



## Compassionate/Bereavement Leave Policy

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## **1. INTRODUCTION**

- 1.1 The purpose of compassionate/bereavement leave is to support staff when they suffer the loss, serious illness or acute need of someone close to them

NHS 24 will treat staff with care and compassion, valuing the contribution they make. NHS 24's aim is for all staff to show and be shown dignity and respect and strive for openness, honesty and responsibility.

## **2. SCOPE**

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

## **3. PRINCIPLES**

- 3.1 When staff suffer the loss, serious illness or acute need of a partner or a close immediate family member or dependant i.e. husband, wife, partner (including same sex partner), mother, father, son, daughter, brother or sister, close friend, or colleague, NHS 24 recognises that they require support and a sympathetic approach, and may require appropriate time off.
- 3.2 NHS 24 will endeavour to support staff at times of bereavement.

## **4. LENGTH OF COMPASSIONATE/BEREAVEMENT LEAVE**

- 4.1 Staff requiring compassionate/bereavement leave will be entitled to up to one working week's paid leave (i.e. up to five consecutive working days for a full time staff member, 37.5 hours, and pro rata entitlement for a part time staff member). In particularly distressing circumstances, the manager, with authority from the relevant Director/Associate Director of Operations and Nursing/General Manager, may extend this by up to a further working week of paid or unpaid leave.
- 4.2 The specific circumstances relating to each case will determine the duration of leave authorised. The line manager should take this into account when considering whether compassionate/bereavement leave is appropriate, and if so the amount of leave or the need for any additional leave (clearly indicating if is to be paid or unpaid). For example:
- the relationship between the staff member and the individual, and if they are not a relative has there been a similar relationship e.g. the staff member was brought up by an aunt or uncle
  - if the staff member has responsibility for the estate and/or responsible for any funeral arrangements
  - the availability of other relatives or friends, any extended travel distances
  - particularly distressing or difficult circumstances

- 4.3 Typically, a line manager may authorise one day's compassionate/bereavement leave for the death of a person who is not an immediate family member or partner, for example, e.g. relative, close friend or colleague. One day's compassionate leave may also be considered appropriate if a staff member is required to deal with an unforeseen serious illness of a partner or a close immediate family member or dependant i.e. husband, wife, partner (including same sex partner), mother, father, son, daughter.
- 4.4 Staff and line managers should consider other options for leave in conjunction with compassionate/bereavement leave, such as utilising annual leave and requesting unpaid leave. Staff should also consider whether a temporary change in their working hours would be beneficial and line managers should consider whether this could be accommodated.
- 4.5 Where the deceased is a member of staff, the arrangements for the attendance of colleagues at the funeral will be at the discretion of the relevant Director/Associate Director of Operations and Nursing/General Manager, who will have regard to the exigencies of the service.

## **5. PROCEDURE**

- 5.1 Where necessary, Frontline staff should follow the Absence Report Line process and Non-Frontline staff should contact their line manager when reporting they are unable to attend work due to a Compassionate/Bereavement absence. However, if possible staff should provide advanced notice and completed Approved Authorised Leave Pro Forma (Appendix A).
- 5.2 In order to ensure that the granting of compassionate/bereavement leave is fair to all staff in all parts of the organisation, the following procedure should be followed :-
- The staff member should make a request for compassionate/bereavement leave to their line manager. and Appendix A should then be completed. If the line manager is unavailable, the duty line manager/team leader should take over responsibility for the process and completion of Appendix A (therefore, following the line manager responsibility outlined in this policy). If the staff member is not at work at the time of request, the line manager will complete and the signature of the staff member must be obtained immediately upon their return to work. In cases where unpaid leave has been granted, the staff member's signature must be obtained where possible before the unpaid leave is granted, or immediately upon their return to work.
  - The line manager must ascertain the full circumstances relating to the request and determine the amount of leave to grant. The staff member should be provided with a copy of the Approved Authorised Leave Pro

Forma informing them of the duration of the leave granted and details as to whether it is paid or unpaid. Where paid leave has been granted for short term emergency situations, staff members will be paid "as if at work" receiving any enhancements that would normally be paid. The line manager must obtain authorisation from the relevant Director/Associate Director of Nursing/ General Manager where an extended period of leave is being sought, who must clearly indicate whether extended leave is paid or unpaid.

- 5.3 Line managers should record the granting of compassionate/bereavement leave using the Authorised Leave Pro Forma, obtaining any further authorisation from the relevant Director/Associate Director of Operations and Nursing/ General Manager, as necessary. The line manager should then update the HR Management Information System and forward the Approved Authorised Leave Pro Forma immediately to the Central Resource Team (CRT), where applicable, and HR Business Support. Upon receipt of this form, HR Business Support will notify Payroll of any periods of unpaid leave.

## **6. REVIEW**

The Policy will be reviewed on a 2 yearly basis in Partnership.

**APPENDIX A**
**APPROVED AUTHORISED LEAVE PRO FORMA –  
Compassionate/Bereavement Leave**
**Part A: To Be Completed By Staff Member**  
**(or Line Managers or Duty Team Leaders in staff members absence)**

This form should be completed when you wish to request Compassionate/Bereavement leave (however, if necessary this may be done retrospectively upon your return to work). Please note this form should **not** be used for any other leave application.

Once complete this form should be forwarded to your line manager or the duty team leader. If leave requested extends for more than 5 consecutive working days (pro rata for part-time staff) the relevant Director/Associate Director of Operations and Nursing/General Manager will be required to authorise.

Staff Member Name		Payroll Number	
Location		Job title	

**Category Of Leave - Compassionate/Bereavement**

**Please give as much detail regarding the reason for the request to allow an informed decision to be made.**

Start Date	End Date	Status	Days leave	Hours Leave
		<b>Paid Leave</b>		
		<b>Unpaid Leave</b>		

I wish to apply for the above leave and confirm that any unpaid element can be recovered from my next available salary.

Signed

Dated

**Part B To Be Completed By Line Manager/Team Leader**

- I wish to confirm that the following Compassionate/Bereavement leave has been approved. - I have updated the relevant electronic HR systems to reflect this information. - I have only authorised a maximum of one working week (37.5 hours for a full-time staff member, pro rata for part-time staff).				
Start Date	End Date	Status	Days leave	Hours Leave
		<b>Paid Leave</b>		
		<b>Unpaid Leave</b>		
<b>Signed</b>			<b>Dated</b>	
<b>Print Name</b>			<b>Job Title</b>	

**Part C To Be Completed By Appropriate Director/ADON/General Manager**

Additional authorisation is only needed if the leave request exceeds one working week (37.5 hours for a full-time staff member, pro rata for part-time staff).

I consider this request for more than one working week (37.5 hours for a full-time staff member, pro rata for part-time staff) necessary on this occasion and, therefore, authorise the additional Compassionate/Bereavement leave detailed below.				
Start Date	End Date	Status	Days leave	Hours Leave
		<b>Paid Leave</b>		
		<b>Unpaid Leave</b>		
<b>Signed</b>			<b>Dated</b>	
<b>Print Name</b>			<b>Job Title</b>	

**The staff member should retain a copy for their records and forward the original form to HR Business Support**