



MANAGING PERFORMANCE POLICY

ICB document reference:	ICB HR 004
Version	2.0
Name of originator/author:	AGEM HRBP Team
Date of approval:	July 2020
Name of responsible Committee:	Senior Management Operational Delivery Group
Responsible Director/ICB Officer:	Director of Nursing and Quality
Category:	Human Resources
EIA undertaken:	Yes
Date issued:	July 2022
Review date:	July 2025
Target audience:	All staff
Distributed via:	Email, Website, Intranet and Board Portal

Document Control Sheet

Document Title	Managing Performance Policy
Version	1.0
Status	Final
Authors	AGEM HRBP Team
Date	July 2021

Document history			
Version	Date	Author	Comments
1	July 2021	AGEM HRBP Team	New NHS Lincolnshire ICB Policy
2	July 2022	AGEM HRBP Team	Rebranding of Policy for Lincs ICB

Section	Contents	Page
1.	Introduction & Purpose of Policy and Procedure	4
2.	General Principles	4
3.	Employee Responsibilities	5
3.1	Role of Employee	5
3.2	Role of Managers	5
3.3	Role of Human Resources	6
3.4	Role of Representative/Work Colleague	6
4.	Referrals to Professional Bodies	7
5.	Confidentiality	7
6.	Equality Statement	7
7.	Data Protection	8
8.	Procedure	8
	Appendix 1	

1. INTRODUCTION & PURPOSE OF POLICY AND PROCEDURE

- 1.1 Lincolnshire Integrated Care Board (ICB) places great importance on assisting employees to maintain levels of performance at an acceptable standard and recognises that it has a responsibility to provide a policy which will assist managers and employees in identifying and managing areas of poor performance.
- 1.2 The aim of this policy is to provide a fair and consistent framework for resolving Issues relating to underperformance and lack of capability when they occur. It is intended that when such issues arise, they are dealt with promptly and in a supportive manner but recognising the need to balance individual development needs with the needs of the service.
- 1.3 This policy applies to all non-medical staff employed under a contract of employment with the organisation. Concerns about capability in relation to medical and dental staff will be dealt with under the “Maintaining High Professional Standards” guidance and NHSL’s local policy in relation to that guidance. It does not apply to independent contractors and agency workers working for the organisation under a contract for services.
- 1.4 For the purpose of this policy, capability is defined as:

“Where a member of staff is failing in a significant or persistent way to carry out their responsibilities or duties in a satisfactory manner, either due to a lack of ability, inadequate training or lack of experience.”
- 1.5 Where poor performance is the result of alcohol or drugs misuse, support will be provided in line with NHS LCG’s Substance Misuse Policy. Where this does not provide the required improvement, the Disciplinary Policy will be used.
- 1.6 Where capability issues are due to sickness or disability, these will be dealt with under the organisation’s attendance management policy.
- 1.7 Where the cause of poor performance is found to be wilful negligence or misconduct, the organisation’s Disciplinary Procedure will apply.

2. GENERAL PRINCIPLES

- 2.1 In normal circumstances, each stage of the procedure will be applied in turn. However, in exceptional circumstances it may be appropriate to implement the procedure at a later stage, for example in a case of gross incompetence or where the issues of performance are too serious to be dealt with at an informal stage.
- 2.2 Performance issues will also be dealt with through the normal appraisal process, but where concerns persist the Managing Work Performance policy should be used to address these formally.

The procedures set out in this document aim to ensure that there is:

1. A means of monitoring performance and establishing performance criteria.

2. A degree of consistency in how staff are given opportunities to attain satisfactory levels of performance.
 3. Assistance in identifying the most appropriate form(s) of support and providing that support.
 4. If a member of staff fails to overcome their difficulties, any consequent action will be based on:
 - Adequate evidence that the member of staff is incapable of performing their duties satisfactorily.
 - A fair procedure.
 - The fact that the member of staff was given all reasonable assistance to overcome such failings.
- 2.3 An employee has the right to be represented and accompanied by a representative of a recognised trade union or workplace colleague at any stage of the **formal** managing work performance procedure.
- 2.4 Performance issues may arise due to a number of reasons such as, not having the skills, knowledge or ability to achieve the required standard of work. However, they may also arise as a result of poor management, personal problems, health issues, inadequate systems and/or lack of training.
- 2.5 Poor performance can include, but is not limited to, any of the following:
- slow work
 - work of inadequate quality
 - accuracy of work
 - poor punctuality and unexplained absences
 - behaviours or attitude problems
 - failure to meet objectives; or failure to carry out the role effectively
 - Ensuring that they are familiar with ICB's Managing Attendance Policy
 - Monitoring of absence and attendance
 - Attending managing attendance training
 - Ensuring procedures for attendance management are followed, or where appropriate the attendance management guidelines
 - Taking timely appropriate action to deal with absence from work, balancing the needs of the individual with those of the service
 - To keep in touch with the employee a regular basis throughout any period of absence
 - Gaining advice through the use of the Occupational Health Service, as appropriate. Maintain confidentiality with regards to medical information

3. EMPLOYEE RESPONSIBILITIES

3.1 Role of the Employee

Employees have a responsibility to perform to a satisfactory level. This includes meeting agreed targets and objectives, attending statutory, mandatory, and other

agreed training and for cooperating with their line manager to address areas of concern. Employees have a responsibility to talk to their manager (or a senior manager if appropriate) if they are not sure about any part of their role or if they have concerns about a task. Employees should fully engage with all aspects of performance management including appraisals, reviews and one-to-ones.

3.2 Role of Managers

Line Managers have a responsibility to ensure:

- the employee receives an effective corporate induction into the organisation
- the employee receives a robust job induction
- the employee receives regular on the job training to ensure that skills and knowledge are up to date on systems, processes or any other aspects relating to the conduct of their job
- that adequate resources are available to allow the employee to fulfil their role
- job content is appropriate to the grade
- the expectation of work performance is realistic
- objectives are set which are SMART (Specific, Measurable, Achievable, Relevant and Time-bound)
- the volume of work is reasonable
- adequate advice and supervision are available
- appropriate preceptorship and mentorship programmes are in place, if applicable
- this policy is implemented consistently and fairly
- any concerns around work performance are addressed in a confidential, supportive and timely manner
- each employee has an annual appraisal

3.3 Role of Human Resources

The role of HR is to:

- ensure a fair and equitable process in line with the policy
- provide advice at formal capability meetings and appeals, interpreting policy and advising on employment legislation

3.4 Role of the Representative/Work Colleague

- A work colleague, accredited Trade Union/Professional Organisation representative or full-time officer may accompany an employee during the formal stages of the procedure. During the informal stage an employee does not have the statutory right to be accompanied by a trade union representative or work colleague.

4. REFERRALS TO PROFESSIONAL BODIES

- 4.1 Clinical and professional staff are responsible for complying with the relevant standards set by their professional regulatory body. At any stage during the capability procedure consideration may be given to referring the individual to the relevant professional regulatory body for consideration of action by that body. This responsibility rests with the manager dealing with the case or hearing an appeal, who should contact the relevant head of profession for advice.
- 4.2 The organisation may act under the managing work performance policy regardless of and independent to the outcome of any referral to a professional regulatory body.

5. CONFIDENTIALITY

- 5.1 The ICB aims is to deal with performance matters sensitively and with due respect for the privacy of any individuals involved. All employees must treat as confidential any information communicated to them in connection with a matter which is subject to this performance procedure.
- 5.2 The employee, and anyone accompanying them (including witnesses), must not make electronic recordings of any meetings or hearings conducted under this policy. Should this happen the Disciplinary Policy may be invoked.
- 5.3 The employee will normally be told the names of any witnesses whose evidence is relevant to their performance hearing, unless the ICB believes that a witness's identity should remain confidential.

6. EQUALITY STATEMENT

- 6.1 The ICB aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes account of current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out its function, the ICB must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which the ICB is responsible, including policy development, review and implementation. This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

7. DATA PROTECTION

- 7.1 In applying this policy, the ICB will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

8. PROCEDURE

- 8.1 The procedure to be followed is attached at Appendix 1

MANAGING WORK PERFORMANCE PROCEDURE

1. Scheme of Delegation

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure	Line manager or the line managers direct line manager and HR representative
Appeal following formal procedure	Chaired by Line Managers manager or equivalent who has not previously been involved or implicated and HR representative
Dismissal Hearings	Chaired by a Deputy Director or equivalent plus one other manager and HR representative
Appeal against dismissal	Chaired by a Director plus one other manager who has not previously been involved or implicated and HR representative

2. Informal Procedure

2.1 Where an employee exhibits an inability to perform their duties satisfactorily, attempts will be made to resolve the matter informally via a meeting between the line manager and the member of staff.

At this meeting, the line manager will explain the nature of the unsatisfactory performance and how such performance can be improved to the satisfaction of the line manager. The line manager will agree performance standards with the member of staff, and a time period (normally one to three months) over which improvement will be expected and these will be listed in a performance development plan. They will also agree how the individual's performance will be monitored. The outcome of the meeting will be confirmed in writing to the employee. Informal discussions may help to:

- review and clarify the job description
- clarify the required standards
- allow the employee to discuss whether the standards are realistic and reasonable
- identify areas of concern
- establish the likely causes of poor performance and agree any "gap"
- identify any training needs and any other remedial action
- establish what support the organisation can provide for the employee to enable them to reach the required standard(s)
- identify any health issues

- set targets for improvement and a timescale for review;
 - confirm the consequences of the required standards not being met by the time of the review; and
 - document the concern so that there is an agreed action plan and timescale will be sent to the employee for him/her to sign. This will include the realistic setting of SMART targets
- 2.2 Continuous monitoring should take place during the agreed period and the manager should meet regularly with the individual during this time to give feedback and assess progress against the performance development plan.
- 2.3 If the individual's performance improves adequately over the timescale, then the process will terminate at this stage. If performance remains unsatisfactory, then the formal procedure will be invoked by the line manager as set out in stage 2.
- 2.4 Consideration will be given to whether poor performance may be related to a disability and, if so, whether there are reasonable adjustments that could be made to the employee's working arrangements, including changing their duties or providing additional equipment or training. The ICB may also consider adjusting this policy, in appropriate cases.
- 2.5 If the employee wishes to discuss this or inform the ICB of any medical condition, they consider relevant, they should contact their line manager or a member of the HR Business Partner Team.

3. Stage 1 - Formal Review

- 3.1 Where informal action has not resulted in the required improvement, or the improvement has not been maintained, the member of staff should be made aware that their performance is unsatisfactory. A formal review meeting should be arranged by the line manager in writing giving 10 days notice, along with the potential outcomes of the process.
- 3.2 Individuals have the right to be represented by a work colleague or representative of their trade union or professional organisation at the review meeting and a member of Human Resources will be present at the meeting to provide advice and guidance.
- 3.3 The meeting should be a two-way discussion in order to:
- Inform the individual that their standard of performance is unacceptable, detailing the specific areas of shortfall, providing examples and evidence, including the effect on the service and colleagues.
 - Allow the individual an opportunity to identify reasons for perceived poor performance
 - Advise the individual of the standard of performance required (including clear targets for improvement) and how that will be measured and detailed in a performance development plan.

- Advise the individual of the timescale for improvement (usually 4-8 weeks) and the consequences of failure to improve and maintain improvement
 - Identify any further support or training required to assist the individual in achieving the required standard of performance, e.g. supervision, mentoring etc
 - Make it clear that the individual is being issued with a formal warning.
 - Clearly explain the potential consequences of failing to improve within the review period or, of further unsatisfactory performance
- 3.4 A performance development plan will be agreed with the individual which sets out what improvement is required, the timescale for improvement and any identified support and training to be put in place.
- 3.5 Following the meeting the manager will write to the individual within 5 working days of the meeting, summarising the meeting, confirming the outcome and include the performance development plan.
- 3.6 Regular monitoring should take place during the review period and the manager should meet periodically with the individual during this time to give feedback and assess progress against the action plan.
- 3.7 At the end of the review period the manager should inform the individual if they have met the required standard. If performance is acceptable there will be no further action. The formal warning will remain on the individual's file for a period of 12 months, and should performance not be maintained during this period the matter will proceed immediately to the next stage. Where improvement has not met the required standard or maintained the Stage 2 – Second Formal Review will be held.

4. Stage 2 – Second Formal Review

- 3.1 Where the first formal review action has not resulted in the required improvement, or the improvement has not been maintained, the member of staff should be made aware that their performance is unsatisfactory. A formal review meeting should be arranged by the line manager in writing giving 10 days' notice, along with the potential outcomes of the process.
- 3.2 Individuals have the right to be represented by a work colleague or representative of their trade union or professional organisation at the review meeting and a member of Human Resources will be present at the meeting to provide advice and guidance.
- 3.3 The meeting should be a two-way discussion in order to:
- Inform the individual that their standard of performance is unacceptable and
 - detailing the specific areas of shortfall, providing examples and evidence, including the effect on the service and colleagues.
 - Allow the individual an opportunity to identify reasons for perceived poor
 - performance

- Advise the individual of the standard of performance required (including clear targets for improvement) and how that will be measured and detailed in a performance development plan.
 - Advise the individual of the timescale for improvement (usually 4-8 weeks) and the consequences of failure to improve and maintain improvement
 - Identify any further support or training required to assist the individual in achieving the required standard of performance, e.g. supervision, mentoring etc
 - Make it clear that the individual is being issued with a formal final warning under the capability procedure
 - Clearly explain the potential consequences of failing to improve within the review period or, of further unsatisfactory performance.
- 3.4 A performance development plan will be agreed with the individual which sets out what improvement is required, the timescale for improvement and any identified support and training to be put in place.
- 3.5 Following the meeting the manager will write to the individual within 5 working days of the meeting, summarising the meeting, confirming the outcome and include the performance development plan.
- 3.6 Regular monitoring should take place during the review period and the manager should meet periodically with the individual during this time to give feedback and assess progress against the action plan.
- 3.7 At the end of the review period the manager should inform the individual if they have met the required standard. If performance is acceptable there will be no further action. The formal warning will remain on the individual's file however for a period of 12 months, and should performance not be maintained during this period the matter will proceed immediately to the next stage.

4. Stage 3 – Final Review Hearing

- 1.1 If performance has failed to improve to a satisfactory standard, a managing work performance hearing will take place involving a manager who has not previously been involved. A formal review meeting should be arranged by the line manager in writing giving 10 days' notice, along with the potential outcome of the process.
- 4.2 Individuals have the right to be represented by a work colleague or representative of their trade union or professional organisation at the review meeting and a member of Human Resources will be present at the meeting to provide advice and guidance.
- 4.3 If the employee is unable to attend due to an unforeseen event a new meeting must be arranged. If the employee fails to attend the re-arranged meeting without there being exceptional circumstances, the meeting will go ahead in their absence. Or If an employee fails to attend a managing work performance hearing without giving an acceptable reason, the meeting will proceed in their absence

4.4 The aims of a performance hearing will usually include:

- setting out the required standards that the ICB believe the employee may have failed to meet, and going through any relevant evidence that the ICB has gathered
- allowing the employee to ask questions, present evidence, call witnesses, respond to evidence and make representations
- establishing the likely causes of poor performance including any reasons why any measures taken so far have not led to the required improvement
- identifying whether there are further measures, such as additional training or supervision, which may improve performance
- where appropriate, discussing targets for improvement and a timescale for review; and
- if dismissal is a possibility, establishing whether there is any likelihood of a significant improvement being made within a reasonable time and whether there is any practical alternative to dismissal, such as redeployment.

4.5 On hearing and carefully considering the evidence and the explanation, the manager will decide on the future employment of the employee.

4.6 The options available to the manager are:

- a) To take no further action
- b) To undertake a further timebound period of target setting, monitoring and review
- c) Redeploy the employee to a suitable alternative post as an alternative to dismissal without protection, where a post is available.
- d) Termination of contract and dismissal for reasons of capability

4.7 If redeployment is carried out it will be made on the following basis:

- a trial basis of not less than four weeks
- subject to agreed monitoring and review periods
- a clear indication of the consequences if the employee fails to perform to the required standards; and
- that pay protection will not apply.

Should the employee refuse such an offer of appropriate redeployment, or where such a position is not available, or where there is a continuing failure to perform at the required standards in the new post, then termination of contract and dismissal on the grounds of capability will be considered.

4.8 Employees will not normally be dismissed for performance reasons without previous warnings. However, in serious cases of gross negligence, dismissal without previous warnings may be appropriate. If the employee is to be dismissed, the employee should be dismissed with appropriate notice and should be informed of the right to appeal.

4.9 The Employee will usually be informed within 5 working days of the hearing. Where possible the panel will also explain this information in person. If the decision was to dismiss the reason for dismissal must be 'as a consequence of the employee's incapability to perform the required duties of the role to the appropriate standard.' The outcome of the hearing must be confirmed in writing and should state the reasons for these decisions and provide the details of how to appeal clearly to the Head of HR Business Partners.

5. Appeal

5.1 Employees can appeal at each stage of the formal process in writing to the Head of HR Business Partners within ten days of the decision.

5.2 Employees have the right of appeal against enforced redeployment, downgrading or dismissal. They should appeal in writing to the relevant senior manager, stating their grounds for appeal, within ten working days of receipt of the letter confirming the outcome.

5.3 The purpose of the appeal hearing shall be to review the decision, not to re-hear the capability hearing. The appeal panel shall have the authority to apply a different outcome, revoke the original decision or uphold the original management decision. Appeals will be heard by a manager of greater seniority than the manager who conducted the capability hearing, advised by an HR representative.

5.4 In cases involving allegations of professional incapability, a senior professional from the appropriate discipline should be an additional member of the appeal panel.

5.5 The decision of the Chair of the Appeal Hearing represents the final stage of the internal procedure and there is no further right to appeal against the outcome.

5.5 If the employee is appealing against dismissal, the date on which dismissal takes effect will not be delayed pending the outcome of the appeal. However, if the employee appeal is successful, they will be reinstated with no loss of continuity or pay.

Equality Impact Analysis Form

Project Name:	NHS Lincolnshire ICB Policy – Managing Performance Policy
EA Author:	HRBP
Team:	HR Team
Date completed:	July 2021
Version:	V.1

What is the aim of the project/proposal?

To establish the ICB suite of policies following the joining of 4 ICBs into 1 ICB for Lincolnshire – NHS Lincolnshire ICB Managing Performance Policy

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

The policy is applicable to employed staff of the ICB.

Stage 1, Scoping point

Is a full Equality Impact Analysis required for this project?

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

Yes	<input checked="" type="checkbox"/>	Proceed to the full Equality Impact Analysis form	No	<input type="checkbox"/>	Explain why further analysis is not required.
------------	-------------------------------------	---	-----------	--------------------------	---

If no, explain below why further Equality Impact Analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the ICB' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EIA.)

Equality Impact Analysis Form

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EIA. An Equality Impact Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used

To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.

Examples are likely to include:

- **Population Data** - e.g. demographic profile (Census),
- **Service Activity Data** e.g. profile of patients using a service
- **Consultation and Involvement findings** - e.g. any engagement with service users, local community, specific groups.
- **Research** - e.g. good practice guidelines, service evaluations, literature reviews, reports
- **Participant knowledge** - e.g. experiences of working with different or population groups, experiences of service users in other service areas / localities

The Managing Performance Policy has been reviewed against NHSEI Managing Performance, ACAS best practice, feedback is welcomed from all staff and activity monitored against the 9 PCs for those involved in a formal process.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

As part of these considerations you should consider how the ICB will be meeting the requirements of the Public Sector Equality Duty

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Before completing this section you should ensure you can suitably answer the following:

What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?
(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the ICB will be able to identify the groups that may be adversely affected at a greater proportion to others).

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

2.1 Age

Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.

The policy applies to all staff and is a continuation of previous EIAs.

2.2 Disability

Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

To support an individual involved in the managing performance process; where adjustments are required these are acted upon, for example access to independent counselling through the Employee Assistance Programme, support from Occupational Health, additional time during interviews or hearing or providing the information in a relevant format.

2.3 Gender reassignment (including transgender)

Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.4 Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.5 Pregnancy and maternity

Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.?

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.6 Race

Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a ICB priority and best practice)

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

2.11 Other disadvantaged groups

Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the ICB in meeting its legal duties to identify and reduce health inequalities.

This policy applies to all, due consideration is taken regarding the needs of the people involved in the process.

3. Human rights

The principles are Fairness, Respect, Equality, Dignity and Autonomy.

Will the proposal impact on human rights?

Yes

No

Are any actions required to ensure patients' or staff human rights are protected?

Yes

No

3. Human rights

The principles are Fairness, Respect, Equality, Dignity and Autonomy.

If so what actions are needed? Please explain below.

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on ICBs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that ICBs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

1. What evidence have you considered to determine what health inequalities exist in relation to your work?

This can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them.

(this may be different or similar to that which has informed the EIA)

This relates to a workforce policy and therefore not applicable

2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

If you feel that the project will not impact / be relevant to Health Inequalities please give a rationale.

This relates to a workforce policy and therefore not applicable

3. How can you make sure that your work has the best chance of reducing health inequalities?

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on ICBs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that ICBs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

This relates to a workforce policy and therefore not applicable

5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the ICB will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected.

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date
Policy for review and sign off	Senior Management Team Operational Delivery Group	August 2021
	Trade Union	2021

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will... (If a supporting document is available, please provide it or a link to the document)

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

Are these vital to the project continuing?

This relates to a workforce policy and therefore not applicable

7. Is further work required to complete this EIA?

Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work needed	Section	When	Date completed
N/A			

8. Development of the Equality Impact Analysis

If the EIA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
e.g. Version 0.1	The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.	26 September 2017
V1	Joining of 4 policies into 1	July 2021

9. Final Sign off

Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all EIAs.

Version approved:	V1	
	Name	Date
Signature of responsible officer	Michelle Jenkins HRBP	August 2021
Which committee will be considering the findings and sign off the EA?	Senior Management Team Operational Delivery Group	September 2021
Minute number (to be inserted following presentation to committee)		