

LEAVE POLICY

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| ICB document reference: | ICB HR 007 |
| Version | 2.0 |
| Name of originator/author: | AGEM HRBP Team |
| Date of approval: | September 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

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|----------------|----------------|
| Document Title | Leave Policy |
| Version | 1 |
| Status | Final |
| Authors | AGEM HRBP Team |
| Date | September 2021 |

| Document history | | | |
|------------------|----------------|----------------|---|
| Version | Date | Author | Comments |
| 1 | September 2021 | AGEM HRBP Team | Revision of two policies to one new NHS Lincolnshire CCG Policy |
| 2 | July 2022 | AGEM HRBP Team | Rebranding of Policy for Lincs ICB |
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Leave Policy

1. Policy

- 1.1 Lincolnshire ICB(ICB) recognises the importance and value of assisting staff to achieve a balance between their work and home life responsibilities. In support of this commitment, a range of leave options are available to help employees achieve an appropriate balance between work and personal commitments.
- 1.2 The aim of this policy is to provide a uniform and fair approach when dealing with requests for both annual leave and special leave.
- 1.3 In addition, the policy will also provide a framework (please refer to appendix 3) that enables employees to take reasonable time off for special leave, where the following occur:
 - to care for a child or to make arrangements for a child's welfare
 - to provide care and attention to a dependant
 - to deal with emergencies or unexpected events
 - to take compassionate leave
 - for public duties
- 1.4 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 into account 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 personal circumstances, i.e. the 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 the socio-economic status, immigration status and the principles of the Human Rights Act.
- 1.5 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.

2. Who does the policy apply to?

- 2.1 For the purposes of annual leave entitlement, this policy applies to all staff employed by the organisation under NHS Agenda for Change Terms and Conditions of Service. It does not, however, include Medical and Dental staff, for whom different arrangements apply.
- 2.2 Where special leave may be requested, the policy will apply to all employees of the organisation. For purposes of policy clarity, a dependent is someone who is married to, is a civil partner, or a partner (whether opposite or same sex) "a near relative" or someone who lives at the same address as the employee. A relative for this purpose includes: parents, parents-in-law, adult children, adopted adult children, siblings (including those who are in-laws), uncles, aunts, grandparents and step relatives or is someone who relies on the employee in a particular emergency.
 - 2.2.1 Appendix 3 provides examples of the types of leave available under this policy. This list is not exhaustive.

3. General Principles

3.1 Annual Leave

- 3.1.1 Managers will consider all applications for annual leave in the context of balancing the needs of the individual with the needs of the service
- 3.1.2 Employees should ensure they take a reasonable amount (and in any case the statutory entitlement) of their annual leave during the annual leave year and that it is spread evenly throughout the year as far as possible. All annual leave should be booked using the ESR portal.
- 3.1.3 All leave applications must be approved by the line manager in advance and before employees confirm their holiday arrangements. Failure to obtain management approval for leave before booking a holiday may result in an employee being required to cancel the holiday and forfeiting any payments made. An employee who goes on leave without management approval may be subject to disciplinary action.
- 3.1.4 Line managers should ensure that the employee's absence on leave will not adversely affect the service and should ensure that booking rules are in place to maintain satisfactory service levels.
- 3.1.5 Line managers should deal with requests for annual leave as speedily as possible and without undue delay.
- 3.1.6 The annual leave year runs from 1 April to 31 March.

3.2 Special Leave

- 3.2.1 Employees should ensure that all requests for special leave are provided to their line manager as early as is reasonably practicable and in writing.
- 3.2.2 Managers are obliged to consider all reasonable requests where this does not adversely affect the performance of the team/department. Advice and guidance can be sought from the HR team, if required.

4. Roles and Responsibilities

4.1 Role of managers

It is the responsibility of the manager to:

- Ensure that both annual/special leave is managed equitably, balancing the needs of the service and the needs of individual employees, where required. Any request for leave should not be unreasonably refused.
- Confirm and authorise leave taken with employees and where requests for any leave have been declined then the manager should provide a clear explanation.

- All leave records should be accurately maintained by line managers in line with organisational entitlements to ensure effective monitoring and allocation.
- Managers are also responsible for identifying, and acting on, any abuse of this policy. This action may include disciplinary action.

4.2 **Role of employees**

It is the role of each employee to:

- Comply with this policy and its processes for all leave requests and in circumstances relating to special leave they must provide appropriate documentary evidence to support their request
- Give reasonable notice to their manager in requesting annual/special leave
- Ensure that any leave requested is authorised by their manager before it is taken
- Understand that failure to follow policy, may result in disciplinary action being taken.
- Inform their manager on the first day of sickness absence if they fall sick during their annual leave (please refer to sickness absence policy for reporting procedure).
- Should an employee be considering taking on public duties they should;
- advise their line manager before first entering into such commitments and discuss the extent of the commitment and the implications for their work. Where an employee is already undertaking such duties prior to commencing employment with the ICB, they should notify their line manager as soon as possible after commencement and discuss the implications.

5. **ANNUAL LEAVE ENTITLEMENT**

5.1 Annual leave entitlement will be based on reckonable NHS service. This means that any period of time that has been worked in the NHS, regardless of whether there has been a break in service, will count towards annual leave entitlement, providing that employees provide formal documentary evidence of any relevant service to their manager.

5.2 Employees will normally be entitled to the following annual leave in a complete leave year:

| On appointment | After 5 years' service | After 10 years' service |
|-------------------------------------|-------------------------------------|-------------------------------------|
| 27 days + 8 General Public Holidays | 29 days + 8 General Public Holidays | 33 days + 8 General Public Holidays |
| 262.5 hours total | 277.5 hours total | 307.5 hours total |

5.3 A General Public Holiday is defined as a period of 24 hours from midnight to midnight on the following days:

Good Friday
Spring Bank Holiday
Boxing Day

Easter Monday
August Bank Holiday
New Year's Day

May Day
Christmas Day

- 5.4 There will be some years where more or fewer than eight General Public Holidays fall within the leave year because the Easter holidays can be in March or April or where additional bank holidays are granted as a result of legislation. Leave entitlement will, therefore, be calculated each year based on the actual number of General Public Holidays falling within 1 April to 31 March. Annual leave entitlements on MY ESR include bank holidays so these dates should be booked at the start of the annual leave year via the ESR portal.
- 5.5 Part time employees, new appointees and leavers who start or terminate their employment part way through the leave year will have a pro rata entitlement to leave.
- 5.6 Annual leave entitlement for part time staff will be calculated in hours, not days. The benefit of this is to ensure staff who work variable hours or shifts, do not receive either more or less leave than colleagues who work a standard pattern.
- 5.7 Employees will normally be expected to take their leave in multiples of whole or half days, although by calculating leave in hours, it does provide an opportunity for leave to be taken in smaller blocks. Managers should, however, ensure that employees are taking adequate leave to provide appropriate rest and recuperation.

If a manager considers that an employee is not taking sufficient leave then they are entitled to give notice to that employee requesting that they take their leave on particular dates. This notice should be double the number of days that they wish the employee to take; e.g. two days' notice for one day booked.

- 5.8 No lieu of bank or public holidays will be given if an employee is off sick on a statutory holiday.

6. PAY DURING ANNUAL LEAVE

- 6.1 Pay during annual leave will include basic salary plus regularly paid supplements, including any recruitment and retention premia.
- 6.2 In exceptional circumstances, if an employee has not been able to take their full holiday entitlement, because of business pressures, at the end of the holiday year, the ICB may consider a request to carry forward a maximum of 5 days leave to the next holiday year.

7. GUIDANCE RELATING TO ANNUAL LEAVE

- 7.1 Guidance on entitlements in a variety of circumstances is attached as Appendix 1

GUIDANCE IN RELATION TO THE CALCULATION AND ENTITLEMENT TO LEAVE

1. Entitlement on Appointment
 - 1.1 All new members of staff will be entitled to annual leave plus General Public Holidays in the year of joining the ICB on a pro-rata basis.
 - 1.2 Entitlement in the first year is dependent on the number of days worked from the date of commencement and before the end of the annual leave year, calculated based on 1/365th (1/366th in leap years) for each day worked in the current annual leave year.
2. Holiday entitlement on termination of employment during the holiday year
 - 2.1 If an employee leaves the organisation during an annual leave year, annual leave entitlement will be calculated on a pro-rata basis from the start of the leave year to the date of leaving as above.
 - 2.2 If the employee has outstanding annual leave entitlement, they will be required to be taken as part of their notice period. However, where this may significantly impact on team/departmental performance then the line manager and budget holder may consider payment as part of the final salary payment.
 - 2.3 If the employee has taken more than the pro-rata annual leave entitlement, this amount of money will be deducted from the employee's final salary payment.
3. Entitlement on changing contracted hours/completing 5 or 10 years' service
 - 3.1 When employees change their contracted hours or complete 5 or 10 years' reckonable service, this will result in a recalculation of their annual leave entitlement based on completed days on the new and the old contracted hours/leave entitlement to give the full year entitlement.
4. Sickness and Annual Leave
 - 4.1 If an employee is unwell during a period of time that has been booked as annual leave, then employees should follow the normal sickness absence procedures. Medical documentary evidence should be provided in such circumstances in order for leave to be reimbursed to the employee. It is only with the agreement of the line manager and where the employee has followed the absence reporting procedures and be able to provide documentary evidence of their sickness on their return to the workplace that annual leave may be reimbursed. Exceptions may apply where hospitalisation has taken place, and in such circumstances each case will be taken on its own merits.
 - 4.2 Any days of sickness during a time of booked annual leave will be counted as sickness absence, and not annual leave, providing that the notification and certification procedures have been followed. The employee will be entitled to take those days as annual leave at another time.
 - 4.3 If the employee is unable to take the full annual leave entitlement during a leave year due to sickness the employee will be entitled to carry up to 28 days leave forward to the next leave year or a pro rata entitlement if the employee is part-time or request to be paid for the leave in the year it is accrued.

5. Holidays during school holidays

- 5.1 It is accepted that many employees have children at school, and hence want to take leave within the school holidays. Every attempt will be made to meet such requests, but the operational efficiency of the organisation has to be the highest priority and managers will aim to make sure that time off is granted equitably and fairly.

6. Maternity/Adoption leave

- 6.1 When an employee is on maternity/adoption leave their annual leave entitlement continues to accrue. Employees are encouraged to take their leave entitlement up to the date of starting maternity leave in advance and will be entitled to take annual leave accrued during her maternity leave on return to work. Employees and managers are encouraged to discuss arrangements for taking accrued annual leave to ensure that employees are able to take their entitlement and do not lose their leave and managers are able to ensure that service provision is maintained.

7. Cancellation of annual leave

- 7.1 In rare circumstances the organisation might ask the employee to cancel previously agreed annual leave due to business pressures. Provided the leave has been booked in line with this policy, the employee has the right to refuse such a request and will suffer no detriment as a result of any such refusal.
- 7.2 If the employee agrees to cancel their leave and is likely to incur any cost as a result of cancelling a holiday this should be discussed with the organisation before making the cancellation.

8. Carry over of annual leave

- 8.1 The ICB expects that within the annual leave year employees should be provided with the opportunity to take all their annual leave and believes that this is important to staff health and well-being.
- 8.2 If an employee has not been able to take their full holiday entitlement, because of business pressures, at the end of the holiday year, the ICB may, in exceptional circumstances consider a request to carry forward a maximum of 5 days leave to the next holiday year.

9. Additional/Unpaid Leave

- 9.1 *Requests* for additional leave, which will be unpaid, should be considered on an individual basis. Unpaid leave should not normally be granted to employees, until paid annual leave has been exhausted. However, there may be exceptional circumstances where a manager thinks it appropriate to grant unpaid leave without exhausting annual leave. Advice and guidance can be sought from the HR team.

1 Procedure for Special Leave

- 1.1 Employees wishing to apply for special leave under this policy must provide enough information within their request, which must be in writing to enable their manager to make an informed decision. A maximum of 5 days special leave in any 12 month rolling period will be available to any employee.
- 1.2 Managers must give appropriate consideration to all requests for Special Leave, with the employee if possible and explain their decision in those cases where it is refused. In making their decision, managers must act in accordance with the ICB's Equal Opportunities policy and ensure each request is treated with fairness and equity and has due consideration for the individual circumstances of each employee. In making their decision managers must obtain and consider any available / appropriate information to support the request. Managers must advise the employee of the outcome of their request in writing.
- 1.3 It is acknowledged that certain types of leave cannot be planned for, and therefore where urgent requests for leave are made, managers are expected to deal with these flexibly. Verbal requests should be followed up in writing as soon as appropriate and dependent upon the particular circumstances.

| Type of leave | Eligibility | Paid entitlement | Unpaid entitlement | Guidance notes |
|---|---|---|--------------------------------|--|
| Leave for urgent domestic reasons (emergency leave) | <p>All staff irrespective of length of service</p> <p>Cases of urgent domestic need when alternative arrangements cannot be made in the short term.</p> <p>Urgent domestic reasons include:</p> <ul style="list-style-type: none"> • Unexpected breakdown in carer arrangements for a dependent • Arranging care for a dependent who is ill or injured • Providing assistance for a dependent who is taken ill or injured • Dealing with flood, fire, burglary or other distressing situation at home <p>This list is not exhaustive and each application should be considered on an individual basis</p> | <p>As long as is necessary to deal with the immediate situation. <u>This will usually be no more than one day.</u></p> | <p>At manager's discretion</p> | <p>When approving leave, managers should take account of the following:</p> <ul style="list-style-type: none"> • Availability of annual leave, lieu time for on-going needs • Amount of emergency leave already taken • Flexibility of working arrangements to accommodate requirements |

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| Compassionate leave | <p>All staff irrespective of length of service</p> <p>Circumstances for compassionate leave are:</p> <ul style="list-style-type: none"> • Serious illness, imminent death or immediately following bereavement • To make arrangements for a funeral • To attend a funeral <p>Compassionate leave is available for the above situations involving a dependent or close relative.</p> | <p>Up to a maximum of 5 days, pro rata in any 12 month period depending on the nature of the employee's involvement in the situation</p> <p>In exceptional circumstances, e.g. death occurring overseas, further leave may be granted at the manager's discretion</p> | <p>At the discretion of the line manager</p> | <p>Up to 5 days, pro rata, for; spouse/partner, mother, father, child or other named dependent (as advised to the organisation).</p> <p>Up to 5 days, pro rata, for brother, sister, grandparents (depending on employee's involvement).</p> <p>1 day for all other relatives including in-laws.</p> |
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| Time off for medical appointments including day cases and dental and doctors' appointments | All staff irrespective of length of service | Entitlement for day case appointments should be treated as sick leave and not annual leave and are therefore paid in accordance with Agenda for Change entitlements | Employees should be encouraged to make dental and doctors' appointments outside of normal office hours. Where this is not possible employees can make the time up or use any previously agreed TOIL. | Employees should produce an appointment card for appointments when asked to do so by their line manager If an appointment card is not produced, then the employee will be informed that they will be required to make the time up or have pay deducted. |
| Jury Service | Employees called to attend jury service. Employees may request to defer jury service in certain circumstances, but the decision to grant deferment does not rest with the ICB. | Up to 10 days. For cases lasting longer than 10 days, employees should submit a claim for loss of earnings to the Court | n/a | Employees should provide a copy of the notification from the Court |
| Training with Reserve Forces | Members of TA or other reservists | 5 working days per year for camps in addition to annual leave | | Employees should provide copies of relevant correspondence |

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| <p>Mobilisation with Reserve Forces</p> | | <p>Reservists are paid a basic salary by the UK Ministry of Defence (MOD). If this basic salary is less than the employee's NHS salary, employees can apply to the MOD for the difference to ensure they suffer no loss of earnings. The ICB does not contribute.</p> | <p>Employees should produce mobilisation papers.</p> <p>The maximum period of mobilisation depends on the scale and nature of the operation.</p> <p>Within the TA, a period of mobilisation contains three distinct phases: pre-deployment training dependent on the nature of the conflict, the operational tour itself and post-tour leave. The timescales are likely to be between 3 and 12 months.</p> <p>Employees have the right to return to work after a period of mobilisation, if possible, to their old job. If it is not reasonable and practicable to reinstate into the previous job role, the organisation will offer the most favourable alternative role on the most favourable terms and conditions, which are reasonable and practicable.</p> |
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| <p>Time off for public duties:</p> <ul style="list-style-type: none"> • Justices of the Peace, and members of the following bodies: • a local authority • a statutory tribunal • a probation board • a police authority • youth offender panel • a registered housing board • a registered social landlord and tenant management organisation • the Service Authority for the National Criminal Intelligence Service or the Service Authority for the National Crime Squad • a board of prison visitors or a prison visiting committee • a relevant health body • a relevant education body | <p>Employees who are appointed or elected to a public body</p> | <p>By agreement with the line manager to cover attendance at meetings of the body or any of its committees or sub committees and to perform duties approved by the body to be done in discharging its function</p> | <p>At manager's discretion</p> | <p>Employees must discuss their intentions and potential implications with their line manager before applying to join a public body and obtain agreement in principle to the amount of paid and/or unpaid time off to be granted</p> |
|---|--|--|--------------------------------|--|

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| <ul style="list-style-type: none"> the Environment Agency, the Scottish Protection Agency or a relevant Scottish water and sewage authority | | | | |
| Religious observation and religious holidays and holy days | All staff irrespective of length of service | Flexible request arrangements Annual leave | At manager's discretion | ICB will respect, wherever possible, requests for variation of work arrangements for religious observation and/or leave requests to enable employees to observe religious occasions |

Project Details

| | |
|------------------------|--|
| Project Name: | Lincolnshire ICB - Leave Policy |
| EA Author: | Simon Collingwood |
| Team: | Human Resources & Organisational Development |
| Date completed: | 1 July 2021 |
| Version: | 1.0 |

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 Leave Policy

To implement a policy for the booking of leave to include annual leave, leave through special circumstances, Jury Service, Leave for reserve force volunteers and time off for medical appointments and family emergencies

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

The policy is for all contracted staff.

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.)

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.

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

Although this is a new policy, similar policies existed in the former Integrated Care Boards of Lincolnshire West, Lincolnshire East, as well as South and South West Lincolnshire ICBs. The new policy is therefore an incorporation of those former policies but with minor amendments to reflect the requirements of the new Lincolnshire Integrated Care Board.

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).

2.1 Age

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

There is no adverse impact in relation to section 2.1

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.

Whilst staff with disabilities may require a greater number of hospital appointments, this can be addresses through other policies (e.g. absence management). In addition, staff that are on long or short term sick leave as a result of their disability will still accrue annual leave. This policy should not have an adverse impact on this protected group.

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.

There is no adverse impact in relation to section 2.3

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.

2.4 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.

There is no adverse impact in relation to section 2.4

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.?

The policy does not adversely impact on those employee on maternity or adoption as the ICBs Maternity & Adoption Policy addresses the taking of leave whilst on maternity or adoption leave.

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.

There is no adverse impact in relation to section 2.6

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.

Staff with religious beliefs may need annual leave on specific days to celebrate festivals or take part in religious ceremonies. In applying the policy managers are required to take account of the Equality Act 2010 (para 3.1). This potentially has a positive impact on this group.

2.8 Sex

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

There is no adverse impact in relation to section 2.8

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian,

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.

gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

There is no adverse impact in relation to section 2.9

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)

The policy addresses the needs of carers and impacts on this group in a positive way by providing time off for carers.

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 relates to employees and the ICB has a range of policies that address the impact on groups who any suffer disadvantage. There is no adverse impact as a result of the introduction of this policy.

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.

N/A

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 policy does not apply to service users/patients and therefore this section is 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.

N/A See above

This policy does not apply to service users/patients and therefore this section is not applicable.

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

N/A See above

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.

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?

Please see section 5

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 |
|--|---------|------|----------------|
| Policy to be amended if consultation identifies any particular significant omission. | HR&OD | TBC | |
| | | | |

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 | <i>The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.</i> | 26 September 2017 |
| 1 | Joining of 4 policies into 1 - New Policy | 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 | S Collingwood | 1 July 2021 |
| Which committee will be considering the findings and sign off the EA? | Senior Managers Operational Delivery Group | TBC |
| Minute number (to be inserted following presentation to committee) | TBC | TBC |