes optional tips and/or gratuities will be reduced accordingly.

### **5.6.1 Travel**

#### **Safe Driving**

Brooke House recognises the duty of care it has in ensuring, to the best of its ability, the safety of its staff whilst driving any vehicle.

#### **Private Car Allowances**

Employees required to use their private motor vehicles for the efficient performance of their duties will be paid mileage for their business travel. The mileage rate is that authorised by HMRC and used by the Department rate of 45p for the first 10,000 miles in any financial year and then a lower rate of 25p for any further miles claimed in that year.

#### **Ownership/Driving Licence/Tax/Insurance/MOT Certificate**

If at any time you are required to use a motor vehicle for business, you must

- be the legal owner of the vehicle, or have lawful possession, having obtained permission from the owner to use the vehicle if it is not registered in your name

- hold an appropriate, current valid full UK Driving Licence;
- ensure that vehicle duty is paid

- hold a valid MOT certificate, if applicable

A valid insurance policy must be in effect and contain a clause covering your use of the vehicle for business purposes.

The vehicle must be kept and maintained to comply with current legal requirements.

#### **Insurance**

You must ensure that your motor vehicle insurance policy covers, to an appropriate limit, claims in respect of

- bodily injury to or death of third parties

bodily injury to or death of any passengers

damage to the property of third parties and/or passengers

Individuals using their cars for business must have comprehensive insurance cover.

Brooke House accepts no responsibility for damage caused to a Board member's or an employee's vehicle.

Individuals are personally responsible and liable for any parking fines (see below), speeding fines or other motoring offences they incur. Brooke House will make every effort to ensure employees have no undue time or other pressure put on them that requires any motoring law to be broken.

You are entitled to be reimbursed for the costs of unavoidable expenses for parking and tolls (including road tolls). Planned journey routes prior to travel should be considered, avoiding these costs where economically possible to do so.

### **Home to workplace journeys**

Journeys from home to your normal workplace for attendance during normal working hours are not official travel and must not be claimed (Board members, by agreement, are not classed as being based at the Axis and are able to claim these journeys).

Use of taxis, including private hire cars

You will only be reimbursed for the use of a taxi or private hire car in the following circumstances

when no other method of public transport is available (e.g. when travelling at night)

when carrying heavy official papers or baggage

or for reasons of personal safety;

if you are unable to use public transport because of pregnancy or a temporary or permanent disability (this particularly applies to short journeys);

if there would be an overall cost saving including any claim for subsistence or to ensure

journey connection or arrival times;

where public transport is sporadic or unreliable;

if it is more cost effective when travelling in a group;

where there is a need to work or converse in a confidential environment.

The maximum amount that you are entitled to claim as reimbursement is set out in Appendix A of this policy and is based on actual expenditure. The amount quoted is an indicative ceiling. Lengthy journeys, with fares expected to be higher than the upper ceiling limit should be approved in advance by the Director, and pre-booked.

## **5.6.2 Subsistence**

### **Subsistence Allowances - General Rules**

Subsistence is intended to meet the extra costs (for instance meals and accommodation) that you necessarily incur when you are away from your normal workplace on official business. There are two types of subsistence, those Incurred during the day and those Incurred overnight.

The maximum amounts that you are entitled to claim as reimbursement are set out in Appendix A of this policy and are based on actual expenditure. The amounts quoted are indicative ceilings.

### **Day subsistence**

You are entitled to day subsistence if you are away from your normal workplace on official business and necessarily purchase a meal or meals (including snacks, soft drinks and beverages, but not alcohol). Claims should be for the actual receipted cost of subsistence, up to the limits set out in the policy (whichever is the lesser).

Optional tipping will not be reimbursed, therefore must not be claimed. Day subsistence cannot be claimed where

- the meal or meals are taken at home

- the meal or meals are provided by a third party at no cost to you.

### **Night subsistence**

Night subsistence can only be claimed if you stay away from home overnight on official business. It covers a period of 24 hours to meet the actual costs of your meals, drinks, and accommodation. The 'night' subsistence is the maximum payable for a 24 hour absence (including the day). After the 24 hours, day rates come back into force. You are entitled to be reimbursed day subsistence for meals and beverages following a 24-hour period covered by night subsistence.

### **Board engagement activity**

Board engagement activity plays an important part in achieving its strategic objectives and must always be carried out in a manner which is proportionate, transparent and accountable

Board engagement activity may be claimed where Board members meet together or with a member or members of staff for a meal. Alcoholic drinks are not included. Claims of this nature must be identified separately from normal subsistence claims and certain conditions, similar to hospitality, apply:

The occasion must be associated with, or form part of engagement and delivery strategy, and as such, the occasion must have a specific and stated purpose.

Claims must be evidenced by a detailed receipt identifying meals and non-alcoholic drinks consumed. A ratio, appropriate and proportionate to the event, needs to apply in respect of numbers attending the meal before claims can be categorised under Board engagement.

<b>Allowance</b>	<b>Amount</b>
Night subsistence – per 24 hour period, including accommodation (outside London)	£100 per night hotel or bed and breakfast (receipted) Up to £30 night subsistence allowance (receipted, maximum £10 for incidental expenses)
Day subsistence – over 9 hours	£15
Day subsistence – over 5 hours	£5
Taxi / Private hire fares	£20 in any one journey
Mileage allowance – first 10,000 miles (standard rate)	40p per mile
Mileage allowance – over 10,000 miles (lower rate)	25p per mile
Motorcycle allowance	24 per mile
Bicycle allowance	10p per mile



## **5.7 Working from Home Policy**

This policy sets out guidelines for when home working is considered appropriate by Brooke House, and the conditions, including health and safety arrangements, which apply.

### **Regular working from home**

No staff will be allowed to work from home on a permanent regular basis. Work from home days/hours must be pre-agreed in advance with the Line Manager/Director.

### **Occasional working from home**

The permission of the line manager must be obtained for staff to work at home and maybe requested in the following circumstances:

To provide a solution to temporary difficulties with travelling to the office e.g. public transport disruption, exceptional weather conditions, a domestic emergency, or an injury or physical condition which does not preclude working but affects travel to work.

Where working at home for part of the day is a cost effective response to other job requirements e.g. when making a visit which is closer to home than the office.

To allow the opportunity to work without interruptions on a particular task where concentration for an extended period of time is important.

In these circumstances, there is no automatic right to work at home. It should be the exception rather than the norm, and permission from line managers should be sought in advance on each separate occasion. Line managers may turn down requests for operational or practical reasons, or where, for example, no work is available which could be undertaken at home.

### **Equipment and facilities**

No additional equipment or facilities will be provided for employees working at home.

### **Health and safety**

Employees working at home, even if only occasionally, have the same duties under the Health and Safety at Work Act as if they were working in the office; they must take reasonable care of their own health and safety and that of anyone else who might be affected and follow health and safety instructions issued by the company, including those relating to the use of Display Screen Equipment.

### **Travelling expenses**

Travelling expenses between home and office will not be reimbursed. Travelling expenses to other locations will be reimbursed in accordance with normal company policies.

### **Other expenses**

By agreement with the line manager telephone call costs incurred whilst working at home will be reimbursed on production of an itemised statement. Printing of documents etc. should be completed at work where possible and can be done remotely. Where appropriate the reimbursement for cartridges, paper or stationery should be submitted on an itemised expenses form with receipts.

### Insurance

The insurance of employees at the place of work will be operative in home working only if in the event of an accident it can be clearly demonstrated that there are no health and safety risks such as slippery floors, loose mats, trailing leads, etc. Any employee working at home must have signed a copy of the appended declaration which will be kept on file.

### Security

Employees working at home must ensure that confidentiality of information is observed.

### Communication

Employees working at home are expected to be available during agreed working hours to receive and respond to telephone calls and emails.

### Working environment

Staff working at home should separate domestic and work activities as far as practicably possible. Individuals with caring responsibilities are required to demonstrate that they have care arrangements in place during their normal working hours which will enable them to undertake their work without undue distraction/interruptions.

### Working hours

Employees working at home are responsible for monitoring their own working hours, and where the normal hours are not completed the balance should be recorded and submitted to the Line Manager/Director.

\*This refers to paid staff and volunteers

## 5.8 Equality Policy

Brooke House Health and Well Being Centre is committed to providing equality and the promotion and acceptance of diversity to all staff, management, volunteers, service providers clients and families, irrespective of: gender, marital or family status; religious belief or political opinion; disability; race or ethnic origin (including members of the Irish Traveller community); nationality; sexual orientation and/or age. Brooke House Health and Well Being Centre are opposed to all forms of unlawful and unfair discrimination.

### **Applies to:**

All staff, management, volunteers and service providers accessing the services and activities provided by Brooke House Health and Well Being Centre providing such services and activities, and/or representing the interests of the Centre in any capacity.

### **Responsibility:**

Implementation and management of this policy is the responsibility of the Director/Chairperson, with the Board of Directors responsible for quality monitoring and any amendments to policy or procedural issues.

### **Procedures:**

All Staff/Volunteer, Board of Directors and job applicants (actual or potential) will be treated fairly and selection for employment, promotion, training or any other benefit will be on the basis of aptitude and ability.

Lawful positive action will be undertaken, where appropriate, such as special encouragement in advertisements or special training (available in certain circumstances, for example where there is an under-representation of a particular group in specific areas of work).

The Board of Directors must undertake, where appropriate, reasonable adjustments to accommodate any staff member/volunteer with a disability to assist them in carrying out their role on behalf of Brooke House Health and Well Being Centre in conjunction with appropriate risk assessment for health and safety purposes.

This policy must be communicated to all staff members, volunteers, service providers and others, where appropriate, through induction training and open access to this Policy & Procedures Manual.

Staff, Management, volunteers and service providers of Brooke House Health and Well Being Centre are responsible for treating others with equality and respect for helping to create and maintain an atmosphere of consideration for others and fairness as is the objective of this policy.

The provision of equality between women and men, irrespective of ethnic background or disability, will be monitored through the collection and analysis of statistical data on the

community background, ethnic background, sex, marital status, sexual orientation, family status and status as a disabled person on staff (including volunteers) and any prospective job applicants.

The Board of Directors will monitor workforce composition, undertaking periodic reviews as per Article 55 of the Fair Employment and Treatment (Northern Ireland) Order 1998.

Staff members, Volunteers, job applicants or who believe that they have suffered any form of discrimination, harassment or victimisation are entitled to raise the matter through the appropriate procedures.

All complaints of discrimination will be dealt with seriously, promptly and confidentially. Every effort will be made to ensure that employees making complaints will not be victimised. Any complaint of victimisation will be dealt with seriously, promptly and confidentially. Victimisation will result in disciplinary action and may warrant dismissal.

### External Complaints Regarding Equality

Complaints of sex/marital status, race, nationality/ethnic/national origin, and disability discrimination should be lodged with the industrial tribunal within three months from date of the alleged act of discrimination.

In respect of equal pay, the complaint can be lodged at any time while the person is in the job or within six months of leaving the job.

Complaints to the fair employment tribunal must be lodged within three months from when the complainant first knew, or might reasonably have known, of the act of discrimination or within six months from the date when the act occurred, whichever is earlier.

## 5.9 Bully and Harassment Policy

Brooke House recognises that personal harassment can exist in the workplace, as well as outside, and that this can seriously affect employees' working lives by interfering with their job performance or by creating a stressful, intimidating and unpleasant working environment.

Harassment or victimisation on the grounds of race, colour, nationality, ethnic or national origin, sex, marital status, gender reassignment, sexual orientation, religious belief, disability or age is unacceptable. This policy covers all types of harassment.

Personal harassment takes many forms ranging from tasteless jokes and abusive remarks to pestering for sexual favours, threatening behaviour and actual physical abuse. Whatever form it takes, personal harassment is always taken seriously and is totally unacceptable.

### Policy

Brooke House deplores all forms of personal harassment and bullying and seeks to ensure that the working environment is sympathetic to all our employees.

We have published these procedures to inform employees of the type of behaviour that is unacceptable and provide employees who are the victims of personal harassment with a means of redress.

Brooke House recognises that we have a duty to implement this policy and all employees are expected to comply with it.

### Examples of Harassment

Personal harassment takes many forms and employees may not always realise that their behaviour constitutes harassment. Personal harassment is unwanted behaviour by one employee towards another and examples of harassment include:

- insensitive jokes and pranks;
- lewd or abusive comments about appearance;
- deliberate exclusion from conversations;
- displaying abusive or offensive writing or material;
- banter or humour which can be misconstrued;
- unwelcome touching; and
- abusive, threatening or insulting words or behaviour.

These examples are not exhaustive and disciplinary action at the appropriate level will be taken against employees committing any form of personal harassment.

## Examples of Bullying

Bullying is persistent behaviour, directed against an individual or group that creates a threatening or intimidating work environment which undermines the confidence and self esteem of the recipient. Examples include:

- Verbal abuse eg. shouting, swearing at colleagues or subordinates.
- Threats or insults.
- Abuse of power or unfair sanctions.
- Practical jokes, initiation ceremonies.
- Physical abuse.
- Rifling through, hiding or damaging personal property.
- Ostracising or excluding colleagues from work or social events.

## Complaining about Harassment or Bullying

### Informal complaint

Brooke House recognises that complaints of personal harassment or bullying, and particularly of sexual harassment, can sometimes be of a sensitive or intimate nature and that it may not be appropriate for you to raise the issue through our normal grievance procedure. In these circumstances you are encouraged to raise such issues with a senior colleague of your choice (whether or not that person has a direct supervisory responsibility for you) as a confidential helper. This person cannot be the person who will be responsible for investigating the matter if it becomes a formal complaint.

If you are the victim of minor harassment/bullying you should make it clear to the perpetrator on an informal basis that their behaviour is unwelcome and ask the perpetrator to stop. If you feel unable to do this verbally then you should hand a written request to the person. Your confidential helper can assist you in this.

### Formal complaint

Where the informal approach fails or if the behaviour is more serious, you should bring the matter to the attention of the Director or Chairman as a formal written complaint and again your confidential helper can assist you in this. If possible, you should keep notes of the behaviour that you find offensive so that the written complaint can include:-

- the name of the alleged perpetrator;
- the nature of the alleged behaviour;
- the dates and times when the alleged behaviour occurred;
- the names of any witnesses; and
- any action already taken by you to stop the alleged behaviour.

On receipt of a formal complaint we will take action to separate you from the alleged perpetrator to enable an uninterrupted investigation to take place. This may involve a

temporary transfer of the alleged perpetrator to another work area or suspension with contractual pay until the matter has been resolved.

The person dealing with the complaint will invite you to attend a meeting, at a reasonable time and location, to discuss the matter and carry out a thorough investigation. You have the right to be accompanied at such a meeting by your confidential helper or another work colleague of your choice and you must take all reasonable steps to attend. Those involved in the investigation will be expected to act in confidence and any breach of confidence will be a disciplinary matter.

On conclusion of the investigation which will normally be within ten working days of the meeting with you, a draft report of the findings and of the investigator's proposed decision will be sent, in writing, to you and to the alleged perpetrator.

If you or the alleged perpetrator are dissatisfied with the draft report or with the proposed decision this should be raised with the investigator within five working days of receiving the draft. Any points of concern will be considered by the investigator before a final report is sent, in writing, to you and to the alleged perpetrator. You have the right to appeal against the findings of the investigator in accordance with the appeal provisions of the grievance procedure.

### General Notes

If the report concludes that the allegation is well founded, the perpetrator will be liable to disciplinary action in accordance with our disciplinary procedure. An employee who receives a formal warning or who is dismissed for harassment/bullying may appeal by using our capability/disciplinary appeal procedure.

If you bring a complaint of harassment/bullying you will not be victimised for having brought the complaint. However if the report concludes that the complaint is both untrue and has been brought with malicious intent, disciplinary action will be taken against you.

### Victim Support

Brooke House will seek to provide additional assistance to victims by contacting outside agencies who will provide specialist advice and support, with the staff member's permission.

### Police Involvement

Brooke House will encourage and support victims to report acts of harassment to the Police. This support may include writing or telephoning the Police on behalf of the staff member, as well as attending meetings with the Police.

Brooke House will report incidents of harassment to the Police where there is a clear threat to the safety of other staff or the general public.

### Confidentiality

Brooke House will respect and maintain the confidentiality of matters concerning the staff and volunteers and of any members of the public giving information in harassment cases.

\* The Designated Person would normally be the most senior paid staff member or nominated Trustee



## 5.10 Disciplinary Policy

### Introduction

Brooke House Health and Well Being Centre is committed to creating an environment where all staff members/volunteers are able to perform to their best ability and achieve job satisfaction. Brooke House Health and Well Being Centre also recognises that there will be occasions when disciplinary and/or performance problems arise. The purpose of this policy is to ensure that if such problems do arise, they are dealt with fairly and consistently. This policy sets out the action that will be taken if and when problems occur.

The aim of the policy is to encourage improvement in individual conduct and performance and to minimise disagreements about disciplinary matters thereby reducing the need for “counselling out”.

### Principle

If a staff member/volunteer is subject to disciplinary action:

- The procedure is designed to establish the facts quickly and to deal consistently with disciplinary issues.

- At every stage the staff member/volunteer will be advised of the nature of the complaint and given the opportunity to state their case in a meeting before any decision is taken on whether to impose a warning or other disciplinary sanction.

- The Staff Member/Volunteer will be given the opportunity to be represented or accompanied at any disciplinary meeting.

- In some cases an investigation will be required before any final decision is taken on whether to impose a warning or other disciplinary sanction.

- There is a right to appeal against any disciplinary action taken against staff/volunteer.

### Informal Discussions/Counselling

Most disciplinary problems can be solved by informal discussions or counselling. Before taking formal disciplinary action, the Line Manager/Director will make every effort to resolve the matter by informal discussions, which may include mediation, additional training, or support for the staff member/volunteer. This would not be recorded as disciplinary action and would be seen as a process of constructive dialogue.

Only where this fails to bring about the desired improvement will the formal disciplinary procedure be implemented.

### The Procedure

#### Formal Verbal Warning

If, despite informal discussions or training, the conduct or performance still does not meet acceptable standards, the staff member/volunteer may, following an appropriate disciplinary meeting, be given a formal verbal warning by their Line Manager/Director. The Staff Member/Volunteer will be told:

- the reason for the warning;

- what the staff member/volunteer needs to do to improve the situation ;

- a time frame within which the conduct or performance needs to be improved;

any support or training that Brooke House or an External Group might provide to support the staff member/volunteer;  
that the verbal warning is the first stage of the disciplinary procedure.

A brief note of the warning will be kept but it will lapse after six months, subject to satisfactory conduct and/or performance.

### **Written Warning**

If there is no improvement in standards within the prescribed time, or if a further offence occurs, the Staff Member/Volunteer will receive a letter from their Line Manager/Director.

The letter will contain:

- details of what the staff member/volunteer has alleged to have done wrong;
- the reason why the current behaviour or performance is unacceptable;
- an invitation to attend a disciplinary meeting with their Line Manager at which the problems can be discussed;
- information about the right to be accompanied at the disciplinary meeting;
- copies of any documents that will be referred to at the disciplinary meeting.

The disciplinary meeting should take place as soon as is reasonably possible but with sufficient time for the staff/volunteer to consider their response to the information contained in the letter. The meeting will be an opportunity for both the staff/volunteer (with their representative) and Line Manager/Director to talk about the allegations being made, review the information with a view to establishing whether to progress the disciplinary action.

Where, following the disciplinary meeting, it is decided that no further action is warranted, the staff/volunteer will be informed in writing.

Where, following the disciplinary meeting, the staff/volunteer is found to be performing unsatisfactorily or their behaviour is deemed unsatisfactory, they will be given a written warning which will set out:

- the performance and/or behaviour problem;
- the improvement that is required;
- the timescale and date for achieving the improvement;
- any support that Brooke House or an External Group will provide to assist the Staff Member /Volunteer;
- a statement that failure to improve could lead to a final written warning and ultimately dismissal;
- a review date;
- the appeal procedure.

A copy of the written warning will be kept on file but the warning will lapse after twelve months subject to satisfactory conduct and/or performance.

Where a written warning is given, the Chairperson of the management committee will be advised and kept up to date with any progress.

### **Final Written Warning**

If the conduct or performance still remains unsatisfactory by the stipulated date, or if the misconduct is sufficiently serious to warrant only one written warning, a further disciplinary meeting where a member of the Board of Directors will be called with the Staff member/Volunteer and their representative. The disciplinary meeting will be an opportunity for the Staff member/Volunteer to answer the issues raised by Brooke House.

Where this meeting establishes that there has been a failure to improve or change behaviour, then a final written warning will be given to the Staff member/ Volunteer. The final warning will:

- give details of and the grounds for the complaint;
- set out the improvement that is required and a time frame;
- make it clear that any recurrence of the offence, lack of improvement or other serious misconduct within the stipulated period of time will result in dismissal;
- refer to the staff member's/volunteer's right of appeal.

A copy of the final written warning will be kept on file but the warning will lapse after twelve months subject to satisfactory conduct and/or performance.

### **Dismissal**

If the staff member/volunteer's conduct or performance still fails to improve or if further misconduct occurs, the final stage in the disciplinary process may be instituted and the Staff member/Volunteer dismissed. The decision to dismiss will be taken by the Board of Directors following an appropriate hearing and the staff member/volunteer being given the opportunity to state their case and put forward any mitigating circumstances. Following the hearing the staff member/volunteer will be informed as soon as possible as to the outcome and if relevant the reason for the dismissal, the date on which the employment contract will terminate and the right of appeal.

### **Gross Misconduct**

Where a staff member/volunteer is found guilty of gross misconduct, they will normally be subject to summary dismissal and the above procedures regarding progression of warnings will not apply. Where there is an allegation of gross misconduct, the Director/Chairperson will carry out an immediate investigation. The staff member/volunteer will have an opportunity to participate in that investigation and put their case and answer the allegations of gross misconduct. While the alleged gross misconduct is being investigated, the staff member/volunteer may be suspended, during which time they will be paid at the normal rate. Such suspension is not to be regarded as a form of disciplinary action and will be for as short a period as possible. Any decision to dismiss will be taken only after an investigation and a disciplinary hearing.

If, after investigation and disciplinary hearing, it is deemed that the staff member/ volunteer has committed an offence of gross misconduct, the normal consequence will be dismissal without notice or payment in lieu. The staff member/volunteer will be notified of the dismissal and appeal process as soon as possible.

The following list is a non-exhaustive list that indicates the type of actions that may constitute gross misconduct,

- theft, fraud, deliberate falsification of company documents;
- violent behaviour, fighting, assault on another person;
- deliberate damage to group property (i.e. group laptop);
- harassment;
- being unfit for work through alcohol or illegal drugs;
- gross negligence;
- gross insubordination.

### Appeals

If a Staff member/Volunteer wishes to appeal against any disciplinary decision, they must appeal, in writing within five working days of the decision being communicated to them to the Chairperson of the Board of Directors, who will convene an Appeals Sub-committee to hear the appeal and the Staff member/Volunteer will be invited to a meeting with the Appeals Sub-committee. The Staff member/Volunteer will have the right to be accompanied to the appeal meeting.

The Chairperson will not form part of the Appeal Sub-committee and the decision of the Appeal Sub-committee will be final.

## 5.11 Grievance Policy

Brooke House aims to create and maintain a working environment which is of a high standard for staff members/volunteers and service providers. It is the purpose of this policy to provide staff members/volunteers with a voice by which grievances can be aired and addressed without fear of prejudice.

Issues that may cause grievances include:

- Terms and conditions of employment
- Health and safety
- Work relations
- Bullying and harassment
- New working practices
- Working environment
- Organisational change, and
- Equal opportunities.

### **Responsibility:**

The Board of Directors is responsible for handling grievances from staff member/volunteers and any amendments to policy or procedural issues.

### **Procedures:**

Staff Members/Volunteers should normally raise a grievance with the Director who will then liaise with the Board of Directors. If this is not possible, the individual can approach any member of the Board of Directors.

All grievances raised must be dealt with, whether or not the grievance is presented in writing. However, individuals need to be aware that if the statutory procedure applies, they will not subsequently be able to take the case to an employment tribunal unless they have first raised a grievance in writing and waited a further twenty eight days before presenting the tribunal claim.

On receiving a formal grievance, a sub group of the Board of Directors will arrange a meeting to give the individual the opportunity to state their case. This will take place within fourteen days of receipt of the formal grievance. If for any reason this must be cancelled, then another date should be agreed within another five working days.

Following this meeting, the individual will be notified in writing within five working days of the outcome of the investigation. If not satisfied with the decision the individual should request an appeal.

At each stage of this procedure the individual shall have the right to a fair hearing with the opportunity to state their case, and to be accompanied by a companion, who may be from a professional association, a friend or relative, or a legal representative, if desired and if appropriate.

If the individual wishes to appeal against any decision taken, they must do so in writing within five working days to the Chairperson, who will deal with the appeal. As with the first meeting,

the individual will be informed in writing of the decision on the grievance within five working days. This will be the final stage of the grievance procedure.

### Keeping records

It is important, and in the interests of both Brooke House Health and Well Being Centre and the individual, to keep written records during the grievance process. Records will include:

- The nature of the grievance raised;
- A copy of the written grievance;
- The Line managers response
- Action taken;
- Reasons for action taken;
- Whether there was an appeal and, if so, the outcome; and
- Subsequent developments.

Records will be treated as confidential and kept in accordance with the Data Protection Act 1998 and GDPR which gives individuals the right to request and have access to certain personal data. Copies of meeting records will be given to the individual including any formal minutes. In certain circumstances (for example to protect a witness) the Chairperson might withhold some information.

## 5.12 Lone Working

Due to the nature and size of Brooke House Lone working is a possibility, and from time to time working on your own may occur.

### Examining possible risks

Many people do their jobs the way they have always done them, without thinking about whether they are putting themselves at unnecessary risk. Some of the things to consider when examining possible risks to you are:

Does anyone know where you are?

If you change your plans, do you inform a contact?

Do you check or vet people you are going to meet alone?

Can they be contacted?

Is there a check-in system and do you use it?

Do you think about where you park - is it safe?

Do you use the quickest route or the safest?

Do you carry money or valuables?

Has your induction procedure covered this area of working?

Are you currently medically fit to work alone?

Have you thought about your response to emergency situations and have you been made aware of in-house procedures.

Do you have access to a first aid kit?

### Lone Worker Checklist

This Checklist must form part of the induction process for all staff/volunteers involved in Lone Working Activities.

This document should be a **duplicate document** – one copy retained by *of* Brooke House Health and Well Being Centre and the second copy by the individual concerned.

While carrying out your lone work activity, does someone outside *of* Brooke House Health and Well Being Centre know where you are, where you are going and when you will be back?



Yes



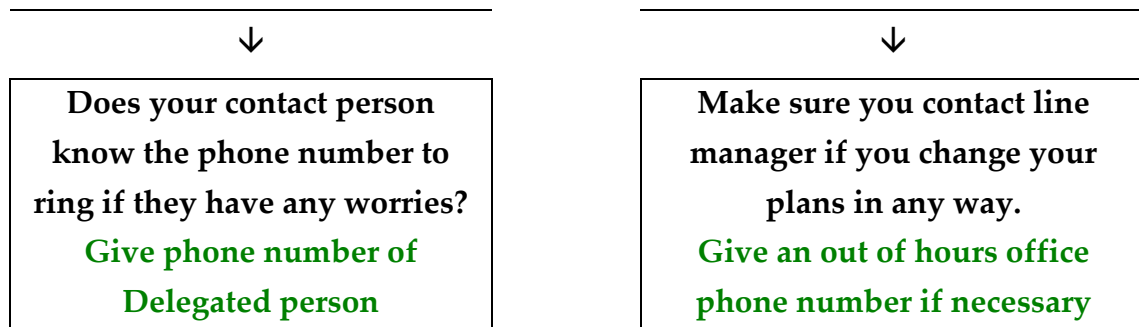
**Inform your contact person if  
you change your plans**



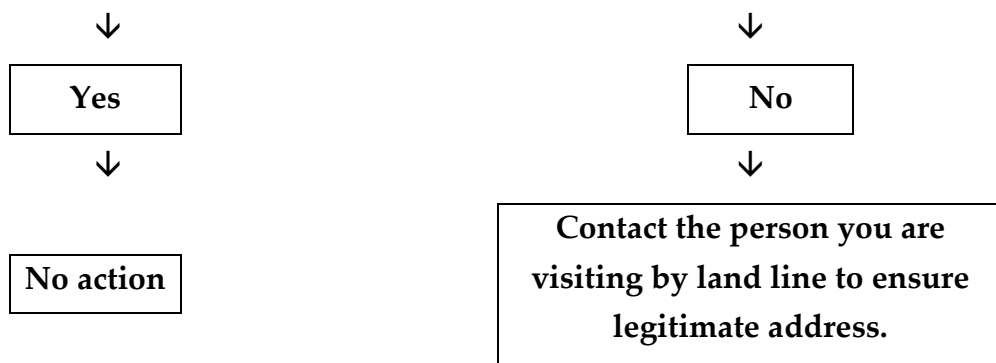
No



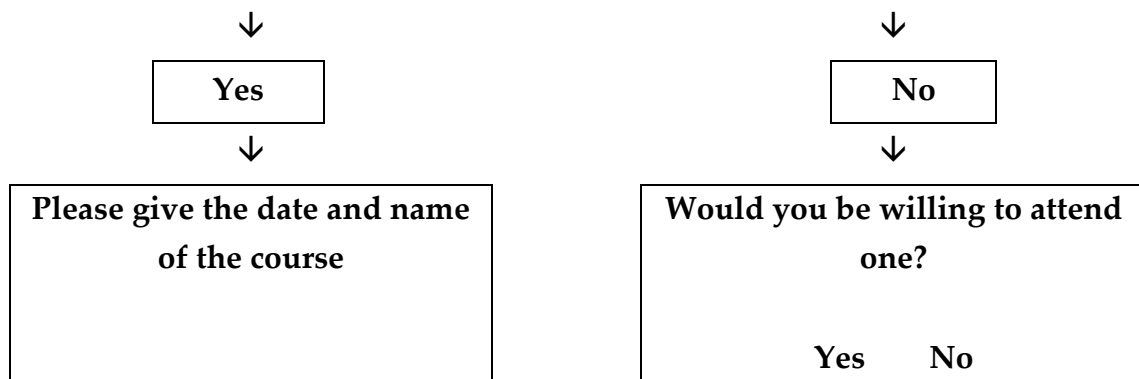
**Ensure Brooke House Health  
and Well Being Centre Office  
knows your whereabouts**



**Are the person/s you are visiting/meeting known to Brooke House Health and Well Being Centre**



**Have you attended a Lone Workers Training course?**



**Have you attended a Health and Safety Course?\***





Please give the date and name  
of the course

Would you be willing to attend  
one?

Yes No

What other courses have you attended in this area or can you identify any  
need? \*



Courses attended



Courses required

Do you have a mobile phone?



Yes



Are you willing to share the  
number?



No



Risk to be assessed by  
Volunteer coordinator



Line manager to identify if one could be borrowed from the Centre

Name of Staff Member/Volunteer:

Contact details of Staff Member/Volunteer:

## 5.13 Whistle blowing policy

Under certain circumstances, employees have legal protection if they make disclosures about organisations for whom they work.

The Public Interest Disclosure Act 1998 prevents you from suffering a detriment or having your contract terminated for 'whistle blowing' and we take very seriously any concerns which you may raise under this legislation.

We therefore encourage employees to be alert to wrongdoing and to inform management of any concerns. Employees should raise an issue when they are just concerned, rather than wait for proof or investigate the matter themselves.

This policy gives some information about whistle blowing to assist employees in deciding whether any proposed action would be protected under the whistle blowing legislation and sets out the procedure to follow if employees reasonably believe that they have identified such malpractice.

It should be emphasised that this policy is intended to assist individuals who believe they have discovered malpractice or impropriety. It is not designed to question financial or business decisions taken by Brooke House nor should it be used to reconsider any matters which have already been addressed under harassment, complaint, disciplinary or other procedures. Once the "whistle-blowing" procedures are in place, it is reasonable to expect staff to use them rather than air their complaints outside the organisation.

### Background information

The legislation applies to workers who follow the procedures laid down in the legislation (see below) in disclosing specific categories of malpractice relating to one or more of the following actions:

- Financial malpractice or impropriety or fraud

- A criminal offence

- A failure to comply with a legal obligation

- A miscarriage of justice

- The endangering of an individual's health and safety

- Damage to the environment

- Deliberate concealment of information relating to any of the above.

**Are you protected under the whistle blowing legislation?**

In order to benefit from the protection of the legislation, the whistleblower has to satisfy certain conditions.

Disclosure to the employer will be protected, provided that it is made in good faith and the whistleblower has a reasonable suspicion that the alleged malpractice has occurred, is occurring, or is likely to occur.

Disclosure to a regulator (eg Health and Safety Executive, Environment Agency, Charity Commission) will be protected where, in addition, the whistleblower honestly and reasonably believes that the information and any allegation in it are substantially true.

Disclosure to other bodies is protected if, in addition to the tests for regulatory disclosures, it is reasonable in all the circumstances and is not made for personal gain.

### Procedures for making a disclosure

Employees should inform their line manager immediately if they become aware that any of the specified actions is happening (or has happened, or is likely to happen).

If the allegation is about the actions of their line manager, the employee should raise the issue with the Director or, if s/he is their line manager, a Trustee.

Complaints against the Chair should be passed to the Secretary who will nominate an appropriate investigating officer.

The complainant has the right to bypass the line management structure and take their complaint direct to the Chair. The Chair has the right to refer the complaint back to management if he/she feels that the management without any conflict of interest can more appropriately investigate the complaint.

If there is evidence of criminal activity then the investigating officer should inform the police.

Whistleblowers can ask for their concerns to be treated in confidence and this will be respected so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.

Employees will not be penalised for informing management about any of the specified actions and will be protected from reprisals.

We encourage you to use the procedure if you are concerned about any wrongdoing at work. If you make an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against you. In making a disclosure you should exercise due care to ensure the accuracy of the information. However, if the procedure has not been

invoked in good faith (e.g. for malicious reasons or in pursuit of a personal grudge), then it will make you liable to disciplinary action up to and including dismissal as may be appropriate in the circumstances.

This policy encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the organisation. In exercising this discretion, the factors to be taken into account will include:

- The seriousness of the issues raised

- The credibility of the concern

- The likelihood of confirming the allegation from attributable sources

### Timescales

Due to the varied nature of these sorts of complaints, which may involve internal investigators and / or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

The investigating officer, should as soon as practically possible, send a written acknowledgement of the concern to the complainant and thereafter report back to them in writing the outcome of the investigation and on the action that is proposed. If the investigation is a prolonged one, the investigating officer should keep the complainant informed, in writing, as to the progress of the investigation and as to when it is likely to be concluded.

All responses to the complainant should be in writing and sent to their home address.

### Investigating procedure

The investigating officer should follow these steps:

- Full details and clarifications of the complaint should be obtained.

- The investigating officer should inform the member of staff against whom the complaint is made as soon as is practically possible. The member of staff will be informed of their right to be accompanied by a trade union or other representative at any future interview or hearing held under the provision of these procedures.

- The investigating officer should consider the involvement of the Police at this stage and should consult with the Chair.

- The allegations should be fully investigated by the investigating officer with the assistance where appropriate, of other individuals / bodies.

A judgement concerning the complaint and validity of the complaint will be made by the investigating officer. This judgement will be detailed in a written report containing the findings of the investigations and reasons for the judgement. The report will be passed to the Chair as appropriate.

The Chair will decide what action to take. If the complaint is shown to be justified, then they will invoke the disciplinary or other appropriate Organisation procedures.

The complainant should be kept informed of the progress of the investigations and, if appropriate, of the final outcome.

If appropriate, a copy of the outcomes will be passed to the Trustee Board to enable a review of the procedures.

If the complainant is not satisfied that their concern is being properly dealt with by the investigating officer, they have the right to raise it in confidence with the Chair.

If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the complainant is not satisfied with the outcome, the Organisation recognises the lawful rights of employees and ex-employees to make disclosures to an appropriate organisation or body (such as the Health and Safety Executive, the Police, or regulators), or, where justified, elsewhere.

If you do not report your concerns to Brooke House management or Chair you may take them direct to the appropriate organisation or body.

\* The Designated Person would normally be the most senior paid staff member or nominated Trustee

## **6. Safeguarding**

### **6.1 Child Protection & Adults at Risk of Harm Policy**

Brooke House Health and Well Being Centre is committed to ensuring that the safety, welfare and well-being of children, young people and adults at risk is maintained at all times during their participation in activities run by members and service providers acting on behalf of Brooke House Health and Well Being Centre. The welfare of children and adults at risk is everyone's responsibility, particularly when it comes to protecting them from abuse. It is the purpose of this policy to promote a safe environment to children and adults at risk, and to assist staff/volunteers, and service providers to recognize report and prevent abuse.

Groups that provide visits, particularly within a home environment, for clients who may fall within the Adults at Risk definition, must develop approve and inform all staff/volunteers of a Adults at Risk Policy, Where befriending/peer support is offered, Brooke House Health and Well Being Centre recognises the need to designate individuals who have the responsibility to ensure training is up to date and meets pre-existing standards (i.e. Minimum Practice Framework) and requirements of funders and other relevant bodies. Equally, where there is a risk that in undertaking visits, contact with children may occur; a Child Protection policy has been introduced and will be effectively communicated to all staff/volunteers. No individual staff member/volunteer of Brooke House Health and Well Being Centre must undertake befriending/peer mentoring without adequate training.

#### **Responsibility:**

Implementation and management of this policy is the responsibility of the Director with the Chairperson, with the Board of Directors responsible for quality monitoring and any amendments to policy or procedural issues.

#### **Who is an Adult at Risk Adult?**

As per the Department of Health, Social Services and Public Safety, the definition of adults at risk does not apply to people just because they may be older or have a disability. The term is defined according to the service, setting or situation where staff/volunteers are in a position of trust and people have a right to expect that trust will not be abused. A person is described in the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 and the Safeguarding Vulnerable Groups Act 2006 as a vulnerable adult if they have attained the age of 18 and are:

- living in residential accommodation, such as a residential care home, a nursing home or a residential special school;
- living in sheltered housing;
- receiving domiciliary care in his or her own home;
- receiving any form of healthcare;
- detained in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999;
- in contact with probation services;

- receiving support, assistance or advice to help them live independently, for example through the Supporting People programme receiving a service or participating in an activity that is specifically targeted at people with age-related needs or disabilities;
- expectant or nursing mothers in residential accommodation;
- receiving direct payments from Health and Social Care Trusts in lieu of social care services; or
- requires assistance in the conduct of his or her own affairs.

An adult at risk is defined in 'No Secrets' (the Government's Guidance on Adult Abuse) as: - 'a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

## **Mental Capacity**

Mental Capacity refers to the ability to make decisions for yourself about your own life. Some people have difficulties in making such decisions. This is called 'lacking capacity'. Under the Mental Capacity Act (MCA) there are now laws governing who can make decisions on someone else's behalf, which help to safeguard vulnerable people.

## **What do we mean by abuse?**

Abuse is a violation of a person's human rights or dignity by someone else. There are many kinds of abuse; some are listed below:

### **Physical**

Including hitting, slapping, pushing, kicking, restraint or inappropriate sanctions.

### **Sexual**

Including rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting.

### **Psychological**

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

### **Financial or material**

Including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.

### **Neglect or acts of omission**

Including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating.

### **Discriminatory**

Including racist, sexist behaviour and harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment.

### **Institutional abuse**

This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affects the whole of that service.

Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

### **Who may be an abuser?**

The person who is responsible for the abuse is often well known to the person abused and could be:

- Relatives and family members
- Paid care workers/Professional workers
- Volunteers
- Other service users
- Neighbours
- Friends and associates,
- Strangers

### **Where might abuse occur?**

Abuse can occur in any setting.

### **Who should you contact if you are worried?**

If you suspect that the client may be the victim of abuse you should report it to the Director immediately, or in absence of the Director to the Clinical Health and Wellbeing Manager.

It is important that all staff and volunteers are aware that the first person that has concerns or encounters a case or suspected abuse is not responsible for deciding whether or not abuse has occurred. However, staff and volunteers do have a duty of care to the children or young person or adult at risk to report any suspicions you may have.

### **Procedures:**

All reasonable steps must be taken to ensure unsuitable people are prevented from working with children and adults at risk. This will include seeking references from a previous employer or voluntary organization where the position required working with children or adults at risk in any of the following capacities: employee, volunteer, or work experience. Where appropriate, additional screening checks with relevant authorities may be carried.

In the context of roles undertaken as a Staff member/Volunteer and/or service provider on behalf the following practices are prohibited:

Engaging in activities which could be interpreted as sexually provocative including rough or physical contact games and horseplay.

Formation of intimate emotional or physical relationships with children or adults at risk.



Allowing or engaging in touching a child or adult at risk in a sexually suggestive manner.  
Allowing children or adults at risk to swear or use sexualised language unchallenged.  
Swearing, using sexualised language or making sexually suggestive comments to a child or adult at risk, even in fun.  
Reducing a child or adult at risk to tears as a form of control.  
Allowing allegations made by a child or adult at risk to go unreported to the Committee.

## **6.2 Response Situations**

In general there are three situations that staff and volunteers may need to respond to concern or cases of alleged or suspected abuse:

- 1) Responding to a child, young person or adult at risk disclosing abuse i.e. they are making an allegation of abuse
- 2) Responding to allegations or concerns about a member of staff, or volunteer
- 3) Responding to allegations or concerns about any other person i.e. parent, carer, other client, other service provider.

### **Response Procedures:**

The following points are a guide to enable a professional response, each situation is different.

Stay Calm and listen carefully to what is said,

Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others, do not promise to keep secrets.

Ask questions for clarification only. Avoid asking leading questions that suggest answers, and allow the person to tell you at their own pace.

Reassure

Report and information to your Line Manager, Director or Board Member where appropriate.

Make a record in writing of what has been said, including date, time, nature of the allegation, description injuries/emotional state/behaviour etc.

If appropriate report to the relevant persons such as social services or police.

### **Self Determination**

Professionals are often wary of intervening in abusive situations if the adult does not want them to do so because of human rights and other issues. These dilemmas are very real for staff but can lead to an approach of non- intervention which conflicts with the professional “duty of care”

If an adult is not determined as “at risk” or “vulnerable” then they are deemed able to protect themselves from an abusive situation if they so choose.

However, when an adult is “at risk” or “vulnerable”, by definition they will find it difficult to protect themselves from actual or potential abuse without the intervention of outside agencies. In these cases the fact that an adult at risk states that they do not want intervention should not stop professionals from sharing their concerns and information under the adult protection procedure.

### **Confidentiality**

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. It is extremely important that allegations or concerns are not discussed, as a breach of confidentiality could be damaging to the child, young person or adult at risk, their family and any protection investigations that may follow.

Informing the parent or carers or emergency contact of a child, young person or adult at risk you may have concerns about needs to be dealt with in a sensitive way and should be done in consultation with social services.

Recorded information should be stored in a secure place with limited access in line with data protection laws (e.g. the information stored is accurate, regularly updated, relevant and secure). If enquiries arise from the public (including parents) or any branch of the media, it is vital that all staff and volunteers are briefed so that they do not make any comments regarding the situation. Staff and volunteers should be informed who the relevant designated spokesperson will be, and all enquiries directed through them.

## **7. Financial Management Policies & Procedures**

### **7.1 Financial Policy**

Brooke House Health and Well Being Centre recognises its responsibility to its members and stakeholders to apply high standards in all areas of Finance. In our financial management, we will ensure high standards, complying with all statutory accounting requirements, and ensuring the highest levels of clarity and accuracy of information.

#### **Applies to:**

This policy applies to all staff and any Board member with a remit to undertake financial expenditure and/or administration on behalf of Brooke House Health and Well Being Centre

#### **Responsibility:**

Operational management is the responsibility of the Finance officer and Director of Brooke House with the Board of Directors responsible for quality monitoring and any amendments to policy or procedural issues.

#### **Procedures:**

##### **Income**

The majority of income received by Brooke House Health and Wellbeing Centre is from grant funding. It is the responsibility of the Finance Officer/Director gaining the grant to ensure all grant income is claimed as it becomes due or available, and for the Board of Directors to be aware of relevant grant conditions and exactly how the grant is to be expended.

All income must be passed to the Board of Directors with information as to the source and any accompanying documentation.

##### **Budget setting and management**

Income and expenditure budgets will be prepared for individual services and activities for which funding is acquired, and for the group as a whole, for approval by the Board. Budgets are to be set by the Director/Finance Officer fairly, efficiently and on time.

The approved budget will be used as a base to construct a cash-flow forecast for the year, which will be updated quarterly.

##### **Financial monitoring and audit**

The Board of Directors will receive appropriate, regular reports of income and expenditure against budget, including:

- reports on bank balances, creditors and debtors;
- income and expenditure reports versus budget for each separate benefit/service/activity for which has been assigned as an independent cost centre;
- cash-flow reports.

Brooke House Health and Well Being Centre financial year is from 1st April to 31st March. Annual accounts will be submitted by Financial Officer to an approved accountant. The final draft should be ready for, and passed by, the Board in April and signed at the earliest convenience. Accounts will be submitted to the funder, charities commission and any other relevant and approved bodies as required.

## 7.2 Purchasing/Procurement Policy

All orders placed by members for supplies and services must be placed properly, and within agreed budgets and delegated powers. See below Procurement threshold for goods and services, which will be adhered to in respect of all funding received.

<i>Estimated value of Goods or Services (incl of VAT)</i>	<i>Quotations / Tender Requirements</i>	<i>Minimum documentation to Retain</i>
Up to £200	<p>Evidence of a price-check or quotations is not required providing the costs incurred for the goods and services can be considered reasonable.</p> <p>Care should be taken to ensure that contracts for goods and services are not being deliberately spread across several procurements to bring them under the £200 limit.</p> <p>If this is seen to be happening, the resulting expenditure will be deemed ineligible.</p>	
£200 - £5,000	<p>A “price-check” in advance of the contract award with at least 2 competent suppliers who ordinarily supply the relevant service to ensure that value for money has been achieved.</p>	<p>A price-check can take the form of an oral or written quote, internet check, leaflet, or similar.</p> <p>Details of price-checks should be documented and retained on file for audit purposes.</p> <p>The relevant checklist at Annex 2 should be completed and signed.</p>

£5,000 - £30,000	A minimum of 3 written quotations sought through a tender process as set out above, from competent suppliers who ordinarily supply the relevant service.	<p>Evidence that appropriate number of quotations were sought from prospective bidders/suppliers. Documentation and/or Terms of Reference sent to all potential bidders/suppliers.</p> <p>All tenders/quotes received and evidence they were received within the specified timeframe (date stamped).</p> <p>Documented evidence of assessment of quotes or where tenders were sought include; signed scoring matrix, minutes of discussion and names of assessment panel members.</p> <p>Correspondence with the successful and unsuccessful bidders/suppliers.</p> <p>Contract or equivalent awarded to winning tender.</p> <p>Documented changes or addendums to contract.</p>
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### 7.3 Bank account

Brooke House Health and Well Being Centre bankers are: Ulster Bank, Enniskillen. Separate accounts are held in accordance with funder requirements. All income will be paid into the appropriate account as soon as possible, not less than once a week. The make-up of each lodgement will be clearly recorded for later computer entry.

### 7.4 BACS/Cheque Signatories

Signatories may only be drawn from the Board of Directors, and any new signatory must be approved by the Board before the bank is notified. All payments require two signatories. Signatories must check that the expenditure has been authorised by the Director/Treasurer before signing the cheque.

Signatories may not sign payments which are payable to themselves, or blank cheques. Payments should be filled in completely (with payee, amount in words and figures, and date) before being signed.

*Due to Covid19 all payments will require an electronic authorising signature from Director, and a Steering Group or Board Member.*

## 7.5 Accounting Policy

Proper accounting records must be kept by the Finance officer. The accounts systems is based around computer facilities, but manual/paper records will also be kept and appropriately filed.

The accounting system involves the following procedure:

- Procurement/Tendering for supplier of service/activity;

- Goods are ordered from supplier of service/activity (see 6.3 Commissioning of External Goods & Services Policy);

- Invoice arrives from supplier and it is checked for accuracy;

- Cheque/ Payment is raised for approval from either two signatories or full committee depending on total value of service/activity;

- Payment is issued to supplier;

- Invoices, receipts and associated information are entered into the computer system will be clearly initialled by the person entering it, along with date, cheque number and file reference. All income/expenditure information must be recorded within three days. All corrections and adjustments will be clearly noted in a written 'Journal' giving reasons for them, with supporting documentation where available;

- Invoice is returned from supplier marked 'Paid';

- Bank accounts will be reconciled at least monthly;

- All cheque stubs, receipts etc. will be retained for audit and for statutory purposes thereafter.

### Payments/Authorisation

Orders equal to £200 must be approved by the Director.

Orders equal to or up to £1000.00 must be approved by two signatories of the Board

Orders over £1001.00 must be approved by Board prior to payment and recorded in the minutes of the committee meeting.

All incoming invoices are to be passed to the finance officer and then to the Director as soon as they arrive for authorisation. These are then signed by 2 cheque signatories Once authorised, suppliers will be paid within 14 days unless there are exceptional cash-flow difficulties or specific supplier arrangements.

*Due to Covid19 all payments will require an electronic authorising signatured from Director, and a Steering Group or Board Member.*

### Capital Expenditure Approval

Orders of £50.00 or more or for capital items (e.g. computer hardware or electrical equipment) must be placed in writing and presented to the Director for approval.

Orders over £50 or more or for capital items (e.g. computer hardware or electrical equipment) must be placed in writing and presented to the cheque signatories for approval.


*Due to Covid19 all payments will require an electronic authorising signatured from Director, and a Steering Group or Board Member.*

## 7.6 Fixed Assets & Fixed Assets Register

All fixed assets costing more than £250.00 (or such other level as may from time to time be agreed by the trustees) will be capitalised in the accounts and recorded in a fixed assets register.

This register will record the item description, serial number where applicable, purchase price, date of purchase, supplier, and, in due course, details of disposal. See below for Fixed Assets Register template.

Brooke House Health and Well Being Centre will ensure that any asset purchased that is valued at more than £1000.00 and purchased with funds from any funder will not be disposed of within four years without the prior written agreement of the funder.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>[BROOKE HOUSE]</b>  <b>Fixed Assets Register</b> </div> <div>   <b>BROOKE HOUSE</b>  <small>HEALTH &amp; WELLBEING CENTRE</small> </div> </div>					
Item Description	Serial Number	Purchase Price	Date of Purchase	Supplier	Disposal Arrangements
Laptop  Insert Make/Model	To be inserted	£	To be inserted	To be inserted	Funded through funder– Require written agreement from funder if planning to dispose within four years.

## 7.7 Fraud Policy

Brooke House Health and Well Being Centre policy and response plan for attempted and suspected fraud within the organization is as follows:

### **Definition:**

Fraud encompasses a wide range of irregularities and illegal acts including: deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion.

The criminal act is the intent to deceive and attempted fraud is therefore treated as seriously as accomplished fraud.

Fraud can be attempted or carried out in a number of ways which include:

- theft of cash, cheques or equipment.
- the falsification of travel and subsistence or other claims.
- unauthorised use of services or property paid for by Brooke House Health and Well Being Centre
- irregularities in the tendering for supplies to Brooke House Health and Well Being Centre by contractors of goods and services.
- works and consultancy (includes all professional advice).
- corruption, which includes receipt of payment or other material advantage as an inducement to award contracts from Brooke House Health and Well Being Centre funds.
- manipulation of IT systems.

The Board of Directors takes a most serious view of any attempt at fraud by members of Brooke House Health and Well Being Centre contractors, suppliers etc. Staff/Volunteers/ Board of Directors involved in an impropriety of any kind can expect to be subject to disciplinary procedures including prosecution if appropriate.

### **Personal Conduct**

The staff/ volunteers are expected to have high standards of personal integrity and honesty, but also must not lay themselves open to suspicion of dishonesty, perception of conflict of interest, and/or impropriety.

### **Roles and Responsibilities**

The Chairperson will act as Fraud Liaison Officer and will take overall responsibility for risk awareness and management of fraud control and investigation.

As Fraud Liaison Officer he/she will maintain a Register of Fraud which will contain details of all reported suspicions, including those dismissed as unfounded.

The Register will contain details of the actions taken in respect all each matter reported. The Register will be held securely at all times with access restricted.

The Chairperson/Treasurer has delegated responsibility for ensuring the design and efficient operation of Brooke House Health and Well Being Centre internal financial procedures and



controls, ensuring the arrangements for managing the risk of fraud are appropriate and ensuring the Fraud Response Plan is up to date.

All staff/volunteers and members have a role in limiting the scope for fraud by abiding strictly to Brooke House Health and Well Being Centre instructions for handling payments and receipts, procurement and for dealing with travel and subsistence and other claims.

### **Fraud Response Plan**

If you suspect or discover fraud it must be reported immediately to the Director/Chairperson, taking necessary advice as appropriate and will take immediate personal charge of any documentation that is relevant.

Act quickly and carefully, do not attempt to undertake investigation of the suspected fraud yourself.

### **Communication**

The Chairperson will report the results of an investigation to funders in accordance with the funder's guidelines.

At critical points in the investigation written reports will be supplied to the Board of Directors

The Board of Directors will decide whether the matter should be reported to the police, but the expectation is that the police should be involved in all but the most exceptional cases.

The question of whether proceedings should then take place is solely a matter for the Crown authorities. Therefore, no suspected person should ever be told whether they will be prosecuted, except where a decision has already been made by the Crown authorities.

### **Response to Media Enquires**

Should a particular case of fraud attract enquires from the media, all staff/volunteers of Brooke House and Health and Well Being Centre should be fully aware that under no circumstances should they speak to the media without express authority from the Board of Directors.

Any statement to the media will normally be made by the Chairperson.

Any individual disregarding this paragraph will be liable to disciplinary action (see Disciplinary Policy).

### **Management Action**

Fraud comes within the definition of "gross misconduct" in Brooke House Health and Well Being Centre disciplinary procedure (see 6.5). The need to take action and invoke disciplinary procedures will be balanced against the need to avoid prejudicing or compromising any possible criminal investigation. If necessary, the advice of the police should be obtained.

Specialist HR advice must be obtained before invoking disciplinary procedures as a result of suspected fraud.

In order to facilitate a thorough and fair investigation into fraud or other irregularity, it may be necessary to suspend a voluntary member from voluntary duties.

All reasonable means of recovering any identified loss should be pursued regardless of whether criminal proceedings or a criminal conviction is obtained.

Where recovery is not possible, Brooke House Health and Well Being Centre Board of Directors and the relevant funder should be consulted with regard to writing off the loss.

Once the circumstances of the case are known the Chairperson will take immediate steps to ensure that further loss does not occur. It will be necessary to identify and remedy any defects in the control system and decide on measures to prevent recurrence.

### **Investigation of Fraud**

As the nature of fraud can vary considerably and each investigation may require its own unique approach to meet the circumstances which prevail, this plan does not set out to prescribe a detailed programme of action. Instead it highlights the issues which need to be considered when planning an investigation.

### **Managing the Investigation**

The Board of Directors should approve of the objectives of the investigation.

The Board of Directors should agree the scope and timing of the investigation.

The Board of Directors should approve the resources which will be available for the investigation.

The Chairperson should ensure that the resources used are monitored against the agreed budget.

An investigation may not lead to criminal proceedings but could still result in disciplinary proceedings as this requires a lesser burden of proof. The fraud investigation report may be tabled as evidence at a disciplinary meeting.

### **Gathering and Securing Evidence**

A diary of events must be maintained by the Chairperson, this should give a detailed explanation of each action and event in the course of the investigation. A successful criminal prosecution can depend on details, which in other contexts could appear unimportant. Also a considerable time could elapse between the start and conclusion of any investigation. Therefore, to aid recall all relevant details must be recorded in the diary of events.

The following must be logged:-

- Details of all telephone calls, faxes, electronic mail and any other forms of communication.

- A formal record of all interviews and meetings.

- A clear record of where, when and how documents and other evidence were obtained.

- The Director will take immediate charge of any original documentation that is relevant to the discovered fraud. These should be logged in such a way to identify the identification of the source, nature and purpose of each. Access to the suspects work station and document cabinets must be prevented before and during the investigation.

The suspect should only be allowed escorted access to the office.

If the alleged fraud involves the use of a computer, then an Advisor must be involved so that any records on a PC or network relating to the fraud cannot be accessed, destroyed or corrupted prior to the investigation.

**Interviews:**

All interviews should be conducted fairly. The HR Advice must be sought before any individuals are interviewed, whether as suspects or witnesses.

The individual may be accompanied by a colleague at any disciplinary meeting but not fact-finding interview.

Interviews with a suspect may be taped, with their permission, to ensure that an accurate record is kept.

**Prevention of Further Fraud**

Brooke House Health and Well Being Centre Board of Directors will ensure that any lessons learned from a case of fraud are converted into an action plan which should help prevent a similar occurrence in the future.

## **8. Health & Safety Policies**

### **8.1 Health and Safety Statement**

Brooke House Health and Well Being Centre is committed to providing the highest standard of excellence in the services it provides. The same commitment to excellence applies to the manner in which Brooke House Health and Well Being Centre discharges its responsibilities for the health and safety of Staff, Volunteers, clients, families visitors, service providers and all those who may be affected by the organisation's activities, and will take all steps within its power to provide an environment which is healthy and safe.

#### **Applies to:**

The ultimate responsibility for health and safety rests with the Board of Directors. Every individual has a duty in law to take care for their own health and safety and take due consideration for the health and safety of others.

#### **Responsibility:**

Operational management is the responsibility of the Director, with the Board of Directors responsible for quality monitoring and any amendments to policy or procedural issues.

#### **Procedures:**

The Board of Directors shall:

- be familiar with the Health & Safety Regulations as far as they concern with Brooke House Health and Well Being Centre activities.
- be familiar with the Health & Safety Policy and arrangements and ensure they are observed.
- ensure so far as is reasonably practicable, that safe systems of voluntary work are in place.
- Annually review the Health and Safety Policy in line with HSE Law, and to ensure standards are maintained/improved.

All Staff, Volunteers and service providers have a responsibility to co-operate in the implementation of this health and safety policy and to take reasonable care of themselves and have a duty of care to others whilst on Brooke House Health and Well Being Centre

- be familiar with the Health & Safety Policy and arrangements and ensure they are observed;
- comply with safety rules, operating instructions and working procedures;
- report all accidents (however minor), injuries, near misses or other potential safety hazards as soon as possible whilst engaged in Brooke House Health and Well Being Centre activities;
- not misuse anything provided in the interests of health and safety;
- manage health and safety risks in the workplace;
- provide and use provided personal protective equipment where appropriate;
- implement emergency procedures, including evacuation in case of fire or other significant incident;

take appropriate health and safety precautions when working externally or at home; provide clear instructions and information, and adequate training, to ensure employees are competent to do their work

This policy should be read in conjunction with

- HR Policies
- Volunteer Policy
- Lone Worker
- Work From Home

## **8.2 General arrangements**

### **Accidents, near-miss occurrences and hazardous situations**

Brooke House has a Health and Safety Accident Book located in Brooke House Health and Wellbeing Centre Reception and all incidents, no matter how small, must be recorded as soon as possible after the incident. The incident should also be reported to the Director. In addition to reporting accidents it is equally important to report near misses and potential hazards so as to enable preventative action to be taken before it is too late. Once an incident has been recorded in the Accident Book the Sheet must be removed and stored separately, e.g. in the personnel file.

It is the responsibility of the Director to ensure that any necessary follow up action is taken to reduce the risk of the accident or near accident reoccurring.

The Director is responsible for reporting incidents which come within the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR), to the Health and Safety Executive. RIDDOR covers the following incidents:

- (a) fatal accidents
- (b) major injury accidents/conditions
- (c) dangerous occurrences
- (d) accidents causing more than 7 days incapacity for work
- (e) certain work-related diseases.

A First Aid kit is available in Kitchen in Health and Wellbeing Centre and in the Kitchen in the Upstairs Office.

### **General fire safety**

Brooke House is responsible for the maintenance of the firefighting equipment and the arrangement of regular fire safety checks and fire drills. The Director also undertakes a Fire Risk Assessment for the building.

All staff must also read and understand the Fire Procedure. A fire notice is located in Brooke House Health and Wellbeing Centre.

### Personal safety

Staff or volunteers who are working on their own should not allow access to casual visitors who have no appointment.

All windows and entry doors will be lockable.

Staff who are going to be away on Brooke House business should make it clear to other staff (and put in diary) where they will be, how long for and how they can be contacted.

Staff should inform the office who they wish to be contacted in the event of an emergency giving contact details.

Staff who carry money for Brooke House have the right to be accompanied by another person.

Visits to the bank should not be at a regular time.

Staff should not put themselves at risk on account of Brooke House's property.

All incidents of aggression or violence and any threat to personal safety should be reported to the Chief Officer and recorded in the accident book.

### Stress management

Stress at work is a serious issue: workers can suffer severe medical problems, which can result in under-performance at work, and cause major disruptions to the organisation.

The responsibility for reducing stress at work lies both with employer and employee.

Employees should become aware of the causes of stress, and ensure that they do not work in a way which could cause them to suffer an increase in stress, nor cause an increase in stress on others.

If an employee is suffering from stress at work, they should discuss this with their line manager or Director at the first opportunity. Where practicable and reasonable, Brooke House will seek to provide assistance to the employee.

## 8.3 Emergency Procedures

In the case of an emergency, contact the emergency services immediately!

Call 999 and request Police, Ambulance, Fire Service or Coastguard depending on the emergency.

Our address is: 26 Colebrooke Park Road, Colebrooke Park, Brookeborough, Co Fermanagh, BT94 4DW and if possible, give your location within the estate.

Relevant first aid should be provided if you are qualified and able to do so without putting yourself or others at risk. Other members of Brooke House and Estate Staff should be made aware of an ongoing emergency and the relevant first aid or services provided.

Contact:

Brooke House Office Number: 02889 531223

Joan Clements Director Number: 07827 11217

ALL emergencies, accidents and incidents should be reported in the appropriate manner.

## **8.4 Infectious Disease Policy**

Brooke House will take proactive steps to protect the workplace in the event of an infectious disease outbreak. It is the goal of Brooke House during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

Brooke House is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

### **Preventing the Spread of Infection in the Workplace**

Brooke House will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles and railings. A committee will be designated to monitor and coordinate events around an infectious disease outbreak, as well as to create work rules that could be implemented to promote safety through infection control.

We ask all employees to cooperate in taking steps to reduce the transmission of infectious disease in the workplace. The best strategy remains the most obvious—frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough; and discarding used tissues in wastebaskets. We will also install alcohol-based hand sanitizers throughout the workplace and in common areas.

Unless otherwise notified, our normal attendance and leave policies will remain in place. Individuals who believe they may face challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans. For example, employees might want to arrange for alternative sources of childcare should schools close and/or speak with supervisors about the potential to work from home temporarily or on an alternative work schedule.

### **Limiting Travel**

All nonessential travel should be avoided until further notice. Employees who travel as an essential part of their job should consult with management on appropriate actions. Business-related travel outside the United States will not be authorized until further notice.

Employees should avoid crowded public transportation when possible. Alternative scheduling options, ride-share resources and/or parking assistance will be provided on a case-by-case basis. Contact human resources for more information.

### Telecommuting

Telework requests will be handled on a case-by-case basis. While not all positions will be eligible, all requests for temporary telecommuting should be submitted to your manager for consideration.

### Staying Home When Ill

Many times, with the best of intentions, employees report to work even though they feel ill. We provide paid sick time and other benefits to compensate employees who are unable to work due to illness. Please refer to the Leave Policy.

During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the symptoms of an infectious disease outbreak/

Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines.

### Social Distancing Guidelines for Workplace Infectious Disease Outbreaks

In the event of an infectious disease outbreak, Brooke House may implement these social distancing guidelines to minimize the spread of the disease among the staff.

During the workday, employees are requested to:

1. Avoid meeting people face-to-face. Employees are encouraged to use the telephone, online conferencing, e-mail or instant messaging to conduct business as much as possible, even when participants are in the same building.
2. If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least one metre from each other if possible; avoid person-to-person contact such as shaking hands.
3. Avoid any unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
4. Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize.
5. Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).



6. Encourage members and others to request information and orders via phone and e-mail in order to minimize person-to-person contact. Have the orders, materials and information ready for fast pick-up or delivery.

### Outside activities

Employees might be encouraged to the extent possible to:

1. Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
2. Avoid recreational or other leisure classes, meetings, activities, etc., where employees might come into contact with contagious people.

**This is the statement of general policy and arrangements for:**

Joan Clements – Director has overall and final responsibility for health and safety

Joan Clements – Director, Robyn Livingstone – Administrator has day-to-day responsibility for ensuring this policy is put into practice

Statement of general policy	Responsibility of: Name/Title	Action/Arrangements (What are you going to do?)
Prevent accidents and cases of work-related ill health by managing the health and safety risks in the workplace		Relevant risk assessments completed and actions arising out of those assessments implemented. (Risk assessments reviewed when working habits or conditions change.)
Provide clear instructions and information, and adequate training, to ensure employees are competent to do their work		Staff and subcontractors given necessary health and safety induction and provided with appropriate training.
Engage and consult with employees on day-to-day health and safety conditions		Staff routinely consulted on health and safety matters as they arise but also formally consulted at regular health and safety performance review meetings or sooner if required.
Implement emergency procedures – evacuation in case of fire or other significant incident.		Escape routes well signed and kept clear at all times. Evacuation plans are tested from time to time and updated as necessary.
Maintain safe and healthy working conditions, provide and maintain plant, equipment and machinery, and ensure safe storage/use of substances		Toilets, washing facilities and drinking water provided. System in place for routine inspections and testing of electrical equipment and for ensuring that action is promptly taken to address any defects.

Signed: * (Employer)		Date:	
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You should review your policy if you think it might no longer be valid, eg if circumstances change. If you have fewer than five employees, you don't have to write down your policy.

Health and safety law poster is displayed at (location)	Reception
First-aid box is located:	Kitchen in Health and Wellbeing Centre
Accident book is located:	Reception (In Health and Safety File and Log on Brooke House Shared Drive)

Accidents and ill health at work reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) <http://www.hse.gov.uk/riddor>

Combined risk assessment and policy template published by the Health and Safety Executive 08/14

## 9. Confidentiality & Data Protection Policies

Brooke House Health and Well Being Centre realises responsibilities go alongside the trust its staff, volunteers and service providers place in providing their confidential and sensitive personal information to the group. Brooke House Health and Well Being Centre is committed to protecting the confidentiality that lies at the heart of its interactions.

Brooke House Health and Well Being Centre will handle and afford the highest standard of care to all personal information collected for its sole aims and objectives.

Given the sensitive information held by Brooke House Health and Well Being Centre in relation to names and addresses of clients and their families, there is an acknowledgement that formal controls need to be in place for personal information by way of password security on sensitive documents and cognisance of the group's Data Protection policy.

The aim of this policy is to communicate the commitment of Brooke House Health and Well Being Centre to ensure there is an adherence to the highest standards in the collection and retention of data thus complying with the Data Protection Act<sup>1</sup> 1998 (DPA) (In force from 1 January 2000).

### **Applies to:**

Anyone who processes personal data in connection with any aspect of the work of Brooke House Health and Well Being Centre

### **Responsibility:**

Operational management is the responsibility of the Director and the Board of Directors are responsible for quality monitoring and any amendments to policy or procedural issues.

### **Procedures:**

Personal data for any individual held by Brooke House Health and Well Being Centre must be:

- fairly and lawfully processed
- processed for limited purposes
- accurate, adequate, relevant and not excessive
- processed in accordance with the individual's rights
- held in a secure location and not kept longer than necessary
- transferred with adequate protection.

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<sup>1</sup> Although there is an exemption for charities with regard to registration with the Information Commissioner, this exemption applies only to registration and does not exempt any party from compliance with Data Protection legislation.

Items of a confidential nature must be clearly endorsed with a privacy marking – for example, “IN CONFIDENCE”, “CONFIDENTIAL”, “COMMITTEE IN CONFIDENCE”, “PRIVATE”. Filing and storage must take into account the restricted distribution nature of the material.

Distribution of confidential material must be made carefully in order to protect it from inadvertent release and should be distributed only through use of a secure mailing address, secure fax, and/or secure email.

Confidential material must not be distributed to anyone, without approval by the origin of such material, removal of the privacy marked cover, or where failure to disclose such information may breach legal and ethical duties of the Centre.

Data of a personal nature may not be released to a third party without:

- which a written description of the classes of personal data processed, e.g. contact details, interests, and a description of the subjects of the personal data, e.g. members, Volunteers.

- the purposes for which the personal data is to be processed.

- the name of the person responsible for processing the personal data, and a list of all others who may have access.

- the steps will be taken to secure any data released.

## **9.1 Disclosure of Personal Information to Third Parties**

Brooke House Health and Well Being Centre in achieving its aims and objectives and through its services for clients and families may need to disclose personal data to third parties (for example when engaging in services with out sourced providers. When this is considered necessary, disclosure will only be made with the written and signed consent of individual members concerned. At no time will any information be disclosed unless there is written signed consent from individuals.

Brooke House Health and Well Being Centre will ensure the transportation of such data to any third party will be protected during transportation. Further and in addition to this the individual acting for Brooke House Health and Well Being Centre will require the receiver to sign for receiving the personal data. This signature will be stored at the Brooke House Health and Well Being Centre

Brooke House Health and Well Being Centre will ensure any third parties have a robust Data Protection policy and comply with the DPA.

### **Individual Responsibilities**

All Staff, Board of Directors, volunteers, outsourced providers have a personal responsibility to protect the personal information held by Brooke House Health and Well Being Centre and

thus all information must be kept secure at all times against unauthorised or unlawful loss, use or disclosure. Therefore to this end all will:

Keep all information, whether held in electronic or paper format, in a secure environment,  
Ensure that all passwords that give them information are protected and not disclosed or shared.

## **Compliance**

Brooke House Health and Well Being Centre will ensure that:

An individual/s is/are designated with responsibility for Data Protection.

All staff/volunteers are made aware of Data Protection at meetings and briefings and will be informed that they have a personal responsibility if they handle, collect or store personal information.

Brooke House Health and Well Being Centre will only give information those who need to know as part of their duties. This is the '*need to know*' policy and advances good practice in storing and collecting data under the DPA.

Brooke House Health and Well Being Centre will regularly assess, manage and review how it stores personal information.

## **9.2 Computer Policy**

This policy is intended to safeguard Brooke House's hardware and software. All computer equipment and software is the property of Brooke House – staff and volunteers are only authorised to use the packages provided on the system.

Staff and volunteers should ensure documents are created to reflect Brooke House's house style format. Font should be Calibri Body and the logo should be placed in a prominent place i.e. top of page, in centre.

If you wish to use anything else on the computers, then you must be authorised to do so by your line manager. This includes loading files and/or software from a non-accredited source.

Computer configurations or system changes must be authorised by your line manager and undertaken by the designate IT person.

Staff are permitted to use computer equipment (with the prior authorisation of the Chief Executive) out of working hours ensuring Brooke House's policy on Health and Safety is adhered to.

Personal use of these facilities by an employee for a reasonable and specific purpose will be authorised at the discretion of the Director.

The installation or use of personal facilities (i.e. personal e-mail accounts, personal accounts with Internet Service Providers) is not permitted

NOTE: All files are virus-checked by the server.

This policy is to be read in conjunction with the following policies/documents:

Data Protection and Confidentiality Policy

Health & Safety Policy

HR Policies

## 9.3 Privacy Policy

This privacy policy notice is served by Brooke House Health & Wellbeing Centre, 26 Colebrooke Park Road, Brookeborough County Fermanagh, BT94 4DW.

The purpose of this policy is to explain to you how we control, process, handle and protect your personal information through the business and through our website. If you do not agree to the following policy you may wish to refrain from submitting your personal data to us.

### Policy key definitions

“I”, “our”, “us”, or “we” refer to the business, [Brooke House Health & Wellbeing Centre].

“you”, “the user” refer to the person(s) using this website.

GDPR means General Data Protection Act.

PECR means Privacy & Electronic Communications Regulation.

ICO means Information Commissioner’s Office.

Cookies mean small files stored on a users computer or device.

Brooke House is a funded project under the jurisdiction of the Ely Centre. This privacy policy will explain how Brooke House uses the personal data we collect from you.

The personal data we would like to [collect and process] is:

Personal Data Type	Data obtained directly from individuals during referrals, assessments and reviews. Data obtained through medical professionals using client permission
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### Key principles of GDPR

Our privacy policy embodies the following key principles; (a) Lawfulness, fairness and transparency, (b) Purpose limitation, (c) Data minimisation, (d) Accuracy, (e) Storage limitation, (f) Integrity and confidence, (g) Accountability.

**Your individual rights** Under the GDPR your rights are as follows. You can read more about your rights in details here;

- the right to be informed;
- the right of access;
- the right to rectification;
- the right to erasure;
- the right to restrict processing;
- the right to data portability;
- the right to object; and
- the right not to be subject to automated decision-making including profiling.

You also have the right to complain to the ICO [[www.ico.org.uk](http://www.ico.org.uk)] if you feel there is a problem with the way we are handling your data.

We handle subject access requests in accordance with the GDPR.

If you would like to exercise any of these rights, please contact us via writing at:

*Brooke House Health and Wellbeing Centre, 26 Colebrooke Park Rd, Brookeborough, Co. Fermanagh, BT94 4DW*

## **9.4 Internet cookies**

If you leave a comment on our site you may opt-in to saving your name, email address and website in cookies. These are for your convenience so that you do not have to fill in your details again when you leave another comment. These cookies will last for one year.

If you have an account and you log in to this site, we will set a temporary cookie to determine if your browser accepts cookies. This cookie contains no personal data and is discarded when you close your browser.

When you log in, we will also set up several cookies to save your login information and your screen display choices. Login cookies last for two days, and screen options cookies last for a year. If you select “Remember Me”, your login will persist for two weeks. If you log out of your account, the login cookies will be removed.

If you edit or publish an article, an additional cookie will be saved in your browser. This cookie includes no personal data and simply indicates the post ID of the article you just edited. It expires after 1 day.

## **9.5 Analytics – How we retain and use your data**

In accordance with GDPR this data is processed according to Brooke House need. Brooke House will not pass on your personal data on to third parties without first obtain your consent. The following third parties will receive your personal data for the following purpose(s) [research, medical support]. It will never be shared with external organisations or individuals.

Data is stored through a secure online database provided by ISArc and in secure location at Brooke House Health and Wellbeing Centre. In accordance to GDPR this data is keep for a minimum time, with all data being reviewed every two years. If inactive, your data will be deleted after a period of two years.

For users that register on our website (if any), we also store the personal information they provide in their user profile. All users can see, edit, or delete their personal information at any time (except they cannot change their username). Website administrators can also see and edit that information.

## **9.6 Data Security and Protection**

We ensure the security of any personal information we hold by using secure data storage technologies and precise procedures in how we store, access and manage that information. Our methods meet the GDPR compliance requirement.

### **Resources and further information**

[Overview of the GDPR – General Data Protection Regulation](#)

[Data Protection Act 2018](#)

[Privacy and Electronic Communications Regulations 2003](#)

[The Guide to the PECR 2003](#)

[Google Privacy Policy](#)



## 10. Policies & Procedure for Volunteers

### 10.1 Volunteer Policy

Volunteers\* within Brooke House support a number of the services, forming an essential part of the overall package of support and information . As a result, the activities of volunteers are much valued within and outside of the organisation. Volunteers are involved in specific areas, programmes and activities of Brooke House

#### **Responsibility:**

The Volunteer Co-ordinator is responsible for recruiting and accepting volunteers on behalf of Brooke House, although all existing volunteers are asked to be active in encouraging new volunteers to come forward and offer support.

#### **Procedures:**

Volunteers are to be recruited with due regard to our Equality **Policy (see 6.7)**. The sole qualification for volunteer recruitment is the suitability to perform the task on behalf of Brooke House Health and Wellbeing Centre.

Members and relatives of members of Brooke House Health and Wellbeing centre are welcome as volunteers. Care will be taken that volunteer duties do not conflict with the receiving of services from of Brooke House Health and Wellbeing centre for themselves or relatives.

No person who has a conflict of interest with any activity or programme of Brooke House Health and Wellbeing Centre whether personal, philosophical or financial will be accepted as a volunteer.

Each potential Volunteer is to be invited to attend an interview with the Volunteer Coordinator/Director. This interview aims to provide information about Brooke House Health and Well Being Centre for the Volunteer and obtain information regarding the Volunteer's suitability and commitment.

In order to safeguard the clients of Brooke House Health and Well Being Centre, volunteers who may be interacting with adults at risk are asked to disclose any criminal convictions they may have incurred and complete an Access NI check. Volunteers who refuse may be prevented from further involvement. Disclosure of a prior conviction does not automatically lead to a volunteer not being taken on. To further safeguard of Brooke House Health and Well

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\* A volunteer is someone who without compensation or expectation of compensation, other than of reimbursement of expenses incurred in the carrying out of duties, performs a task at the direction of and on behalf of Brooke House Health and Well Being Centre

Being Centre clients, two character references may be sought for each potential Volunteer, and external screening carried out. Volunteers who are unable/unwilling to engage in this process may not be accepted.

Volunteering within Brooke House Health and Well Being Centre will begin following the completion of Induction Training and with the agreement of the Voluntary Co-ordinator. All administrative procedures must be completed before beginning volunteer duties.

## **10.2 Volunteers' Roles**

Volunteers provide a wealth of skills beneficial to the effective delivery of Brooke House's services and activities. We will endeavour to provide creative and productive opportunities for Volunteers to use these skills to mutual reward and benefit.

### **Responsibility:**

The Volunteer Co-ordinator is responsible, in conjunction with the Brooke House Director and the Board, for identifying and delegating volunteer roles.

### **Procedures:**

All Volunteers will receive a general induction on the nature and purpose of Brooke House Health and Well Being Centre and specific induction on the purposes and requirements of the position they are accepting.

All Volunteers will receive specific training, where appropriate, to provide them with the skills and information necessary to perform their duties. The timing and delivery of the training will be appropriate to the demands of the position and the capabilities of the volunteer.

In offering a volunteer a position, attention is paid to the interests and skills of the volunteer, and to the requirements of the role. If a volunteer of Brooke House Health and Well Being Centre finds the placement unsuitable, appropriate training and support will be offered to the volunteer to take up another position within Brooke House Health and Well Centre or elsewhere.

Where duties are changed or ended, the Volunteer will be informed of the reasons for the decision. Where a Volunteer chooses to change or end their involvement, they are asked to inform the Volunteer Co-ordinator of their decision.

Volunteers are asked to carry out duties on a regular basis and to inform the Volunteer Co-ordinator of any changes in availability.

## **10.3 Management & Support for Volunteers**

Volunteers are considered to be partners in achieving the aims of Brooke House Health and Well Being Centre with each having an equal and complementary role to play. It is essential for the proper operation of this relationship that each partner understands and respects the needs and abilities of the other.

### **Responsibility:**

The Volunteer Co-ordinator is responsible for providing information, support and performance feedback to volunteers.

### **Procedures:**

Volunteers will be involved together in planning work to be undertaken and in evaluating outcomes. Both formal and informal lines of communication ensure that information is shared between Volunteers. Volunteers will be involved in all decisions that substantially affect their duties.

Volunteers are entitled to all necessary information to carry out their role. The Volunteer Co-ordinator is responsible for ensuring that this information is received.

As appropriate, Volunteers have access to property of the organisation and those materials necessary to fulfil their duties, and shall receive training in the operation of such equipment. Volunteers are responsible for maintaining the confidentiality of all privileged information to which they have access through their duties, in line with Brooke House Health and Well Being Centre Confidentiality & Data Protection Policy (see 9), whether this information involves a volunteer, client or other person or involves the overall business of the organisation.

### **Respect & Recognition**

The value of Volunteers to of Brooke House Health and Well Being Centre is immeasurable, and it is our policy that relationships with Volunteers be fostered in an environment of mutual respect and consideration.

Volunteers are a valuable resource to Brooke House Health and Well Being Centre and its clients. Volunteers are extended the right to:

- be given meaningful tasks,
- be treated as equal co-workers,
- effective supervision,
- full involvement and participation,
- recognition for work done.

In return Volunteers shall agree to actively perform their duties to the best of their abilities and to remain loyal to the values, goals and procedures of Brooke House Health and Well Being Centre.

Volunteers are eligible for reimbursement of reasonable expenses incurred while undertaking activities for Brooke House Health and Well Being Centre. The Volunteer Co-ordinator will ensure all volunteers have information regarding specific reimbursable items. Prior approval must be sought before any expenditure.

## **10.4 Departure and/or Dismissal**

A Volunteer may resign from a Volunteer position with Brooke House Health and Well Being Centre at any time. They are however asked if possible, to inform the Volunteer Co-ordinator of their decision in advance of leaving.

Where possible the Volunteer Co-ordinator and volunteer will meet for an Exit Meeting. This meeting will explore the reasons for leaving, suggestions the volunteer may have for improving the service, and the possibility of involving the volunteer in some other capacity in the future.

Volunteers who do not adhere to the policies and procedures of Brooke House Health and Well Being Centre or who do not satisfactorily perform their duties may be subject to dismissal. No Volunteer's contact with Brooke House Health and Well Being Centre will be ended until the Volunteer has had an opportunity to discuss the reasons with the Volunteer Co-ordinator.

Possible grounds for dismissal may include, but are not limited to, the following: gross misconduct, being under the influence of drugs or alcohol, theft of property or misuse of Brooke House Health and Well Being Centre equipment or materials, abuse or mistreatment of clients or co-workers, failure to abide by policies and procedures, failure to meet physical or mental standards of performance and failure to satisfactorily carry out given duties (see 5.8 Disciplinary Procedure).

This policy should be read in conjunction with the HR policies which are applicable to Volunteers.

## **11. Organisational Policies**

### **11.1 Document Retention Policy**

The aim of this policy is to communicate the commitment of Brooke House Health and Well Being Centre to ensure that there is adherence to regulatory and funder requirements.

All original vouching claims, invoices, receipts and supporting documents are retained in line with GDPR guidelines, and only retained as long as necessary, and no longer than five years.

The Director/Chairperson has specific responsibility for the effective implementation of this policy and each staff member, volunteer, service provider and the Board of Directors has responsibilities to abide by and ensure adherence to the policy.

In implementing this policy the organisation will ensure this policy is communicated to all staff, volunteers and service providers involved in the management and handling of documentation relating to the services undertaken by the Centre. Appropriate training and guidance will be provided as and when required.

The person who will act as point of contact and who will be responsible for the retention of documents post activity/services completion will be the Director.

Documents will be suitably stored with regard to security and data protection.

### **11.2 Commissioning of External Goods & Services Policy**

Brooke House Health and Well Being Centre will engage providers of goods and services to meet the defined needs of the organisation. Such appointments will be consistent with core values of openness and transparency and represent value for money to the organisation.

#### **Applies to:**

This policy applies to all management, staff and volunteers with the remit to purchase goods and services on behalf of Brooke House Health and Well Being Centre.

#### **Responsibility:**

Operational management is the responsibility of the Director

#### **Procedures:**

Staff/Board of Directors with a purchasing responsibility can place orders for goods or services within pre-set budget areas, subject only to cash flow restraints (see 5. Financial Management).

Cash payments to providers of goods and services are not permitted. Payment can only be approved where adequate supporting documentation is obtained prior to release of monies.

Any lease, hire purchase agreement or other contractual agreement will be subject to authorisation from the Board of Directors, with the relevant amount being the total committed expenditure over the period of the contract, or over the first 12 months of the contract if open-ended.

Suppliers of goods or services up to and including a value of £1,000 may only be appointed subsequent to the receipt of two oral quotations. Receipt of quotations must be confirmed by in writing by letter/paper format, email or by faxing.

Suppliers of goods or services of large contracts of a value ranging from £1,001 up to and including £10,000 may only be appointed through a tendering process requiring a minimum of three tenders.

Suppliers of goods or services of very large contracts of a value ranging from £10,001 up to and including £30,000 may only be appointed through a tendering process requiring a minimum of four tenders.

The procedure for commissioning external goods and services will not contradict the policy of funders, and should such a contradiction arise, the funder's policy shall be definitive.

The Director or any sole member of the Board of Directors may not take on a role in purchasing a product or service from a provider with whom the individual may be engaged or in which they have a financial interest, without first receiving the consent of the Board of Directors with appropriate minute taken, and they will ensure that this activity is a fair and equitable arrangement.

Brooke House Health and Well Being Centre will verify that any and all outsourced providers are in possession of qualifications and indemnity insurance appropriate to the work they intend to conduct on Brooke House Health and Well Being Centre behalf.

Brooke House Health and Well Being Centre will issue partnership agreements to outsourced providers of service.

### **11.3 Membership Policy**

We do not currently have members. Brooke House Health and Wellbeing Centre is design as a recovery centre providing health and wellbeing services for our clients who are beneficiaries. We will explore membership categories in the future, at which stage a suitable policy will be developed.

## **11.4 Monitoring & Evaluation Policy**

Brooke House Health and Wellbeing Centre understands the benefits of learning from the services and activities provided to end beneficiaries through the monitoring and evaluation of its work.

Evaluation is about what people think and feel about the services and activities delivered by Brooke House Health and Well Being Centre and the difference resulting from those activities. Monitoring is recording what actually happened – the facts and figures and both of these are important.

Taking time to consider how well a service or outing has gone can be very useful – learning and improving when things go wrong and having the opportunity to congratulate and further motivate ourselves when work is achieved well. It is always useful to see the difference that is made to the users by the interventions made through the work carried out. Monitoring and evaluation helps Brooke House Health and Well Being Centre plan future activities, helps the centre to be accountable and is used as evidence when applying for funding.

Brooke House Health and Well Being Centre will comply with all guidance issued from the funders in relation to the provision of monitoring and evaluation information and understands the importance for the funder to learn from the practice of groups in receipt of funding.

In addition, Brooke House Health and Well Being Centre will complete a qualitative feedback questionnaire within the funded period for each financial year to VSS.

## 12. Fundraising

### 12.1 Fundraising Policy

Brooke House Health and Wellbeing Centre is funded by grants from the Armed Forces Covenant. It is our intention to apply for grants from other service charities, corporate bodies and family trusts. We do not use third-party fundraisers. We are not planning at present to raise money from the general public either from individuals or at charity events. If we plan to do so, our policy and procedures will be revised beforehand and will be compliant with the Code of Fundraising Practice as issued by the Fundraising Regulator in Oct 2019, CCNI's guidance [Fundraising for Charities](#), the requirements of the Police Service of Northern Ireland and the Information Commissioner.

### 12.2 Fundraising Guidelines

In applying to grant-making bodies (including trusts and foundations):

We will follow any extra rules that may apply for statutory funding, such as EU or government grants.

we will avoid mass mailings and **cold-calling** to **grant-making bodies**.

If we are giving a referee on an application, we will get their permission to include their details before submitting the application, and show them the application before we submit it.

after applications have been accepted or rejected, we will strictly follow the administrative requirements of the grant-making body regarding payment. We will ensure that we and the grant-making body understand and agree any conditions that apply to the grant before we formally accept it. This may include the grant-making body being involved in the work (for example, by helping to manage it or by giving advice), or by publicly acknowledging their support.

if our application is rejected, we will only appeal or try to persuade the grant-making body to reconsider if we have a clear reason for doing so, such as if there are clear mistakes in the facts used to make the decision, or if you are following the grant-making body's appeal procedures.

if we want to spend a grant in a different way to what was originally planned, we will first get the grant-making body's approval in writing, if that is a condition of the grant-making body's funding. We will closely follow reporting guidelines and requirements if they form conditions under a grant contract.



if there are likely to be serious problems with the funded work, we will tell the grant-making body as soon as possible, and keep them informed as the matter develops and we will follow any requirements in the contract relating to this.

Information about funders will be protected in accordance with our information governance policy.

Complaints will be investigated by the Director in the first instance. If she cannot respond to them promptly, they will be referred to the Board for investigation and resolution.

### **13. Complaints Policy**

Brooke House is an organisation which aims to be responsive to the needs of its volunteers, members, partners and the local community, and to provide the best possible support and services to users and as such welcomes complaints. From time to time an individual or organisation may feel it has not had the best possible service that Brooke House Health and Well Being Centre aims to provide. In such instances it is important that a complaint is made, the circumstances investigated and necessary corrective action undertaken within reasonable time limits.

This policy provides a practical means by which Brooke House Health and Well Being Centre can demonstrate its determination to effectively deal with complaints, in a fair and honest way, for all members of the community.

#### **Applies to:**

Any client or family member of Brooke House Health and Well Being Centre, the public or their representatives, volunteers, private, public and voluntary bodies can make a complaint.

#### **Responsibility:**

Handling of complaints is the responsibility of the Director/Clinical lead, except complaints which are subject to statutory investigation and/or legal proceedings. The Director/Board of Directors is responsible for complaints that are subject to statutory investigation and/or legal proceedings. The Board of Directors also has responsibility for quality monitoring and any amendments to policy or procedural issues.

#### **Procedures:**

Complaints can be made in the following ways:

By letter

By e-mail

A response to a complaint should be made by the line manager within 5 working days. If the complainant still feels dissatisfied then the Director/Board of Directors will be asked to investigate and respond.

All complaints must be treated with confidentiality in mind. Only the management dealing with complaints will be aware that a complaint has been received and is being dealt with.

Anonymous requests will be acted upon; however contact details are preferred so that the complainant can be informed of the outcome.

Brooke House Health and Well Being Centre wants to deal fairly and honestly with complainants and ensure that, staff, volunteers and service providers as a whole do not suffer detriment from persons making vexatious complaints. Where this occurs, the Board of Directors will refer the matter to a solicitor appointed by the Board of Directors who will be

instructed to write to vexatious complainants to inform them that their behaviour is considered to be unacceptable.

### **Conciliation**

Anyone who is dissatisfied with any aspect of the work of Brooke House Health and Well Being Centre should contact the Director in the first instance. The Chairperson will seek to satisfy any complaint by conciliation and clarification of the issues involved. Hopefully the majority of problems can be satisfied by this informal process. The Director will reply to the complainant within fourteen days of receipt of the complaint.

If the person making the complaint is not satisfied by the result of the above informal process the group would be welcome to use the following more formal procedures:

## **13.1 Formal Complaints Procedure**

### **First Stage**

Any complaint should be communicated to the Director of Brooke House Health and Well Being Centre.

1. Brooke House Health and Well Being Centre will acknowledge in writing (identifying the complaint) receipt of the complaint within 5 working days.
2. The Director shall investigate all circumstances leading to the complaint and ensure that a Brooke House Health and Well Being Centre Complaints Form is completed.
3. The Director shall inform the complainant of the result of the investigation, and any corrective action taken. This will be completed within twenty-one days unless circumstances prolong the investigation, in which case an interim report will be made to the complainant and new time-scale set.

### **Second Stage**

If the complainant is dissatisfied with the results of the enquiry and/or corrective action taken, they have a right to put their case (in person if they wish) to a sub-committee comprising of at least two members of the Board of Directors

1. The sub-committee shall undertake any further enquiries and report the decision to the complainant within thirty days.
2. The sub-committee should undertake an investigation of the complaint and produce recommendations for the Board of Directors.
3. The Board of Directors will take a final decision on the complaint.

All complaints and positive feedback to Brooke House Health and Well Being Centre will be fully recorded and a report made to the Board of Directors on any complaints dealt with via this procedure. A written record will be retained of complaints.

## Complaints Form

To proceed with a complaint please complete this form and return to the Director of Brooke House Health and Well Being Centre. This form will enable the complaint to be dealt with appropriately.



**BROOKE HOUSE**  
HEALTH & WELLBEING CENTRE

**Your name:**

**Your contact telephone number:**

**Your e-mail address:**

**Your Address:**

**Postcode:**

**Please give details of any special needs we need to bear in mind when we are dealing with your complaint and communicating with you.**

**Date & Time Incident Occurred:**

**Please give details of your complaint. Please continue on a separate sheet if necessary.**

**If you have already verbally spoken to a volunteer regarding your complaint please give the name of the volunteer:**

**What do you think should be done to put things right?**

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Please note that in investigating your complaint Brooke House Health and Well Being Centre may require to provide any named persons with details of the complaint so as to give them a fair opportunity to respond.

**Your signature:**

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**Date:**

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**For Office Use**

**Date Received:**

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**Date Acknowledgement Sent:**

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**Date Outcome of investigation  
Communicated to complainant:**

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**Outcome of the complaint:**

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**Director/Chairperson's Signature:**

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Date: