

Attendance Management Policy

September 2020

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1. INTRODUCTION

- 1.1 NHS Hull Clinical Commissioning Group (CCG) recognises the contribution of its employees and is committed to providing good working conditions and health and safety standards.
- 1.2 The overall purpose of the policy is to set out CCG's approach to the management of attendance and absence within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to Attendance Management.
- 1.3 It is the responsibility of the CCG to protect the health and wellbeing of its employees and enable the best of its workforce; the Attendance Management Policy is intending to contribute to delivering this responsibility.
- 1.4 This policy and procedure will apply to all staff within the CCG. Managers should ensure that new employees have clear sickness absence principles set and that their attendance is reviewed regularly.

2. SCOPE

This policy applies to all staff.

3. POLICY PURPOSE AND AIMS

- 3.1 This policy and procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however that all cases must be dealt with on an individual basis because of differing circumstances therefore this policy and procedure gives an outline of the principles to be observed.

4. PRINCIPLES

- 4.1 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, i.e. maternity, adoption, career break, stress policy etc. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken e.g. maternity related absence, stress, disability related absence, work related factors. Specialist HR advice should also be sought at an early stage of the process.
- 4.2 Managers must ensure they hold effective return to work meetings after every absence to encourage an open and honest dialogue with employees and create a supportive environment,
- 4.3 Early intervention can help employers to solve or manage and maintain attendance and levels of motivation. Employees who are absent are also more likely to return to

work quickly if they feel there is a supportive and understanding environment to come back to.

- 4.4 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave. Managers should seek advice from the HR team if there is any uncertainty around the basis of any cosmetic treatment.
- 4.5 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.
- 4.6 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware during their induction.
- 4.7 Regular punctual attendance is an implied term in employee contracts and individuals are responsible for achieving and maintaining good attendance or highlighting any issues with their Line Manager, which may affect their ability to do so.
- 4.8 Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence. The appropriateness of referral to the CCG's Occupational Health Provider will be discussed between the individual, their line manager and a HR representative.
- 4.9 It is acknowledged that occasions do arise when people are away from work on a long-term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that will always be observed.
- 4.10 In dealing with any sickness absence cases managers must be mindful of obligations that they and the CCG may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice will be sought from appropriate medical professionals.
- 4.11 Advice should be taken from the HR Team at all formal stages of this procedure to ensure the consistent application of this procedure throughout the CCG.
- 4.12 Employees may be accompanied by a trade union representative or workplace colleague in all formal discussions with management about their absence.

5. IMPACT ANALYSIS / REGULATIONS

5.1 Equality

The CCG is committed to designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that

no individual or group is disadvantaged.

In developing and applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and foster good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Please see Appendix 5 for the full equality impact assessment and findings.

5.2 **Bribery Act 2010**

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's website) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, e.g. where the policy covers payments, claims, contracts or financial transactions where an individual or company could make a gain and/or cause a loss to the CCG the section should be headed Counter Fraud, Bribery and Corruption and should include a cross reference to the Counter Fraud, Bribery and Corruption Policy.

Please see Appendix 5 for full details.

5.3 **General Data Protection Regulation (GDPR)**

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

6. **NHS CONSTITUTION**

- 6.1 With respect to this policy the CCG supports the Principles of the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population

7. **ROLES / RESPONSIBILITIES / DUTIES**

7.1 Lead

The HR team are expected to:

- Provide advice on the interpretation and application of the policy
- Attend absence review meetings where appropriate
- Ensure there is a consistent application of the policy
- Provide regular reports on absence levels in the quarterly workforce report to the Senior Leadership Team

7.2 Employees

Employees are expected to:

- Ensure regular attendance at work.
- Ensure they report any absences in line with the reporting process set out in this policy
- Communicate appropriately with their manager when absent from work.
- Co-operate fully in the use of these procedures.
- Attend Occupational Health when required to do so as a contractual duty.
- Comply with the sick pay scheme.
- Meet with their manager for a Return to Work meeting following any sickness absence
- Attend review meetings with their Manager when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.
- Submit any GP fit notes or self certification as required in line with this policy.
- Inform their manager of any third party payment in relation to their sickness absence, i.e. compensation from a secondary employer or insurance company.

7.3 Line Manager

Line managers have an important role to play in the management of absence. The key responsibilities for managers include:

- Ensure that they are familiar with the Absence Management Policy and procedure and their obligations in relation to the management of the policy.
- Communicate appropriately and in a timely manner with absent staff.
- Dealing with any actions in a timely manner when dealing with absence from work, balancing the needs of the individual with those of the service.
- Maintain accurate and up to date records of all absences, reasons for absence and outcomes from discussions.
- Hold return to work meetings after each individual episode of sickness.
- Maintain confidentiality at all times.
- Attend any CCG training provided on policy updates.
- Identify a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicate this to staff.

- Maintain accurate records of all absences and reasons for absence and outcomes from discussions and ensure these are secure in line with data protection and records management policies and procedure

8. IMPLEMENTATION

The Governing Body is responsible for formal approval and monitoring compliance with this policy. Following ratification the policy will be shared with staff and will be available on the website.

9. TRAINING AND AWARENESS

9.1 Appropriate training will be provided to staff on the Absence Management Policy

10. POLICY REVIEW

This Policy will be reviewed within 4 years from the date of implementation in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, this will happen immediately.

11. GENERAL POINTS

- 11.2** The CCG's procedure for managing absence must be followed by all employees. It is the responsibility of every employee to report any absence and only in exceptional cases should this procedure be carried out by someone else on their behalf.
- 11.3** If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In proven cases of gross misconduct it could lead to dismissal.
- 11.4** Any employee who unreasonably fails to comply with the CCG's Attendance Management policy and procedure may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with the HR Team. Advice may also be sought from Occupational Health .
- 11.5** The CCG has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice.
- 11.6** The CCG reserves the right to request a Doctor's Certificate for periods of absence of less than seven calendar days in cases of short-term persistent absence. However this should normally follow an Occupational Health referral where there is no medical reason for continued short-term persistent absence. Furthermore, this option should only be used for a finite period and should be reviewed on a regular basis. Finally, should the employee incur a cost in obtaining a Doctor's certificate, then this will be reimbursed by the CCG.

12. SCHEME OF DELEGATION

12.1 The scheme of delegation specific to the stages and actions of this policy are set out below.

Informal procedure	Line Manager or equivalent level manager from elsewhere within the CCG
Formal procedure	Line manager or equivalent level manager from elsewhere within the CCG or the line manager's direct manager if the line manager has been previously involved or implicated and support from HR Representative
Appeal following formal procedure	Line Managers manager or equivalent who has not previously been involved or implicated and support from HR Representative
Dismissal Hearings	Chaired by an individual reporting to a Director or equivalent plus one other manager and support from HR representative
Appeal against dismissal	Chaired by a Director plus one other manager and support from HR representative

13. INFECTIOUS AND CONTAGIOUS CONDITIONS

13.1 Staff are expected to demonstrate a duty of care towards those they work alongside and this includes colleagues and patients.

13.2 Following an episode of diarrhoea and/ or vomiting staff must wait 48 hours before returning to work.

13.3 The CCG will endeavour to always follow any government advice or guidance relating to an illness/contagious disease should they provide any and will ensure the CCG buildings create a safe working environment.

14. DISABILITY RELATED ABSENCE, REASONABLE ADJUSTMENTS and DISABILITY LEAVE

14.1 If an employee is disabled or becomes disabled during their employment, then the CCG is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the

Disability Discrimination Act of 1995, for public sector employees.

- 14.2 Advice must be sought from Occupational Health as to what they suggest are 'reasonable adjustments'. 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.
- 14.3 The CCG also offers staff with a disability up to 2 days (15 hours) of disability leave per year as a form of reasonable adjustment. This is a period of approved paid -time off work for a reason related to their disability. Disability leave should never be used as a replacement for sick leave and should be used for short, planned appointments only.
- 14.4 Requests for disability leave should be related to appointments or periods of absence to help staff manage their disability such as the examples below, please note this is not a definitive or exhaustive list;
- Treatment related to an employee's disability
 - Hearing aid tests or assessments for conditions such as dyslexia
 - Training with a guide or hearing dog
 - Counselling/therapeutic treatment or physiotherapy

Blood tests for diabetes, cancer or other conditions and treatment or tests and recovery time.

- 14.5 This leave can be taken in hours or days whichever is more suitable to that individual and will be pro-rata'd for part time employees.
- 14.6 This leave will not be recorded as sick leave on ESR and should instead be recorded under the special leave provisions.
- 14.7 The amendment to the Disability Act (now Equality Act 2010) also introduced the concept of positive action where a disabled member of staff (if they are as qualified) 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.
- 14.8 Where there is a lack of understanding, on any part, if the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity. Occupational Health will be able to provide further support and guidance as to whether the health condition is likely to qualify as a disability under the Equality Act 2010.
- 14.9 Managers and employees are able to access additional external support services as appropriate such as Access to Work, Job Centre Plus and Mind.

15. ALCOHOL AND SUBSTANCE MISUSE

- 15.1 Where an employee's absence is as a result of a suspected or admitted alcohol and/or substance misuse problem please refer to the CCG's Alcohol and Substance Misuse Policy.

16. MATERNITY RELATED ABSENCE

Should an employee be absent from work due to pregnancy related sickness, these absences should be recorded separately and not counted towards absence triggers. However these should continue to be monitored and a return to work meeting should still be held Please refer to the Maternity section within the Maternity, Paternity Adoption and Parental Leave Policy.

17. WORK LIFE BALANCE AND WORK RELATED STRESS

Should an employee be absent from work due to work related stress, an Occupational Health appointment must be made for the individual and access to counselling/other support services discussed as appropriate. Please refer to the Managing Stress in the Workplace Policy.

Where staff are struggling to maintain an appropriate work life balance, the CCG has alternative policies to support this such as; Other Leave, Flexible Working and Flexi-time. These policies can be accessed on the CCG's website.

18. REPORTING ABSENCE

- 18.1 All employees must contact their line manager on the first day of absence as soon as is reasonably practicable and **within one hour** of their normal starting time. The employee must make this call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to Hospital.
- 18.2 Employees must talk directly to their line manager. It is not acceptable to text, e-mail or leave messages with anybody else except in exceptional circumstances and this should only be an interim measure. This will establish an effective two-way dialogue to take place and to elicit the information required as set out in 1.4 below. If the line manager is unavailable, then the employee should contact the alternative nominated manager, as confirmed by the line manager.
- 18.3 If an employee does not have a telephone at home alternative arrangements for reporting sickness must be made. If an employee fails to attend work and does not notify their manager of their absence then the employee's next of kin may be contacted.
- 18.4 When reporting absence employees must give the following information:

- the reason for the absence (if known);
- the expected length of absence (if known);
- whether a visit will be made to their GP, and if so, the date of the appointment.

Where possible the manager should be advised of any outstanding work that may require urgent attention during the period of absence. This will enable managers to better plan and allocate work.

- 18.5 In cases of continued absence, employees must contact their line manager regularly to provide them with up to date information. Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take, where possible this should be phone calls. This should be an opportunity for the employee to update their manager on their absence and how they are feeling and an opportunity for the manager to inform the employee of any updates from work should they wish to know.
- 18.7 It is not sufficient to provide fit notes as a means of maintaining contact. It should be noted that failure to maintain contact as per the agreement with the line manager, may result in the payment of occupational sick pay being delayed or withheld. Any decision to take disciplinary action or to withhold or delay payment of occupational sick pay must be made in conjunction with a HR Representative.
- 18.8 **Evidence of incapacity for work**
- 18.9 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This should include the reason for absence. The Certificate will be countersigned by a manager and subsequently will be kept in the employee's file, please see Appendix 2.
- 18.10 If an absence exceeds seven calendar days a doctor's fit note must be submitted to the line manager, no later than the tenth day of absence, covering the absence from the eighth day. The fit note is normally retained by the line manager and the absence recorded on the appropriate staff absence record form / ESR.
- 18.11 If an absence continues beyond the period covered by the initial fit note, a further fit note must be submitted to give continuous cover for the period of absence. On return to work employees must complete the CCG's Sickness Self-Certificate in respect of the first seven days or less if not covered by a doctor's fit note.
- 18.12 Failure to submit consecutive fit notes in a timely manner may be considered in breach of the Attendance Management policy and may invoke the Disciplinary Procedure. Such periods of unauthorised absence could result in suspension of pay until the submission of a fit note .
- 18.13 Employees can submit a photo of their fit note to their line manager as an interim

arrangement if they are unable to post it.

18.14 If the doctor's fit note does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.

18.15 For reporting purposes, reports will show long-term absence as 28 calendar days or more.

18.16 **Statement of Fitness to Work (FiT Note)**

18.17 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. It allows a doctor/GP to advise whether an employee is either:

- Fit to work
- Not fit to work
- May be fit to work (subject to conditions)

If the doctor/GP suggests that they 'May be fit to work' there are now a number of options open which may help to get the employee back to work:

- Phased return to work
- Amended duties
- Altered hours
- Workplace adaptations

18.18 Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work at a return to work meeting.

18.19 If the recommendations made by the doctor/GP on the fit note cannot be accommodated, the medical note should be used as though the doctor/GP had advised 'Not fit to Work' for the duration of the note. This means the employee does not need to return to their doctor until the expiry of the note.

19. **EMPLOYEE OCCUPATIONAL SICK PAY ENTITLEMENTS**

19.1 The amount of paid sickness leave entitlement depends on length of service, as outlined below:

- | | |
|---------------------------------------|---|
| • During 1st year of service | One months' full pay and two months' half pay |
| • During 2nd year of service | Two months' full pay and two months' half pay |
| • During 3rd year of service | Four months' full pay and four months' half pay |
| • During 4th and 5th years of service | Five months' full pay and five months' half pay |

- After 5th year of service Six months' full pay and six months' half pay

19.2 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.

19.3 The definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements, payments for on-call allowances during sickness will be paid in line with the Agenda for Change Handbook rules. Sick pay is calculated on the basis of what the individual would have received had he/she been at work. This would be based on the previous three months at work or any other reference period that may be locally agreed. Local partnerships can use virtual rotas showing what hours the employee would have worked in a reference period had he or she been at work.

19.4 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.

19.5 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.

19.6 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

19.7 **Occupational Sick Pay Conditions**

19.8 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.

19.9 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:

- Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place and is due to management delay.
- Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place (due to management delay) within 12 months of the start of their sickness absence.

19.10 Reinstatement of sick pay in these circumstances will continue until the Final Review

meeting takes place. It is not retrospective for any period of zero pay in the preceding 12 months of service.

19.11 The period of full or half sick pay detailed in 19.1 may be extended:

- where there is the expectation of a return to work in the short term and an extension would materially support a return and/or assist recovery. Particular consideration will be given to those staff without full sick pay entitlements.
- where it is considered that individual circumstances mean that an extension will relieve anxiety and/or assist recovery.

When an extension to sick pay is being considered for any reason this must first be discussed with a member of the HR Team.

19.12 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a secondary profession, or where contributable negligence is proved.

19.13 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. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in 19.1 above.

20. RECORDING SICKNESS ABSENCE

20.1 Absences must be reported and appropriately documented. Where an absence lasts for more than ½ a day it will be reported as a full day for payroll purposes. For absences lasting less than ½ the planned work day it will not be reported to payroll but it will be recorded on the personal file and a return to work form must be completed. Where an absence is not reported and/or appropriately documented it will be considered to be unauthorised absence and may result in disciplinary action.

20.2 Both the duration of and reason for sickness absence is recorded on the Electronic Staff Records (ESR) system on a monthly basis. Length of absence recording is calendar i.e. includes a period of absence which may fall over a weekend and/or bank holiday.

20.3 Illness over Weekends and Non – Working Days

20.4 If staff illness starts, continues or ends over a weekend or non-working day this needs to be communicated to the employees' line manager during the return to work interview and within sickness self-certification forms. For example, an employee who is absent on a Friday, ill on Saturday and Sunday and then returns to work on the

following Monday is absent for 3 days.

- 20.6 For the purpose of recording absence on ESR and in personal files line Managers must ensure that they include all dates of illness including weekends and non-working days where applicable. However, when calculating days absence for the purpose of short-term trigger points then only working days should be calculated.
- 20.7 Individuals and Managers are responsible for ensuring accurate information is supplied. The information submitted directly affects pay and missing or incorrect information can lead to an underpayment or overpayment occurring. Only absences that are at least half of the working day or longer should be reported on the return and recorded on ESR.
- 20.8 All absences should be recorded on personal files even if the length of the absence is less than half of the working day. The ordinary records such as Return to Work Documentation and Sickness Certification will be sufficient.

21 SICKNESSES DURING ANNUAL LEAVE

- 21.1 If an employee falls sick during a period of annual leave either in this country or overseas, and the period of incapacity seriously interrupts the period of leave, see 21.2, then they may count the absence as sick leave provided they;
- Notify their line manager either in writing or by telephone at the earliest opportunity, in line with CCG/departmental procedures and no later than the fourth continuous day of illness; and
 - Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.
- 21.2 For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.
- 21.3 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager as soon as possible of the nature of the leave, otherwise it will be assumed that the annual leave is being taken. If the employee intended to spend time at their normal place of residency then the leave may be credited back upon receipt of appropriate medical statements/Doctors notes.
- 21.4 If the employee intends to spend more than one night away from their normal place of residency whether it be overseas or in the UK, then the employee must provide a written statement from a medical practitioner advising that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause

detriment to the illness/injury. Where necessary, the CCG will reimburse the cost of such letters. In addition, the CCG may also choose to obtain a medical opinion from the Occupational Health Provider. If the leave is supported by a medical practitioner then the employee will have the option to continue with sick leave and have the annual leave credited back or take the time as annual leave, in which case sick pay, occupational and/or statutory as appropriate, will cease.

- 21.5 If an employee is physically unable to return to work after a holiday they must submit a fit note which covers them from the day on which they were expected to return to work. Should the employee take the leave as sickness, then entitlements to sick pay both occupational and statutory will be in line with the normal eligibility rules.
- 21.6 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 21.7 Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

22. SHORT TERM ABSENCE

- 22.1 The CCG operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work meeting and provide them with a record of all absences from work, the employee should be told at this point if they have reached a trigger point detailed below. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence and the Manager will have the opportunity to consider how best to support an improvement in attendance.
- 22.2 To ensure the consistency of the application of the Attendance Management Policy, trigger points are used to monitor both short term and long term sickness. The triggers for short term absence are:
- Three occasions* of absence in any 12 month period, or
 - Twelve days^ absence in any 12 month period

Note:

* An 'occasion' of absence as referred to above can be any number of days of one working day or more.

^ A 'day' of absence refers to working days.

For the purpose of recording absence in ESR and in personal files then calendar days should be used, therefore all days where an employee is unable to work due

to sickness will be included, for example, an employee who is absent on a Friday and remains unwell on Saturday and Sunday; and returns to work on the following Monday is absent for 3 calendar days and all 3 days should be recorded on ESR however when calculating days absence for the purposes of short term trigger points then this is done is working days,

Managers should discuss any issues with the HR team where they believe reasonable adjustments or discretion should be exercised in relation to sickness absence triggers. This is generally used when an employee has a disability for the purposes of the Equality Act 2010. In these circumstances occupational health advice should be sought and discussions should be had around what a reasonable level of attendance would be.

- 22.3 Where an employee reaches a trigger, a formal attendance monitoring meeting will be held with the individual. The purpose of the meeting is to provide support and assistance to overcome any short – term issues, patterns or problems which are identified. At this stage an action plan of improvement will be set which will include targets. Failure to meet these targets set at each stage of the procedure (in accordance with Appendix 1 ‘*Stages of attendance management and improvement notification*’) will result in progression to the next stage of the procedure. In applying this procedure, consideration should be given to any Occupational Health advice received, particularly in relation to any underlying or ongoing medical conditions.
- 22.4 Where an individual fails to maintain regular attendance deemed acceptable for the CCG, they will progress through the stages of the procedure, see appendix 1. This process may, eventually result in dismissal if the individual fails to maintain an acceptable level of regular attendance as described in the Stages of Absence Management, see appendix 1.
- 22.5 When an employee has reached a trigger point, a meeting must be held. A manager cannot use their discretion to agree not to hold a formal meeting and must instead hold the meeting to ensure there has been a supportive discussion regarding the absences, the manager may then use their discretion within the meeting,
- 22.6 As stated above, managers can exercise discretion within these meetings, for example agreeing not to count pre-planned absence as a trigger during a review period or if the absence is relating to a long-standing condition or disability they may agree within the meeting not count these absences as a trigger and therefore not set a review period or issue a formal warning however they should seek HR advice before doing so.
- 22.7 At any stage during this process, it may be appropriate for the manager or

employee to seek advice from Occupational Health.

22.8 Employees are entitled to have a staff side representative or a work place colleague whom is not acting in a professional or legal capacity to accompany them to any of the formal stages of this procedure if they so wish.

22.9 If at any stage the employee achieves a better attendance record than is required by the triggers set in the Stages of Absence Management (or agreed otherwise), no action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.

23. LONG TERM ABSENCE

23.1 Long-term absence is classed as at least four weeks continuous absence. However it should be noted that for reporting purposes, reports will show long-term absence as 28 calendar days or more.

23.2 In all cases of Long-term absence, Occupational Health advice must be sought.

23.3 In cases of long-term absence line managers must arrange to conduct regular review meetings to discuss possible courses of action should the absence continue. These may include rehabilitation and return to work requirements, redeployment, ill-health retirement etc. The meetings should be recorded and notes sent to the employee concerned. Employees may be accompanied by a trade union representative or a workplace colleague not acting in a professional or legal capacity. The line manager may also be accompanied by a HR Representative. The frequency of such meetings will depend upon the circumstances of the individual case however where possible these meeting should occur at least once every four weeks with regular informal catch-up's in between via phone calls.

23.4 Review meetings should be arranged taking into account the dates specified on the fit note to ensure a return to work plan can be properly thought through and agreed before the employee returns to work.

23.5 These meetings should be held at mutually convenient locations, with due regard made to the employee's circumstances. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees. However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.

23.6 Review and decision dates should be arranged taking into consideration the individual's sick pay entitlements and there must be a review meeting before their sick pay ends.

23.7 Employees who fail to attend sickness review meetings may be subject to the

various sanctions within this policy.

24. ONGOING MEDICAL CONDITIONS

24.1 In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long term or short term absence. This will be addressed by any or all of the following three steps:

1. **Medical advice**, support and guidance to help determine the best course of action for the individual.
2. **Reasonable Adjustments / redeployment** – consider what adjustments can be made to role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or Interim basis. (Refer to redeployment policy for additional information).
3. **Final Review Panel**- if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, a final review hearing should be arranged.

24.2 Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:

- Rehabilitation
- Phased return
- A return to work with or without adjustments
- Redeployment with or without adjustments

25. OCCUPATIONAL HEALTH

25.1 In cases of long-term absence, managers are expected to exercise discretion in referring such absences to Occupational Health and the following principles should be applied:

- Occupational Health can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
- A member of staff should be referred to Occupational Health at an early stage in the absence if it considered that a referral may benefit the employee or the CCG.
- Occupational Health is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate and likely return dates.

- An employee may request an Occupational Health referral, via their manager, for advice and support on the best way of seeking a return to work.

25.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from Occupational Health. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement should be discussed with the individual and the HR Team during the review meetings. Further information is available in the Retirement Policy.

25.3 Occupational health advice can also be sought for advice on a disability or medical condition if the manager wants more information on the condition and advice on how best to support the employee or when the employee has had a series of short term absences.

25.4 Employees must make themselves available to attend Occupational Health referrals as a contractual obligation (this may include home visits by an Occupational Health representative or the attendance at an Occupational Health Office). However, due regard should be made to the accessibility of the location in relation to the nature of absence. Following the referral, Occupational Health will then provide a written report to management, a copy of which will also be sent to the individual. In most cases management will meet with the individual to discuss the content of the report.

25.5 In some cases it may be more appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. In such cases consent must be obtained from the employee concerned before accessing any third party medical records. In these cases, any information provided by a third party is always disclosed to Occupational Health and not to management. Occupational Health will then provide management with a written summary of information provided which is pertinent to the employee's ongoing employment. Employee consent is not required for the release of this report.

25.6 Occupational Health may recommend appropriate treatment, such as physiotherapy, counselling or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

26. MEDICAL SUSPENSION

If a manager has concerns with regards to an employee and their ability to undertake work without risk to themselves or others they may ask the employee to remain off duty on medical suspension until Occupational Health advice is sought. Alternative duties or place of work may also be considered at this point to support the employee as an alternative to suspension.

27. RETURNING TO WORK

- 27.1 Wherever possible the CCG will aid a return to work on a permanent basis. To establish the most effective way of doing this the CCG may seek further medical advice.
- 27.2 This may include making reasonable adjustments to the employee's job, allowing a phased return to work, or by allowing the employee to return to work on a reduced or alternative hours basis.
- 27.3 **Return to work meeting**
- 27.4 After any absence, whether this be short or long term, on their return to work, employees will be required to attend a return to work meeting with their line manager to discuss their absence. If the employee has been absent with a highly sensitive condition he/she may ask for a manager of the same gender to manage the absence, the nominated manager would then inform the individuals managers of the discussion. The return to work meeting is separate to an absence review meeting and will take place at an agreed time and in a private place.
- 27.5 The discussion should allow for an exchange of information and be as frank and as open as possible as this will prevent any misunderstandings concerning the nature of the absence. Managers should also take this opportunity to discuss any patterns or trends of absence that may emerge.
- 27.6 This will also enable the line manager to discuss any assistance, help, counselling or action on work-related issues that may be provided to enable an employee to return to work or prevent further absence occurring.
- 27.7 The manager will also remind the employee of required attendance levels and also where informal and formal stages of the policy will take effect.
- 27.8 Notes and outcome of the meeting will be agreed and retained on file.
- 27.9 **Personal Issues / Domestic Violence**
- 27.10 During a return to work or other absence related meeting an employee may inform their line manager of a personal issue which may be impacting on their health and attendance, Line managers must respond sympathetically and confidentially to any issues raised and provide support where possible.
- 27.11 The CCG is committed to supporting employees experiencing domestic violence/abuse and will provide the employee with information and sign post them to the support services available. This should also include access to any confidential counselling services available to all CCG staff. (See Appendix 4). The manager should explore the options available in the other leave policy, annual leave policy or the flexi-time working policy, that would allow a member of staff time off to

visit solicitors and other agencies required to address domestic abuse/violence issues, including adult and child protection.

27.12 Phased Return

27.13 Where a phased return to work is recommended by Occupational Health, 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.

27.14 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked or receive payment only for the hours worked.

27.15 Redeployment

27.16 If medical opinion is that an employee is unfit to return to their former employment, the possibility of alternative employment must be considered. (Please refer to the Redeployment Policy).

27.17 Where an employee's pay reduces because of ill-health or injury, and they have the required membership of the NHS Pension Scheme, their membership at the higher rate of pay may be protected.

28. TEMPORARY INJURY ALLOWANCE

28.1 Employees on sick leave, and receiving either reduced pay or no pay, as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for Temporary Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative. Further guidance may be sought from Occupational Health Service or NHS Pensions.

28.2 Employees do not need to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance.

28.3 Temporary Injury Allowance will stop when the individual returns to work or leaves their employment.

29. ILL HEALTH RETIREMENT

29.1 Throughout the absence management process all options, such as rehabilitation, redeployment, part time working, job redesign etc must be considered in conjunction with the employee.

29.2 Where the medical opinion indicates that an employee is permanently unfit for any

employment or for the duties of their current role, the individual has the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous, pensionable NHS employment.

- 29.3 If an application for ill-health retirement is made, this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager.
- 29.4 This option should be discussed with an individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact a member of the HR Team.

30. RESIGNATION

- 30.1 At any time during an absence management process an employee may choose to resign from their employment. They are required to give their contractual notice and any outstanding accrued holiday entitlement will be paid in lieu.
- 30.2 Payment in lieu of notice may be agreed by the line manager in conjunction with a member of the The HR Team.

31 DISMISSAL ON THE GROUNDS OF CAPABILITY

- 31.1 Before dismissal is considered, all other options as outlined above must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated. Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.

In cases of short-term absence, managers must also consider the potential loss of specialist knowledge/experienced member of staff, the cost of replacing the employee, whether or not any flexible working arrangements could be agreed etc.

- 31.2 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened. This will be chaired by the appropriate manager with the authority to dismiss and will be attended by the employee in question, their line manager and a HR Team representative.

- 31.3 Prior to this meeting the employee will receive a copy of the report, detailing the case

history to date and considerations taken into account (e.g. Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.

- 31.4 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a trade union representative or workplace colleague. The employee has the right to appeal this decision.
- 31.5 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.

32. APPEAL

- 32.1 Employees may appeal against any decision made under this procedure by writing to the appropriate Manager, within ten working days of any action being taken. An appeal may be made on grounds of fact or exceptionality. In making the case on grounds of exceptionality, an employee needs to satisfy the panel that their mitigation is sufficiently unique, relevant and compelling.
- 32.2 Where there is an appeal against a dismissal, employees should address their appeal to the Chief Operating Officer within ten days of receipt of the letter.
- 32.3 The CCG will endeavour to hold an appeal within four weeks of receipt of the appeal notification.

32.4 Appeal Process

Ten working days' notice will be given of the meeting arrangements. Five working days prior to the hearing the dismissing manager who issued the warning will submit statement of case explaining the circumstances leading to the decision, and their appeal. Copies of these documents should be available to the other party and the panel members.

At the appeal hearing the following procedure should be adopted:

- Chair will lead introductions, ensure everyone agrees the purpose and nature of the meeting and has received all documentation being considered. If the employee is not accompanied by a companion the chair must ensure they were aware they were entitled to bring a companion.
- The manager will present an explanation of the case and circumstances that lead to the decision. The employee and/or their companion will have an opportunity to

ask questions. Then the panel will then have an opportunity to ask questions.

- The employee and/or their companion will present the case supporting the appeal. The manager, then the panel will have the opportunity to ask questions.
- Both the manager and the employee will have an opportunity to sum up their cases. No new information should be put forwarded at this stage.
- An adjournment will be held for the panel to reach a decision.
- Usually the decision of the panel will be presented on the day. It will be confirmed in writing within 5 working days.

There is no further internal right of appeal

33. MONITORING AND EFFECTIVENESS

Regular reports on absence levels will be provided to the CCG by the HR team as part of the Quarterly Workforce Report which enables the Senior Leadership Team to monitor monthly absence levels and full time equivalent days lost.

34. REFERENCES

- NHS Agenda for Change Handbook

35. ASSOCIATED DOCUMENTATION

35.1 The policies and documentation relating to areas listed below may need to be referred to in conjunction with this policy.

- Retirement
- Substance Misuse
- Redeployment
- Disciplinary
- Business Conduct
- Managing Work Performance
- Other Leave
- Flexible Working
- Flexi-time
- Maternity Policy
- Records Management
- General Data Protection Regulation

APPENDICES

- Self-Certification of Absence Form
- Return to Work Meeting Form
- Equality Impact Assessment

Stages of Absence Management and Improvement Notification.

	Period of Absence	Improvement Target	Action	Decision
Informal Advisory Stage (Employee advised at return to work meeting)	Following 2 occasions in any 12 month period, employees will be reminded of formal process below.	Maintain attendance or next occasion of absence during the 12 month period will trigger progress to formal Stage 1.	Employee reminded of absences during Return to Work Meeting. It may not be possible to invoke informal stage if the employee has 12 days absence in 1 occasion.	Noted on Return to Work Form and support discussed to maintain attendance.
Stage 1 Formal Notification	If the employee has had 3 occasions in 12 months or 12 days absence in any 12 month period they will be issued with Stage 1 notification. Letter to employee sent with 5 working days notice	During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 2	Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed Review period agreed	Decision in writing within 5 working days, copy kept on personal file Will remain on file for 12 months Right of appeal
Stage 2 First Written Warning	From the date of the Stage 1 meeting. If the employee has had 3 further occasions or 10 further days absence in total, they will progress to Stage 2. Letter to employee sent with 5 working days notice	During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 3	Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Refer to Occupational Health Review period agreed	Decision in writing within 5 working days, copy kept on personal file Will remain on file for 12 months Right of appeal
Stage 3	From the date of the Stage 2	During the next 12 months, If the	Attendance meeting:	Decision in writing within 5

<p>Final Written Warning</p>	<p>meeting. If the employee has a further 3 occasions or 10 further days absence in total during, they will progress to the Stage 3. Letter to employee sent with 5 working days notice</p>	<p>employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 4, final review panel</p>	<p>Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary. Possible consider alternatives if necessary, adjustments Review period agreed</p>	<p>working days, copy kept on personal file</p> <p>Will remain on file for 2 years</p> <p>Right of appeal</p>
<p>Stage 4 Final Review Panel</p>	<p>During the next 12 months, if the employee has a further 3 occasions or 10 further days absence in total, in any 12 month period, they will progress to Stage 4, final review panel. Letter to employee sent with 5 working days notice</p>	<p>If the employee hasn't met the improvement notification issued at Stage 3 consider review or reissuing of improvement targets</p>	<p>Final Review hearing: Individual is invited to attend Hearing in front of impartial panel. Including Line Manager/ Director / HR. Review absence record, actions taken to date to support improvement and any supporting medical advice. Any alternatives' to dismissal will be discussed including redeployment</p>	<p>Decision in writing within 5 working days, copy kept on personal file</p> <p>Possible outcome Dismissal</p> <p>Right of appeal</p>

*Please note:

Note:

* An 'occasion' of absence as referred to above can be any number of days of one working day or more.

^ A 'day' of absence refers to working days.

Illness over Weekends and Non – Working Days

If staff illness starts, continues or ends over a weekend or non-working day this needs to be communicated to the employees' line manager during the return to work interview and within sickness self-certification forms. For example, an employee who is absent on a Friday, ill on Saturday and Sunday and then returns to work on the following Monday is absent for 3 days.

The non-working days and weekends will be counted towards sickness absence where the staff member is not physically able to attend work. The Attendance Management Policy is clear on this point referring to absence being calculated in “**calendar days**” not “**working days**”.

Line Managers must ensure that they include all dates of illness including weekends and non-working days where applicable when completing the absence reporting documentation.

Appendix 2

SELF CERTIFICATION OF SICKNESS ABSENCE FORM

This form must be completed for any sickness absence of up to 7 calendar days in a row, including weekends and/or bank holidays. Absence lasting 8 calendar days or more require you to submit a Fit Note (fitness to work certificate) .

Surname	_____	First Name	_____
Payroll Number	_____	Department	_____

About Your Sickness	
Date you became unfit for work	_____
Date fit for work	_____
Reasons for absence	
Notification made to (name)	Date
_____	_____

Have you consulted a GP or visited a hospital?	Yes / No
Have you been prescribed medication?	Yes / No
Were you issued with Fitness to Work Certificate?	Yes / No

Was the absence a result of an accident at work or as a result of industrial disease?	Yes / No
If yes, please give details	
Have you reported the accident?	Yes / No
Please provide any additional information	
Was the absence as a result of an accident outside work?	Yes / No

I declare that the information given is correct. I understand that giving false information could result in the loss of sick pay benefits and/or disciplinary action and/or action by the Department of Work and Pensions	
Employees Signature	_____
Date	_____

Appendix 2

Appendix 3

Return to Work Meeting Form

All employees should answer sections A and B. If the employee has been off with a physical illness they should also complete section C also and if they have been off with an illness relating to their mental health they should complete section D.

It may be appropriate to answer both sections C and D.

Employee Name:	Employee Job Title:
Return to Work Manager Name:	Return to Work Manager Job Title:
Absence start date:	Absence end date:
Reason for absence:	
Total number of days sick (including weekends):	Total number of days sick in the last 12 months:
Total number of sickness occasion in the last 12 months:	Has the employee hit any sickness absence trigger points?
If the employee has not hit a sickness trigger will they on their next occasion of absence?	Was the correct reporting procedure followed?
Has the employee completed a self-certification form?	Additional comments.

Section A:

Section B:

<p>How are you feeling now? Are you fit enough to be back at work? (Is this subject to any reasonable adjustments such as a phased return? If so please detail)</p>

How do you feel about being back at work? Do you have any worries?

Did you attend a hospital, clinic or GP practice?

Are you taking any medication? If so, will this affect you at work have any side effects I should be aware of?

Are there any follow up appointments needed?

Are there any problems relating to your illness/injury that may affect your ability to perform your job?

Do you need an occupational health referral?

Are there any adjustments we can make to help you in your return to work and maintain your attendance?

Do you feel the absence is connected to work in any way?

Are there any activities you have been undertaking to maintain your health which you need to continue now you are back at work?

Is there any extra support you need from your manager?

If absence is sensitive agree what to communicate to the team regarding the absence if they wish to disclose anything.

Section C:

Is the condition one which is ongoing?

If the condition is not ongoing – are you fully recovered?

Was the absence an infectious illness? If so have they had sufficient time off in line with infection prevention? (This would be absences such as diarrhoea and vomiting, chicken pox, influenza)

Is the absence a musculoskeletal illness? If so discuss an occupational health referral for advice and a work place assessment.

Was the absence related to an accident at work? If so does it need reporting?

Section D:

How does your mental health affect you so we can look out for signs? Discuss how this may affect their work and agree how you will work together to manager that.
(Consider completing a Wellness Action Plan together, you can find one [HERE](#) or ask the HR department)

Are there any issues at work which are causing you stress or worry? Agree what support will be put in place if so.

Are there any difficulties outside of work that are contributing to your absence that you wish to discuss? Signpost to any support that may be available.

Are there any workplace triggers that cause you to have poor mental health or stress? Agree how the triggers will be managed if so.

Is there anything you can do at work to support your own mental health?

Remind the employee that there are mental health first aiders within the CCG who they can speak to and also that counselling is available through occupational health.

Additional Comments:

Employee Signature:

Date:

Return to Work Manager Signature:

Date:

Hull Domestic Abuse Partnership (DAP)

<http://www.hulldap.co.uk/>

Tel – 01482 318759

Hull DAP Male Victim support service

Tel - 01482 613978



Hull

Clinical Commissioning Group

Please refer to the EIA Overview & Navigation Guidelines located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Attendance Management Policy
Date of Analysis:	06/05/2020
Completed by: (Name and Department)	HR Humber
What are the aims and intended effects of this policy, project or function?	The overall purpose of the policy is to set out CCG's approach to the management of attendance and absence within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to Attendance Management.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> • Retirement • Substance Misuse • Redeployment • Disciplinary • Business Conduct • Managing Work Performance • Other Leave • Flexible Working • Flexi-time • Records Management • General Data Protection Regulation

Who will the policy, project or function affect?	All employees
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	This policy will be approved by SLT, governing body and the social partnership forum and consultation will take place with all staff and staff side representatives
<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 5. To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements. 	<p>This policy helps to maintain a skilled workforce by ensuring that staff feel supported at work with any disabilities or medical conditions and ensures that once an employee has had an absence occurrence a meaningful return to work interview is held to ensure a supportive discussion is held around any absence</p> <p>The policy helps to ensure that staff with disabilities and on-going medical conditions are welcomed into the CCG regardless of any access needs they may require which are considered a reasonable adjustment</p> <p>The policy incorporates the legislative requirements that the CCG must obey in relation to the Equality Act and reasonable adjustments and also makes further provisions to promote equality such as disability leave</p>

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates 2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>
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Assessing Impact				
<p>Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups? (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)</p>				
Protected Characteristic:	Neutral Impact	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
<p>It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy.</p>				
Gender		X		Pregnant women may need more time off work sick for a

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)


				pregnancy related absences will not count towards absence triggers and employees can have time off for antenatal/postnatal care
Age	X			Considered no impact
Race / ethnicity / nationality	X			Considered no impact
Disability		X		Whilst disability related absences should be recorded, impacts this can be mitigated with the close involvement of Workforce and Occupational Health professionals who can consider advice accompanying the Equality Act 2010. Disabilities may increase absence levels of staff but proper application of this policy will ensure they are fully supported and all reasonable adjustments made. Disability leave is also an option to help people manage their disability.
Religion or Belief	X			Considered no impact
Sexual Orientation	X			Considered no impact
Pregnancy and Maternity		X		Pregnancy related absences will not be counted towards absence triggers and employees can have paid time off for post/pre natal care
Transgender / Gender reassignment	X			The policy does not specify arrangements for absence connected to medical processes related to trans issues however employees diagnosed with Gender Dysphoria or Gender Identity Disorder will be

				<p>considered on going medical conditions and reasonable adjustments will be considered and the employee may be covered by the disability discrimination provisions of the Equality Act 2010 and by the provisions in this policy.</p> <p>If this is considered a disability then disability leave would also apply to help them manage this.</p>
Marriage or civil partnership	X			Considered no impact

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
<p>The policy does not specify arrangements for absence connected to medical processes related to trans issues however employees diagnosed with Gender Dysphoria or Gender Identity Disorder will be considered on going medical conditions and reasonable adjustments will be considered and the employee may be covered by the disability discrimination provisions of the Equality Act 2010 and by the provisions in this policy.</p> <p>If this is considered a disability then disability leave would also apply to help them manage this.</p>	<p>The HR function should be included in the management of all cases where potential disability related absence is an issue to ensure that decisions are made in accordance with the Equality Act provisions</p>	HR	Ongoing	Ongoing

Sign-off
All policy EIAs must be signed off by Sue Lee
I agree with this assessment / action plan
If <i>disagree</i>, state action/s required, reasons and details of who is to carry them out with timescales:

Signed:
Date: 10.03.21

If you have any comments or feedback about this equality impact assessment, please contact your line manager if you are a member of staff, or telephone 01482 344700, or email HULLCCG.contactus@nhs.net.

APPENDIX 5

Bribery Act 2010:

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- Failure to prevent bribery; The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending (1) to obtain or retain business, or (2) to obtain or retain an advantage in the conduct of business. The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's website) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, the section should be headed Anti-fraud, Bribery and Corruption and should include a cross reference to the Local Anti-fraud, Bribery and Corruption Policy. The following wording should also be included:

'If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the Local Counter Fraud Specialist (LCFS) and/or to NHS Counter Fraud Authority (NHSCFA) as follows:

- LCFS, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936; Email: counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net
- The CCG's Chief Finance Officer,
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers)
- Online: <https://cfa.nhs.uk/reportfraud>.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>. If you require assistance in determining the implications of the Bribery Act please contact the LCFS on the details above.