



MANAGING ATTENDANCE POLICY

ICB document reference:	ICB HR 005
Version	2.0
Name of originator/author:	AGEM HRBP Team
Date of approval:	July 2021
Name of responsible Committee:	Senior Management Operational Delivery Group
Responsible Director/ICB Officer:	Director of Nursing
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 Attendance 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.	Manager Responsibilities	4
3.	Employee Responsibilities	5
4.	Human Resources Responsibilities	5
5.	Occupational Health Responsibilities	6
6.	Staff Representative Responsibilities	6
7.	Right to be Accompanied	7
8.	Absence Notification	7
9.	Evidence of Incapacity	8
10.	STATEMENT OF FITNESS TO WORK (FIT NOTE)	8
11.	Sick Pay Arrangements	8
12.	Occupational Health Services	10
13.	Specific Types of Absence	11
13.1	Maternity Related Absence	12
13.2	Employees Undergoing Fertility Treatment	12
13.3	Disability Related Absence	13
13.4	Planned Surgery	14
13.5	Gender Reassignment	14
14	Unauthorised Absence (AWOL Employees)	15
15.	Timekeeping	15
16.	Return to Work Discussions	15
17.	Phased Return to Work	16
18.	Trigger Points	16

Section	Contents	Page
19.	Long Term Issues	18
20.	Ongoing Medical Issues	20
20.2.1	Occupational Health Referral	20
20.2.2	Reasonable Adjustments/Redeployment	20
20.2.3	Incapacity Review	20
21.	Attendance/Incapacity Review Hearing	21
22.	Termination Of Contract	21
23.	Right of Appeal	21
24.1	Annual Leave and Sickness Absence	22
24.2	Infection Control	22
24.3	Medical Appointments	23
24.4	Ill Health Retirement	23
24.5	Industrial Injury	23
24.6	Injury Allowance (IA)	24
24.7	Accidents and Damages	25
24.8	Failure to Comply With The Managing Attendance Policy	25
25.	Importance of Confidentiality	25
26.	Monitoring and Review	26
27.	Data Protection	27
	Appendix A - NHS Employers: Guidelines on prevention and management of sickness absence	

1. INTRODUCTION & PURPOSE OF POLICY AND PROCEDURE

- 1.1 NHS Lincolnshire Integrated Care Board (ICB) is committed to providing high quality support services, within the local communities it represents. The importance of the health and wellbeing of the workforce is central to the successful delivery of these services.
- 1.2 It is acknowledged that occasionally employees of ICB may be absent from work. The overall purpose of this policy is to set out ICBs approach to the management of absence and attendance within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to absence management.
- 1.3 This policy will apply to all employees of ICB; including Very Senior Managers and Medical & Dental Staff. This policy has also been drafted in accordance with NHS Terms and Conditions of Service Handbook.
- 1.4 The Managing Attendance Policy is written with the aim of providing equity of treatment for all employees. No particular group or individual will be disadvantaged on the grounds of; race, ethnic origin or nationality, disability, sex, gender reassignment, marital status, pregnancy and maternity, age, sexual orientation, trade union activity, religion or belief; during the application of this policy.

2. MANAGER RESPONSIBILITIES

- 2.1 The ultimate responsibility for managing attendance rests with the line manager. The manager can source additional advice and support from Occupational Health, Human Resources, Staff Side Representatives and any other support mechanisms. The key responsibilities for managers include:
 - 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 Every employee of ICB has responsibility to attend work on a regular basis. From time to time, it is understood that there may be genuine reasons which may prevent an individual from doing so. Key responsibilities of each employee include:

- Ensuring regular timely, consistent attendance in accordance with the contract of employment.
- Maintaining an awareness and compliance with ICB's Managing Attendance Policy.
- Following the notification procedures for the department and ensuring that any absence due to sickness is supported by the relevant and timely certification.
- Advising of a return to work date in advance, to aid departmental planning.
- Unless under exceptional circumstances, individuals must personally notify their line manager (or nominated departmental absence contact person) about their absence from work and must keep in touch on a regular basis throughout any period of absence.
- Attending Occupational Health Appointments, and where appropriate co-operate with the line manager and/or Occupational Health through undertaking any agreed programme to improve health and wellbeing to facilitate an early return to work.
- Ensuring that employees do not undertake or partake in any activity that may hinder recovery or delay a return to work.
- Compliance with the sick pay scheme.
- In order to protect employees and work colleagues, line managers must be immediately informed (or nominated departmental absence contact person) if there is a belief that the absence is work-related, for example as a result of stress, an accident at work or have been in contact with an infectious disease.
- Ensuring that employees don't attend the work place if they are unwell or unfit for work, if in doing so would affect their health and/or the health of others with whom they come into contact in the course of their work
- After each episode of absence related to sickness, regardless of length, to seek a return to work interview with the line manager (or nominated departmental absence contact person) at the earliest opportunity upon your return
- Compliance with Health & Safety Legislation or recommendations, including job specific training
- Attend meetings with the line manager, maintaining regular contact

4. HUMAN RESOURCES REponsibilities

4.1 All managers, staff and staff side representatives should seek advice from Human Resources (HR) on all matters relating to attendance management. HR can offer first line advice and are trained to support operational matters relating to attendance management. They can also provide assistance with on-going case management. HR Team must be consulted prior to any steps being taken to terminate an individual's employment. Key responsibilities for HR include:

- Ensuring the Managing Attendance Policy is kept up to date, in accordance with any developments in legislation. This information will be available via

organisations intranet.

- Providing training to managers with ongoing coaching and advice to staff side representatives and managers, with respect to the application of the policies and procedures to encourage maximum attendance.
- Advising managers at all stages within the formal procedures.
- A member of HR may attend all meetings but where there is possibility that an outcome may involve terminating an individual's employment HR attendance is required.

5. OCCUPATIONAL HEALTH RESPONSIBILITIES

5.1 Occupational Health is a specialist health advisory service, which offers impartial and confidential support to both staff and managers and signposts to staff counselling services and other support available locally. Key Occupational Health responsibilities include:

- Providing confidential and impartial advice and support to staff in relation to the employee occupational health.
- Providing a manager with a report about a referred employee's fitness to perform the duties of their post. Including the short and long term prognosis of the condition which may be affecting the employee's ability to undertake their current duties.
- Assisting the ICB in managing sickness absence levels and promoting health & wellbeing
- Advising both managers and staff in relation to any suitable alternatives or any adjustments of work that may be required to facilitate the employees return to work or ability to carry out their duties
- Supporting an employee's application for early retirement due to ill health, where appropriate
- Following all legislation concerning access to medical records and records on behalf of ICB.

6. STAFF REPRESENTATIVE RESPONSIBILITIES

6.1 Staff representatives have an important role to play in providing advice, support and representation to members, supporting communications and working in partnership with management to implement the policy in a fair and consistent manner. Key responsibilities include:

- Involvement in the consultation and the drafting of the Managing Attendance Policy within ICB.
- Providing appropriate advice, support and representation to their members in relation to the Managing Attendance Policy.
- Providing appropriate advice, support and representation to individuals undergoing any formal attendance management meetings, upon request by their members.
- Supporting members experiencing long term absence from work.

7. RIGHT TO BE ACCOMPANIED

- 7.1 Employees have the right to be accompanied at any stage of the Formal Procedure. By either an accredited TU Representative or full-time official of a recognised TU or by a Fellow Worker companion who must be an employee of ICB.
- 7.2 In exceptional circumstances and where this will benefit the organisation and the employee, the individual may be accompanied during the informal phases.
- 7.3 However, it would not normally be reasonable for employee to insist on being accompanied by a companion whose presence would prejudice the hearing. Nor would it be reasonable for an employee to ask to be accompanied by a companion from a remote geographical location if someone suitable and willing was available on site.
- 7.4 The companion should be allowed to address the meeting/hearing to put and sum up the employee's case, respond on their behalf to any views expressed at the meeting/hearing and confer with them during the hearing. The companion does not however have the right to answer questions on the employee's behalf, address the hearing if the employee does not wish it or prevent the employee from explaining their case.
- 7.5 If an employee's companion is unavailable, it is the responsibility of the employee, so long as it is deemed reasonable to suggest another date which more than 5 working days after the original date of the meeting/hearing is not.
- 7.6 Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

8. ABSENCE NOTIFICATION

- 8.1 Employees are required to personally notify their line manager of all absence from work at the earliest opportunity prior to their agreed start time. It is recognised that in exceptional circumstances this will not be possible, and contact should be made by a third party in the first instance. In the absence of the line manager the nominated person must be informed. A telephone call is considered the accepted means of reporting any absence. Mobile phone text messages, emails or leaving messages with other employees to pass on to the manager / person in charge is not acceptable, unless this has been agreed prior by the line manager or in exceptional circumstances.
- 8.2 Upon notification, all employees are required to provide a clear indication of the nature of the illness and (where possible) a likely return to work date.
- 8.3 Local reporting procedures may be in place in a department. Should these exist they should be documented and communicated to all staff concerned.
- 8.4 Regular contact with the line manager or person in charge is expected through all periods of absence from work.
- 8.5 **Becoming Unwell and leaving work early due to illness** When an employee becomes unwell at work, they should notify their line manager before leaving. On rare occasions a line manager may be concerned about the employee's fitness to continue working this should be discussed with the individual at the earliest opportunity. However, in order to accurately monitor sickness absence levels, it will be recorded as follows:

- When the employee leaves work during the first half of their working day/shift a half day sickness absence will be recorded. This can also be recorded in hours locally.
- When the employee leaves work during the second half of their working day/shift no sickness absence will be recorded.

9. EVIDENCE OF INCAPACITY

- 9.1 Self-certification of sickness absence is permitted for a maximum of 7 continuous days. After 3 consecutive days of absence employees are required to provide either self-certification of absence or alternatively a fit note (See section 7 – Statement of Fitness to Work). Please note on calculating length of sick leave that Saturdays, Sundays, Public/Bank holidays, non-working days and rostered days off all count)
- 9.2 Once the absence has lasted 7 days (i.e. 7 calendar days, regardless of how many of these were working days) a fit note certificate will be required, and self-certification will no longer be sufficient.
- 9.3 Employees should provide their line manager with any medical certification, without reasonable delay. Failure to provide timely medical certification may be considered in breach of the Managing Attendance Policy and may invoke ICB Disciplinary Procedure.

10. STATEMENT OF FITNESS TO WORK (FIT NOTE)

- 10.1 The 'Statement of Fitness for Work' (also known as a doctor's statement or a 'fit note') allows a GP to advise that an employee is either 'unfit for work' or 'may be fit for work'. The GP can also suggest ways of helping the employee get back to work – for example by recommending a phased return or modified / restricted duties. Any such recommendations should be discussed with the individual and line manager prior to commencement of work / shift at a return to work interview.
- 10.2 There may be circumstances where a GP's recommendation cannot be implemented and OH advice may be sought as to whether adjustments/modifications can be accommodated in line with service needs.
- 10.3 For further information on fit notes, please visit: www.dwp.gov.uk/fitnote

11. SICK PAY ARRANGEMENTS

- 11.1 Statutory Sick Pay (SSP) is a provision that is paid to employees who are too ill to work and to anyone covered by a contract of employment. It is subject to government conditions, however, can be paid by ICB for up to 28 weeks.
- 11.2 ICB provides an Occupational Sick Pay (OSP) scheme which enhances an employee's sick pay.
- 11.3 An employee's entitlement to OSP is determined by their terms and conditions of employment. Full details for employee sick pay can be found on the NHS Employers Website. Except for Medical and Dental staff and Very Senior Managers, all employees of ICB are covered by NHS Terms & Conditions of Service Handbook

11.4 Payment of OSP is subject to the correct notification and certification procedures being followed and the amount received will be dependent on length of service and the period of absence.

11.5 OSP may be withheld if an employee is deemed fit to return to work by Occupational Health, after seeking advice from Occupational Health (where appropriate). ICB reserves the right to withhold payment of OSP where an employee has been in breach of the Managing Attendance Policy or there is suspicion of abuse of this scheme under ICB Disciplinary Policy and Procedure.

11.6 Where eligible, ICB will pay OSP in accordance with length of service as follows:

Table 1. Length of Service	Period of Full Pay	Period of Half Pay
Up to 12 months service	One Month	Two Months
More than 1 year, less than 2 years' service	Two Months	Two Months
More than 2 years, less than 3 years' service	Four Months	Four Months
More than 3 years, less than 5 years' service	Five Months	Five Months
More than 5 years' service	Six Months	Six Months

11.7 Entitlement to OSP will be calculated from the first day of paid absence due to sickness or injury. Any days of absence due to sickness or injury in the 12 months immediately prior to that date shall be deducted from the maximum entitlement. Employees may move onto half pay, or zero occupational pay, prior to statutory sick pay being exhausted.

11.8 On the fourth day of sickness absence employees may be entitled to Statutory Sick Pay (SSP) (subject to statutory conditions). However, any payment of OSP will offset any entitlement to Statutory Sick Pay for the same period. Further information on SSP entitlements can be located on the UK Government Website <https://www.gov.uk/statutory-sick-pay>

11.9 For staff on pay spine points 1 to 8 and staff who are absent due to a work related injury or disease contracted in the actual discharge of their duties who are in receipt of injury allowance, the definition of full pay will include regularly paid supplements, including any recruitment and retention premium, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work based on the previous three months at work.

11.10 For staff on pay spine points 9 to 54, full pay is pay which is in line with the appropriate pay point in the relevant pay circular, plus high cost area supplements (if these are in payment on the day before the sickness absence begins).

11.11 Employees covered by NHS Terms & Conditions of Service who have exhausted sick pay, entitlements should be reinstated at half-pay, after 12 months continuous sickness absence in the following circumstances:

- Staff with more than 5 years reckonable service – sick pay will be reinstated if exhausted before a final review meeting for long-term absence has taken place.

- Staff with less than 5 years reckonable service – sick pay will be reinstated if sick pay is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
- Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence. Please note, this provision will not apply where a review is delayed due to reasons other than those caused by ICB.

11.12 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Employers will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme, providing the employee repays the full amount of sickness allowance to the employer, when damages are received the absence shall not be taken into account for the purposes of the scale set out in Table 1.

11.13 Abuse of the sick pay scheme, for example, by undertaking certain sorts of paid or unpaid employment elsewhere whilst absent on sick leave, engaging in activities which are inconsistent with the nature of the illness or any activities which aggravate the nature of the illness or delay of the recovery, will be considered under ICB's Disciplinary Policy and Procedure.

12. OCCUPATIONAL HEALTH SERVICES

12.1 Occupational Health can support both managers and staff where an individual's health is impacting their attendance or ability to perform their normal duties. Please see Occupational Health Guidance for details on how to make a referral.

12.2 Best practice is to discuss any referral with the individual before a referral is made. The Occupational Health Service protects confidential medical information about individuals and will only provide nonclinical information to managers on specific areas of concern relating solely to an individual's ability to perform their role. They are able to provide both managers and individuals with advice to make decisions relating to work and employment arrangements.

12.3 With the individual's consent, an Occupational Health practitioner may, if it is deemed appropriate, seek further information regarding an individual's ill-health condition from their GP, hospital specialist or other clinical specialist working with them to improve their ill-health, in order to provide advice and guidance to ICB.

12.4 It is a condition of employment that all staff member can be required to attend a medical assessment with Occupational Health, to ensure the appropriate support and assistance to improve attendance / ability to perform normal duties. Where an individual does not give consent for information to be released or attend OH meetings, the ICB will normally make decisions based on the current information.

12.5 At any point a manager may liaise with Occupational Health Services to gain advice upon the appropriateness of a referral. Early intervention and access to occupational therapies is paramount to reductions in absence levels within ICB.

12.6 Where there is evidence or concern of work associated stress, psychological conditions or absence / injury sustained whilst at work, employees should be immediately referred at the earliest opportunity. Early access to these services will support both the individual and the service.

12.7 Trigger points (See section 14) do not need to be reached prior to any Occupational Health referral being arranged.

13 SPECIFIC TYPES OF ABSENCE

13.1 MATERNITY RELATED ABSENCE

13.1.1 Should an employee be absent from work due to pregnancy related sickness, these absences should be clearly recorded as pregnancy related within the employee's attendance record. Any absences of this nature will be recorded on ESR but should not be included in absence triggers (see section 14) but will continue to be monitored in accordance with the Managing Attendance Policy. Where the pregnant employee experiences continued periods of pregnancy related sickness, reference should be made to the completed expectant mothers risk assessment and amendments made as appropriate.

13.1.2 If an employee is off work sick, or becomes sick, with a pregnancy related illness during the last four weeks before the expected week of childbirth, maternity leave would normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the week after the employee last worked, whichever is the later.

13.1.3 Absence prior to the last four weeks before the expected week of childbirth, should be treated in accordance with the normal Managing Attendance Policy provisions.

13.1.4 Odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to continue working till the maternity leave start date previously notified to the employer.

13.1.5 An expectant mother's risk assessment should be completed at the earliest opportunity for any pregnant employee. For further details please refer to ICB's Maternity Policy.

13.2 EMPLOYEES UNDERGOING FERTILITY TREATMENT

13.2.1 The ICB recognises the emotional pressure of undergoing IVF treatment and where possible wishes to support any employee during the process. The ICB will allow the employee to use a reasonable number of days leave using annual leave or unpaid leave during the course of the treatment or where possible to work flexibly in line with the service needs. Any agreement will be made by the Line Manager.

- 13.2.2 Employees do not have a statutory right to take time off, paid or unpaid, for fertility treatment such as in vitro fertilisation (IVF). Fertility treatment is not a "deemed incapacity" for statutory sick pay purposes.
- 13.2.3 For the purpose of entitlement to employment rights, a woman undergoing IVF is deemed to be pregnant from the point of implantation of fertilised ova. An employee would therefore be entitled to time off for antenatal appointments from the point of implantation. This right applies to any appointments that are made on the advice of a registered medical practitioner, registered midwife or registered nurse. She will therefore be protected from pregnancy and maternity discrimination and will have the right to time off for antenatal care from this point.
- 13.2.4 At any stage during the process, the employee may be signed off by a doctor, due to the effects of the treatment. This will be treated like any other sickness absence for any other reason and entitlement to statutory sick pay and any contractual sick pay in accordance with the normal rules.
- 13.2.5 Any leave requested for appointments will be managed in accordance with section 8 of the Other Leave Policy (HR19) up until the point of pregnancy when this will then be managed in accordance with the Maternity Policy (HR 17). The employee must notify their Line Manager to advise them of any on-going appointments that they will be required to take due to the treatment.

13.3 DISABILITY RELATED ABSENCE

- 13.3.1 If an employee is disabled or becomes disabled during their employment, then ICB is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. This Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employers.
- 13.3.2 The Equality Act 2010 s.6 defines disability as a physical or mental impairment that affects the person's ability to carry out normal day-to-day activities. It also asks whether or not the adverse effect is substantial and long term.
- 13.3.3 Under para.6 of sch.1 to the Equality Act 2010, people diagnosed with the progressive conditions of HIV infection, multiple sclerosis and cancer are deemed to be disabled whether or not the condition has yet begun to have any effect on their ability to carry out day-to-day activities.
- 13.3.4 Equality law recognises the need to bring about equality for disabled people and suggests that this may mean changing the way in which an individual's role is structured, the removal of physical barriers and / or providing extra support for the disabled employee. This is considered the duty to make 'reasonable adjustments'. Appendix 1 provides examples of readjustments as described in the document 'NHS Employers: Guidelines on prevention and management of sickness absence'.

13.3.5 Occupational Health provides advice on the 'reasonable adjustments' required to support an employee at work. However, it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned.

13.3.6 When an employee has a disability and is required to attend regular appointments (i.e. regular physiotherapy/ attending on-going treatment) the individual should advise their Line Manager in advance of the appointments. The manager shall consider reasonable adjustments to accommodate the disability related requirements including variation of working hours, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments. (Ref: Other Leave Policy para 8)

13.3.7 Absences related to a disability will count towards triggers unless otherwise agreed by the line manager at the attendance review meeting (see paragraph 14.6). For absence that relates to a disability or long-term condition, where it has been determined not to apply absence triggers, arrangements for reporting absence and return to work will continue to apply as per this policy, to ensure that staff can be properly supported by their line manager. decision should only be made once Occupational Health advice has been obtained and there is attendance review meeting. The reference period will apply in line with the relevant stage of the policy.

13.3.8 The amendment to the Disability Discrimination Act, (now the Equality Act 2010) also introduced the concept of positive action where a disabled member of staff can be treated differently in order to ensure they remain in work, e.g. an internal disabled applicant, who has been displaced from their current role, may be considered favourably against an able bodied candidate. No employee should be disadvantaged because of their disability. If an absence is related to a disability, these absences should be identified as such from other sickness absence and may also be managed under the long-term sickness or ongoing health related absence procedures.

13.4 PLANNED SURGERY

13.4.1 Planned surgery (including non-elective cosmetic surgery) will be classified as sickness absence and monitored under the usual triggers (see section 14), as will any time off for recovery and recuperation.

13.4.2 However, elective cosmetic surgery without medical referral will not be classified as sickness absence. In these circumstances, either annual leave (or unpaid leave through mutually agreed flexibility) should be agreed with the line manager prior to any individual undergoing surgery. Where it is unclear if such surgery is elective or non-elective, Occupational Health advice must be sought.

13.5 GENDER REASSIGNMENT

13.5.1 Once an employee has decided they wish to undergo gender reassignment it is essential that a support network is set up as soon as possible. The line

manager will need to discuss with the individual how they wish to handle the transition including absences from work.

13.5.2 An employee is protected under the Equality Act 2010 as 'transgender' once they have proposed to change their sex or have done so. The manager shall consider reasonable adjustments to accommodate the equality related requirements including variation of working hours, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments.

14. UNAUTHORISED ABSENCE (AWOL EMPLOYEES)

14.1 All absence should be notified by the employee. Unauthorised Absence is where an employee fails to attend work without notifying their Line Manager with an unacceptable explanation/reason being provided. Unauthorised absence is also referred to as 'absence without leave' (AWOL).

14.2 The line manager and HR must make all efforts to contact the individual.

14.3 Where no contact has been made and no justified explanation/reason has been provided by the employee, the manager reserves the right to suspend the employees pay. The employee must be notified in writing of any action to cease the payment of salary.

14.4 If an employee is absent from work without good cause or fails to properly notify their Line Manager of their absence formal action may be taken in accordance with ICBs' Disciplinary Policy.

15. TIMEKEEPING

15.1 Lateness occurs where an employee fails to be available at work to commence their shift/ working day on time. Every employee of ICB has a contractual obligation and duty to arrive punctually for work, as lateness can impact upon service delivery.

15.2 It is recognised that occasionally unforeseen circumstances may occur which prevent an employee from arriving at work on time; however where there is persistent lateness (or a one off occurrence with no satisfactory explanation) this should be discussed with the employee to understand the cause and appropriate more flexible working should be explored. However, if the issue is a matter of misconduct this could result in disciplinary action being taken against an individual in accordance with ICB's Disciplinary Policy.

16. RETURN TO WORK DISCUSSIONS

16.1 Following any episode of absence due to sickness, a return to work interview should be held with the employee and a Return to Work Form completed to establish the following:

- The reason for, and cause of absence
- Anything the manager or ICB can do to help

- Any underlying causes for absence (e.g. personal or domestic circumstances, relations with colleagues etc.)
- That the employee is fit to return to work

16.2 If the employee's GP has advised that they 'may be fit for work' the return to work discussion can also be used to agree how their return to work might work best in practice. In some circumstances there may be a pre return to work discussion.

16.3 All return to work discussions should be held as soon as reasonably practical upon the individual's return and conducted in a sensitive and empathetic manner to encourage open discussions.

17. PHASED RETURN TO WORK

17.2.1 A phased return to work is a temporary arrangement and is a graduated return to the full duties and responsibilities of an individual's role. ICB will support staff in facilitating a phased return to work following a prolonged period of ill-health, where the Occupational Health Team advise that a 'phased' return is likely to aid rehabilitation and a return to normal duties. Therefore, an Occupational Health referral is required in order to seek this guidance.

17.2.2 Where a phased return to work is recommended by the Occupational Health Service, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of four weeks, thereafter the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.

17.2.3 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked and will receive payment only for the hours worked or agree a plan for flexible working (manager may agree revised working hours to enable the employee to fulfil their contracted hours over a longer period of time). This will only be agreed in exceptional circumstances, by their line manager and any outstanding leave must be taken at the end of the sickness period. Where possible any outstanding holidays should be used as part of any phased return to work plan.

17.2.4 Any phased return to work should not exceed more than 4 weeks (unless in exceptional circumstances, with the recommendation of Occupational Health). Where it becomes apparent that there are doubts about the employee continuing to progress to their contractual hours and duties, Occupational Health advice should be sought, and the individual should be managed under Section 17 Ongoing Medical Conditions.

18. TRIGGER POINTS

18.1 To ensure consistency with the application of the Attendance Management Policy, trigger points are used to monitor both short and long-term absence in order to prompt a conversation between the manager and employee as outlined below. Short term absences can occur frequently and are often unrelated and

due to minor illness. Long term sickness, for the purpose of this policy is any absence of or exceeding 4 weeks.

18.2 The below trigger points will be used to monitor attendance levels:

- 4 occasions of absence within a 12-month rolling period and/or
- 12 days of absence within a rolling 12 month
- Period of noticeable trends and patterns

18.3 Trends or patterns may include (but are not exclusive to) absences which show a clear seasonal variation, absence at similar (or the same) points each year, or trends related to recurrent health conditions.

18.4 Where an employee reaches one of the trigger points, a formal attendance review meeting will be held with the individual. At this meeting all absences within the monitoring period and any identified patterns or trends will be discussed. The purpose of the meeting will be the provision of support and assistance to overcome any short-term issues, patterns or problems identified as contributing to the level of absence. It may be appropriate to seek advice from Occupational Health.

18.5 An 'absence improvement notification' may be issued to the individual (Please see below Table 2); any notification issued must be confirmed in writing and will confirm the 'improvement target'. Employees have the right to appeal against any absence improvement notification issued (see section 20).

18.6 Individuals who have disability related absence will be monitored by the same attendance triggers. However, at the attendance review meeting, the manager will consider relaxing the triggers where there has been disability related absence in the review period on a case by case basis. The decision should only be made once Occupational Health advice has been obtained and there is attendance review meeting. The reference period will apply in line with the relevant stage of the policy.

18.7 The following sequential 'absence improvement notifications' and targets may be applied once trigger points have been reached:

Table 2.	Potential Sanction/ Improvement Notification	Review Period/outcome	Improvement Target	Scheme of Delegation
	Normal management action (informal)	Review period 12 months from date of meeting held.	No more than 2 occasions and/or 6 days of absence in a rolling 12-month period. No further developed patterns.	Line Manager or Deputy

Stage 1 (formal)	1st written warning	Review period 12 months from date of meeting held.	No more than 2 occasions and/or 6 days of absence in a rolling 12-month period. No further developed patterns.	Line Manager
Stage 2 (formal)	2nd Written warning	Review period 2 years from date of meeting held.	No more than 2 occasions of absence in a rolling 12-month period. No further developed patterns.	Service Manager
Stage 3 Attendance Review (formal)	Dismissal	Possible outcome is dismissal. Any alternative action agreed at the meeting but should set a further improvement target.	No more than 2 occasions of absence in a rolling 12-month period. No further developed patterns.	Line Manager or Service Manager presents case. Associate Director level or equivalent (or person with authority to dismiss) hears case. HR representative also in attendance at meeting.

18.8 Throughout the process at every stage advice can be sought from HR. Employees are encouraged to seek support from their Trade Union.

18.9 Improvement notifications will remain 'live' on the employees file from the date of the improvement target being issued for the duration of the review period.

18.10 If at any stage in this procedure the employee has achieved, at the end of the review period, better attendance than that set out in the Improvement notification, their attendance record will be considered 'clear' and they will revert to the initial stages of monitoring. No further action will be taken unless the trigger points are reached once more.

18.11 Any improvement notification previously issued will remain on the employee's personal file but will be disregarded for any further action.

19. LONG TERM ISSUES

- 19.1 Long Term Sickness (LTS) is defined as a continuous period of absence of four weeks or more, usually due to a single health problem e.g. operation or a combination of health issues.
- 19.2 It is essential for employees who are off on Long Term Sick to meet regularly with their Line Manager.
- 19.3 Long Term Sickness will normally count towards trigger points (with the exception of maternity related absence) and would, in all cases, instigate an absence review meeting. However, Line Managers may use their discretion to issue a sanction, dependant on individual circumstances and where appropriate. In order to manage LTS effectively it is essential that the employee and the line manager maintain regular contact and meet periodically during the period of absence.
- 19.4 An Occupational Health referral is advised in all LTS cases. On receipt of an OH report the manager and the employee should meet and discuss any advice/recommendations set out in the report. If the employee is unable to attend the workplace this meeting may take place at the employee's home or at an alternative location.
- 19.5 In some cases, it may be necessary for the employee to be reviewed by OH at regular intervals throughout their period of absence for the manager to obtain continuing OH advice and guidance for the appropriate management of the case. It is expected that the employee will return to work in their substantive role and on their normal terms and conditions of work.
- 19.6 However, during the period of absence employees may wish to attend work but temporarily be unable to undertake their substantive role. Each employee will have different requirements so managers should ensure they are proactive and consider opportunities across the organisation e.g. office work away from a clinical area, office tasks that are not time bound in between periods of treatment. Occupational Health must be sought on all occasions before arrangements are finalised.
- 19.7 In certain circumstances OH will recommend a phased-return to work to aid rehabilitation after a period of absence (See section 13.4)
- 19.8 Where OH advice is that the employee is able return to work there are a number of options that may be discussed / considered:
- Employee Fit to Return - phased return
 - Fit to return to current role/duties – phased return
 - Fit to return to current role but unable to fulfil all of the duties – consider reasonable adjustments/phased return
 - Unfit to return to current role but is capable of other work – consider redeployment
 - Currently unable to return to work but assessed by OH as likely to return in the future

19.9 If the OH advice is that the employee is unfit to return and where all appropriate avenues have been explored such as reasonable adjustments to their current role and/or re-deployment, then it will be necessary to consider:

- Retirement on Grounds of Medical Incapacity
- Termination of Employment

Please refer to paragraph 17.

19.10 Where an employee fails to make contact during their long-term absence, then the absence without leave (AWOL) procedures should be followed.

19.11 Should an employee fail to provide the appropriate absence notifications and/or attend absence review meetings and/or occupational health appointments ICBs Disciplinary Policy and Procedures may be invoked.

20. ONGOING MEDICAL ISSUES

20.1 In some situations, an employee may have on-going health related problems, or develop during the course of their employment, an on-going medical condition which impacts upon their ability to perform the duties of their role. The employee may still be in work and or having short term absences and/or long-term absences.

20.2 Where there is a clear indication that an on-going medical condition is impacting on the employee's ability to perform their normal duties a three-step procedure should be followed:

20.2.1 **OCCUPATIONAL HEALTH REFERRAL** - Where an employee has on-going health issues Occupational Health advice should be sought to ascertain the best course of action.

20.2.2 **REASONABLE ADJUSTMENTS/REDEPLOYMENT** - Where the employees' health condition is classed as a disability under the provisions of the Equality Act 2010 the ICB will meet its legal obligations to make reasonable adjustments to the employee's current post or look to find suitable alternative employment for the employee.

20.2.3 **INCAPACITY REVIEW** - If the employee's substantive post is unsuitable due to their on-going medical condition and where it has not been possible to make reasonable adjustments to their current post or been possible to re-deploy them into another post it will be necessary to proceed to an Incapacity Review Hearing (see section 17) to determine the employee's future employment with the organisation. Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts must be made to obtain appropriate medical evidence via occupational health service. Occupational Health will also advise as to whether the employee is likely to be a candidate for ill health retirement if they are a member of the NHS Pension scheme.

21. ATTENDANCE/INCAPACITY REVIEW HEARING

- 21.1 Where all possible stages of this policy have been exhausted and there is no likelihood of the employee maintaining regular attendance at work it may be necessary to consider termination of the employees' contract on the grounds of capability/incapability due to ill-health.
- 21.2 An Attendance Review/Incapacity Review Hearing will be convened to consider and determine the employees continued employment with ICB.
- 21.3 The hearing will be chaired by a manager with the authority to dismiss, supported by a HR Representative and attended by the employee and their manager. The employee has the right to be represented at this hearing by a staff-side representative or accompanied by a workplace colleague.
- 21.4 During the hearing all the facts available should be given consideration including evidence that the manager has made all reasonable efforts to assist the employees' return to work or improve their attendance.
- 21.5 In all circumstances all reasonable efforts must be made to obtain the appropriate medical advice via the Occupational Health Service.
- 21.6 After hearing representations from the employee's line manager and the employee and/or their representative a decision will be taken with regard to the employees continued employment with ICB.

22. TERMINATION OF CONTRACT

- 22.1 Before any decision to terminate an employee on medical incapacity grounds the following options must be considered:
- Rehabilitation
 - Phased return
 - A return with or without adjustments
 - Redeployment with or without adjustments
- 22.2 If the decision is to dismiss the employee on the grounds of incapacity/incapability due to ill health notice will be given in accordance with the employees' contractual entitlement.
- 22.3 The employee must be advised of their right to appeal the decision.

23. RIGHT OF APPEAL

- 23.1 Employees have the right to appeal against any action (including the withholding of pay), notification of unsatisfactory attendance or any decision to terminate the contract of employment under the Managing Attendance Policy.

23.2 Any appeal must be made in writing to the next in-line manager of the person issuing the sanction (with the exception of dismissal appeals), within 10 working days of the receipt of the notification letter. Any letter of appeal must clearly outline the grounds for appeal in writing within the above specified time-frame, unless in exceptional circumstances with prior agreement by management.

23.3 Where the appeal is against dismissal, employees should address their appeal to the Director of Human Resources, again within 10 working days of receipt of the dismissal letter.

23.4 At any appeal hearing the employee has the right to be accompanied by a staff side representative or colleague not acting in a professional capacity.

ABSENCE IMPROVEMENT NOTIFICATION	SANCTION ISSUED BY:	WHO TO APPEAL TO:
1st written warning notification	Line Manager	Service Manager
2nd written warning notification	Service Manager	Head of Service/ Associate Director / Clinical Director
Dismissal	Associate Director / Director	Director of Human Resources

24.1. ANNUAL LEAVE AND SICKNESS ABSENCE

24.1.1 Employees will continue to accrue annual leave during periods of sickness absence. There will be no entitlement to a bank holiday (or carry forward at a later date), should one fall during a period of absence.

24.1.2 Where an individual is able to take leave whilst sick, this should be agreed in the normal way with the line manager. In circumstances where a holiday is being recommended by a medical advisor, this should also be brought to the attention of the line manager.

24.1.3 In accordance with the Annual Leave Policy, it is possible to carry forward annual leave and this should be discussed and agreed with the line manager. Please refer to section 2.3 of the ICB Annual Leave Policy (HR04), for more information.

24.2 INFECTION CONTROL

24.2.1 All employees (particularly clinical staff) should be aware of their responsibilities under the Infection Control Policies, to reduce the risk of spreading infection whilst they are unwell.

24.2.2 Employees who are absent from work due to illness which may be infectious, should not return to work until they have been clear of all symptoms by a GP or Occupational Health Practitioner.

24.2.3 Where certified sickness absence is attributed to an official, corporately agreed outbreak of sickness and diarrhoea and a sample has been provided for analysis by Occupational Health, any absences of such a nature should be recorded separately from other sickness absences and would not be included in any triggers. However, any such absence should still be monitored for any patterns or underlying health concerns.

24.3. MEDICAL APPOINTMENTS

24.3.1. Routine appointments for example to a GP, dentist, clinic or regular hospital appointment should wherever possible be made in the employee's own time. Working arrangements may be changed to allow the employee to make the hours up however if this is not possible time off without pay or annual leave will be given. Please refer to ICB's Leave Policy (**).

24.4 III HEALTH RETIREMENT

24.4.1 In cases where the individual has their contract of employment terminated on the grounds of ill-health, application may be made to the NHS Pension Scheme for ill-health retirement where membership is held.

24.4.2 The decision to terminate of an individual's employment will not be determined by any outcome of an application to NHS Pension Agency for ill-health benefits. Any decision to permit an employee to retire on ill-health ground rests entirely with the Pensions Agency Medical Advisors.

24.5 INDUSTRIAL INJURY

24.5.1. An industrial injury is an accident or incident that has occurred as a result of work. Any suspected occurrence should be reported through the local Incident / Near Miss reporting procedures.

24.5.2. Should an individual feel that their absence is a result of an injury of incident at work, the employee must discuss this with their line manager at the earliest opportunity.

24.5.3. Where a period of absence is deemed attributable to an industrial injury, this will be excluded from any triggers for action. However, the Attendance Management Procedures will still be followed. Further guidance can be obtained from the Attendance Management Procedures which support this policy.

24.6 INJURY ALLOWANCE (IA)

24.6.1 An employee who has been injured or who has contracted a disease during the course of their work may be eligible for an injury allowance (IA) and ICB should support their application. This scheme is administered by the NHS Pensions Agency; however, employees do not have to be members to apply for this allowance.

24.6.2 Injury allowance is potentially paid by ICB to employees on authorised absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their employment. IA tops up the employee's income to 85% of the average they were getting before their pay was reduced as a result of injury or disease. It is not payable if the employee's income is more than 85% of their average pay, and it stops when they return to work or leave employment. IA is subject to income tax deductions but not National Insurance or Pension contributions.

24.6.3 This cost of the allowance comes out of the employing department's budget and will be paid until the member of staff ceases to be eligible. This is usually on return to work but could be because the individual leaves our employment or there is a death whilst in service.

24.6.4 To qualify for IA, an employee covered by the scheme must be on leave of absence and be suffering a reduction in their NHS pensionable pay as a result of an injury or disease that is wholly or mainly attributable to their actual NHS duties.

24.6.5 For the member of staff to receive the allowance, they need to fill in the Injury Allowance Form, which can be obtained from Human Resources via the Pensions Agency.

24.6.6 Employees will be asked to complete the Injury Allowance forms and submit an accompanying letter to the Human Resource Director, unless there is a reason to believe (and there is evidence which supports that belief) that the individual acted recklessly or was otherwise culpable in receiving the injury or contracting the illness, the application will be approved.

Approving the application does not admit liability on behalf of the organisation for the injury or illness.

24.7 ACCIDENTS AND DAMAGES

24.7.1 An employee may be involved in an accident that has nothing to do with work but causes their absence from work and eligibility for Occupational Sick Pay and Statutory Sick Pay. If as a result of that accident the individual receives damages from a third party, ICB will claim back any salary and sick pay paid to the individual while they were off work.

24.7.2 The individual is required to provide ICB with details of their claim so that the salary and sick pay paid can be included and the net pay reimbursed to ICB.

24.7.3 Employees are encouraged to seek advice from their Staff-Side Representative if they are a member. Trade Union membership includes support in matters such as these.

24.8 FAILURE TO COMPLY WITH THE MANAGING ATTENDANCE POLICY

24.8.1 All employees of ICB are expected to engage with and comply within the framework of this Attendance Management Policy. Failure to do so may result in disciplinary action being taken, in accordance with ICB Disciplinary Policy and Procedure.

25. IMPORTANCE OF CONFIDENTIALITY

25.1 All employees have a duty to ensure that confidentiality is maintained throughout the application of the Attendance Management Policy. This includes both individuals and managers being discrete in discussing or communicating attendance issues, within their departmental teams.

25.2. All documents will be stored and processed in accordance with the provisions of the Data Protection Act 1998 and ICBs Occupational Health provider understands their obligations under the access to Medical Reports Act 1988.

25.3. In any case where there is a suspected breach of confidentiality, the matter will be investigated under ICBs Disciplinary Procedure.

26. MONITORING AND REVIEW

26.1 Effective control of attendance is dependent upon comprehensive, timely and accurate record keeping and monitoring. Line Managers and individuals must ensure that any identified problems or patterns of absence are tackled at an early stage in accordance with the Managing Attendance Policy and supporting Procedures.

26.2 This policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

26.3 Implementation and operation of this policy will be monitored on an annual basis by the ICB Leadership Team. It will also be assessed on an ongoing basis as part of the monthly review of performance of ICBs and the annual governance review of ICBs undertaken by the NHS England ICB Transition team.

27. DATA PROTECTION

27.1 In applying this policy, the Organisation 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.

NHS Employers: Guidelines on prevention and management of sickness absence.

<http://www.nhsemployers.org/tchandbook/part-3-terms-and-conditions-of-service/section-14-sickness-absence-for-england-and-wales>

Reasonable adjustment

Discrimination against a disabled person occurs where an employer fails to comply with a duty to make reasonable adjustments imposed on them in relation to that disabled person. The duty to make reasonable adjustments is a cornerstone of the Equality Act and requires employers to take positive steps to ensure that disabled people can access and progress in employment. What is considered reasonable will depend on:

- whether taking any particular steps would be effective in preventing substantial disadvantage
- the practicability of the step
- the type and size of the employer
- the financial and other costs of making the adjustment, compared to the extent of the employer's resources and disruption caused
- the availability to the employer of financial or other assistance (such as advice through Access to Work¹⁴) to help make the adjustment.

Sickness absence policies and the Equality Act

These policies should not be discriminatory in design. The EHRC says that: "It will often be appropriate to manage disability absence, pregnancy and gender reassignment-related absences differently from other types of absence", and that "recording the reasons for absence should assist that process". It also advises that although "employers are not automatically obliged to disregard all disability-related sickness absences, they must disregard some or all of the absences by way of an adjustment if this is reasonable", and that "if an employer takes action against a disabled worker for disability-related sickness absence, this may amount to discrimination arising from disability".¹⁷

Examples of reasonable adjustments include:

- adjustments to premises
- allocating some of the disabled person's duties to another worker
- transferring the disabled worker to fill an existing vacancy
- altering the disabled worker's hours of work or training
- assigning the disabled worker to a different place of work or training or arranging working from home
- allowing the disabled worker to be absent during working or training hours for rehabilitation, assessment or treatment
- acquiring or modifying equipment
- allowing a period of disability leave
- modifying capability/sickness absence or grievance procedures for a disabled worker
- adjusting redundancy selection criteria for a disabled worker.

Just because an employer has taken one step does not mean they don't have to consider other steps, and it will often be necessary to consider a combination of steps.

Equality Impact Analysis Form

Project Name:	NHS Lincolnshire ICB Policy – Managing Attendance 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 Attendance Policy

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

The policy is applicable to employed staff and workers 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 Attendance Policy has been reviewed against NHS best practice and statutory requirements in processes for managing attendance.

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:

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.

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).

2.1 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 attendance 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 in regard to 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.

2.7 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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are any actions required to ensure patients' or staff human rights are protected?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

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

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.

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?

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 Unions	August 2021

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
---------------------	--	------

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
<i>e.g. Version 0.1</i>	<i>The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.</i>	<i>26 September 2017</i>

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
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 <i>(to be inserted following presentation to committee)</i>		