



	Policy
DOCUMENT TITLE:	Attendance at Work Policy
DOCUMENT NUMBER:	ELHT/HR06 V7.1
DOCUMENT REPLACES Which Version	HR06 V7.0 Attendance at Work Policy
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AUTHOR(S):Note should <u>not</u> include names	Head of Human Resources

TARGET AUDIENCE:	All Trust Personnel
DOCUMENT PURPOSE:	<p>The Trust is committed to ensuring a supportive, safe and inclusive working environment and culture which encourages all staff to manage their health and wellbeing and maintain their attendance at work. We aim to support and promote positive mental health and wellbeing of all our staff.</p> <p>This Policy sets out the standards to be followed in order to support attendance at work and ensure our staff access all the assistance available to facilitate a speedy and safe return to work following sickness.</p> <p>All sickness absence will be managed based on the individual needs of the member of staff and in a fair, compassionate and supportive way.</p>

To be read in conjunction with	<ul style="list-style-type: none"> • HR60 Fair Recruitment and Selection Procedure • HR14 Special Leave • HR08 Equal Opportunity Policy • HR11 Supporting Staff with Disabilities
SUPPORTING REFERENCES	<ul style="list-style-type: none"> • Section 14 and Annex Z – Agenda for Change Terms and Conditions • NHS Employers Guidelines on Prevention and Management of Sickness Absence • Chartered Institute of Personnel and Development • ELHT Health and Well-Being Strategy • Equality Act 2010 • ELHT Culture and Leadership Programme • Xpert HR, Croners • Just and Learning Culture

CONSULTATION		
	Committee/Group	Date
Consultation	Policy Terms and Conditions Group	25/07/2019
Approval Committee	JNCC	22/08/2019
Ratification date at Policy Council:	V7.1 January 2020	
NEXT REVIEW DATE:	January 2023	
AMENDMENTS:	January 20 – Policy on a page included in document	

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Attendance Policy on a Page

What do I need to know?

- The policy sets out how we can support good attendance at work and explain the procedure when staff are absent
- The focus should be on inclusivity and leading with compassion.
- Managers are to use their discretion on the need for formal intervention, with the emphasis on supporting staff to enable their return to work and to promote wellbeing within their teams.

Manager's responsibilities

- Managers are responsible for creating an environment in which a low sickness absence record is the norm and attendance is being addressed.
- Ensure staff are treated as individuals and according to their circumstances and needs, using discretion where appropriate.
- Early intervention and referral to Occupational Health and Wellbeing where appropriate
- Any MSK or Mental Health issues or absence expected to be over 4 weeks to be referred to OH on first day of absence
- Accurate and timely input on Erostering (by 11 am). Use bereavement leave or disability leave where appropriate.
- Concerns and trigger events dealt with promptly (within 20 days for review meetings)
- Notes, letter and documents produced and placed on personal files
- Return to work meetings held for every absence
- Regular contact with individual throughout absence (monthly meetings when long term absence)

Manager's Discretion

For staff with over 12 months' service, managers can apply discretion in situations that call for a compassionate interpretation or response, where attendance can be improved without the need for formal intervention. This needs to be documented.

Individuals responsibilities

- To take care of their own health and wellbeing
- Contact manager by phone prior to start time for any absence (including reason for and expected length of absence)
- Keep in regular contact during absence
- Attend any meetings in relation to absence (including OH appointments)

Attendance Management Meetings

Stage 1 Informal

Triggered at 3 separate occasions or 12 working days of absence in a rolling 12 month period

Stage 2 Formal

3 further absences or 10 working days within the 12 month period will trigger formal action under this procedure

Stage 3 – Final Review Hearing

3 further absences or 8 working days within the 12 month period will trigger formal action under this procedure

Long term Absence

Any ongoing absence likely to be over 28 days will be classed as Long Term Absence.

Any person on long term absence will need to be referred to Occupational Health for support.

Meetings to be set up with manager on a monthly basis to discuss support to return, planning reasonable adjustments, phased return if appropriate and updates on progress.

Return to work meeting

- Should be carried out on first day back (or within 5 days of return)
- This is an opportunity to understand if there are any underlying issues-, disabilities or circumstances relevant to the absence.
- Where staff are made aware of the impact of future absences and any formal procedures that may be necessary as a result of absences.

Support and assistance

HR – Contact the Attendance Management team on Ext 83026 or your Divisional HR Officer.

Occupational Health and Wellbeing – EASE Support on individual cases, fast physio, OH reports and referrals.

Training – Sessions available on Learning Hub. HR Attendance team can provide coaching or sessions for management teams.

Role of EASE and Occupational Health

- OH will be picking up those reporting absence on Erostering **added before 11am** with MSK and Mental Health Issues on the first day of absence and contacting them to offer support.
- For those employees who are not on e-roster or are due to start later in the day - the Manager will complete a day 1 absence referral form and email it to OH.
- Early intervention and support will assist return to work and ensure staff feel supported in their return to work and prevents feelings of isolation
- OH contact is not instead of Manager contact

Early Access to Support for Employees

1 INTRODUCTION AND UNDERPINNING PRINCIPLES

We value the contribution our staff make and appreciate that they are fundamental to our success as an organisation. So if a colleague is unable to work for any reason, that contribution is missed. The policy explains what is expected from staff and managers and how we can work together to support good attendance at work. Our focus is on understanding the individual member of staff and their bespoke needs so that they can be balanced with the needs of the service. An underpinning principle of this policy is about valuing the diversity of our staff, promoting inclusivity and leading with compassion.

This policy provides the framework to ensure that attendance in the workplace is effectively managed in line with the needs of the individual. It is intended to provide managers with a flexible framework which promotes good employment practice.

Additional guidance documents for staff and managers and are available on the HR Portal. They are intended to support staff through sickness absence, focusing on their wellbeing and facilitating a speedy, safe and successful return to work wherever possible. All sickness absence cases will be treated on an individual basis.

2. AIMS

The aims of the policy are to:

- Ensure that staff are treated as individuals and according to their circumstances and needs.
- As a result of managers knowing their staff, preventative measures will be agreed to avoid staff requiring sick leave where possible. Where this is unavoidable the focus will be on early intervention, referral to Occupational Health and Wellbeing (OHW) and signposting to relevant services to aid a speedy return to work.
- Outline the requirements of staff in respect of consistent and effective attendance in the workplace.
- Identify the responsibilities of individuals and managers.
- Ensure fair treatment of staff with a disability and ensure that obligations in respect of the Equality Act 2010 are met.
- Adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work.
- Acknowledge staffs' right to sick leave and pay, within the scope of the Attendance Policy, when they are unable to work due to illness or injury.

3.0 ROLES AND RESPONSIBILITIES

3.1 Management Responsibilities

The primary responsibility for the management of attendance rests with managers on the basis that our managers should know their staff and be familiar with the specific needs of the individual and their attendance record.

Managers are responsible for creating an environment in which a low sickness absence record is the norm with regular attendance at work being expected and problems associated with unsatisfactory attendance being addressed.

The manager is responsible for addressing staff sickness absence and managing it in accordance with this policy, procedure and associated guidance toolkits.

Manager discretion should be used when assessing a staff member's individual needs and circumstances, (see section 9.5). This may also involve other paid and unpaid leave options (please refer to the HR Portal). Staff may request to take annual leave or use accrued time owing rather than reporting in sick. Requests should be made to the line manager within the same timescales as those required for reporting sickness absence and the decision to grant annual leave will be at the discretion of the line manager.

It is particularly important that concerns regarding attendance are discussed and addressed at an early stage. Managers should discuss any concerns regarding attendance with their staff member and consider fully everything that is relevant and respond appropriately. Return to Work discussions help to make such an assessment.

Managers are also responsible for ensuring that their staff are aware of the range of health and well-being support that is available to them in ELHT and ensure referrals are done in a timely manner to OHW.

Managers are responsible for considering adjustments recommended by OHW and determining whether they are considered 'reasonable'. Those that are should be implemented to ensure the staff are treated equitably.

3.2 Individual Responsibilities

Maximising effective attendance is not solely a management responsibility. Individual members of staff have a responsibility to take care of their own health and wellbeing. When absent due to illness or injury, staff must maintain contact with their manager and others in accordance with the absence reporting procedure and adhere to the principals of this policy. On the first day of sickness absence staff should personally contact their manager (or other central reporting point) as soon as possible on the day of their absence, prior to their start time, to advise them that they will not be attending work, along with the reasons and likely duration. If staff call in after their start time and/or without a satisfactory reason, their absence may be counted as unauthorised and therefore be unpaid.

Staff are required to attend any subsequent meetings as requested by their manager, including OHW appointments. At formal meetings, staff may be accompanied by a work colleague or trade union representative. Failure to engage in meetings without a reasonable explanation could result in absence being counted as unauthorised and therefore unpaid and decisions being taken regarding future employment with the Trust, under the formal stages of the procedure.

4.0 LONG TERM HEALTH CONDITIONS AND DISABILITIES

The Trust is committed to supporting staff with disabilities or underlying health condition. However, a disability (as defined by the Equality Act 2010) must be considered in all instances. Further information can be found in the Trust's Supporting Staff with Disabilities Policy and the HR Portal toolkit. In essence, if staff are likely to meet the definition, the Trust will:

- Consult with the individual
- Deal with the matter confidentially and sensitively
- Consider everything that is relevant
- Consider all possible options and outcomes
- Implement the options where they are considered to be reasonable adjustments

5. SUPPORT AVAILABLE

ELHT provides an OHW and Wellbeing Service (OHW) to support all staff. This Service is our preferred provider of all medical advice, support and information. Where advice given by OHW differs from the GP Fit Note, further advice should be sought from OHW.

OHW can only provide a full management report if the management referral is completed on time and with sufficient information and questions to enable a comprehensive report.

Staff who report MSK or mental wellbeing related reasons for absence, **MUST** be referred to OHW on day one of their absence. This means that the service can ensure staff get help from Fast Physio or our specialists in mental health and wellbeing team as quickly as possible.

There may be situations where staff may be unable to work within their substantive role including the risk of them passing on infection to others. Each case will be reviewed by OHW and Infection Prevention and Control. The Line Manager will then consider their guidance.

Where possible, temporary redeployment may be found for staff who would otherwise be suspended on medical grounds. In the rare occasions that a temporary redeployment was not possible, staff will be placed on medical suspension on a strictly temporary basis until they are no longer a risk.

6. RETURN TO WORK FROM ANY SICKNESS ABSENCE

The Return to Work meeting is an excellent opportunity to have a conversation, review the attendance record and establish a plan to maximise future attendance for the individual. Where an individual has/is likely to have a disability this is an opportunity to discuss and agree reasonable adjustments (OHW advice should be sought) and agree a Wellbeing Action Plan (see the Supporting Staff with Disabilities Policy). It also ensures that there are no surprises in the future, because at every return to work discussion, staff will be made aware of the impact of future absence and in some cases, there may be a need to consider formal improvement procedures. A face to face return to work discussion will be undertaken ideally on the first day back (by the line manager or another appropriate manager) or within 5 days of the return from the period of sickness absence (including part days).

7. SICKNESS ABSENCE RECORDING

For the purposes of recording – all hours of sickness absence will be recorded, even where an absence is part of a day/shift. Recording needs to be accurate and timely to ensure that ESR/e-Rostering leads to accurate pay. Managers should keep local records, which will also enable the identification of individual patterns of concerning attendance.

All documentation relating to sickness absence will be stored on the staff's personal file which is held by the Line Manager.

8. PROCEDURES

8.1 Reporting Procedure

INDIVIDUAL RESPONSIBILITY	LINE MANAGER RESPONSIBILITY
<p>DAY 1</p> <p>Notify manager (or nominated person) of sickness absence as early as possible before the start of your shift by phone (text messages and e-mails are not acceptable). Partners / relatives would only be expected to ring in exceptional circumstances.</p>	<p>DAY 1</p> <p>Understand reason for absence and how long the individual is likely to be off sick for.</p> <p>Make sure you know the reasons for their absence get their perspective and look at how you could facilitate a return to work as quickly as possible.</p> <p>Based on the anticipated return to work date, discuss and agree when the next contact will be made.</p> <p>If the absence is MSK or mental wellbeing related contact OHW to make an immediate referral.</p>
<p>FIRST WEEK OF ABSENCE</p> <p>Keep in contact with your manager as arranged, providing any updates of your situation such as visit to GP, or change in anticipated return to work date.</p> <p>If you feel uncomfortable speaking to your manager or another manager in your team there are a number of people in the Trust who are available for help and support. You could speak with your union representative, OHW, a member of the HR team or the Staff Guardian so that they can signpost</p> <p><i>A self-certificate or Fit Note must be submitted to your manager if you are absent between 1 and 7 days.</i></p> <p>If there is anything the Trust could do to enable you to come back to work sooner please do let your manager or others know at the earliest opportunity.</p>	<p>FIRST WEEK OF ABSENCE</p> <p>Make sure you keep in regular contact with the individual and have a conversation about what you can do to support them back to work as soon as possible.</p> <p>Although some absences will clearly necessitate longer periods of time off work (e.g. planned operations), research shows that people who are absent from work over a week are likely to take 1-3 months off sick so the first week is crucial to have the right conversations and think creatively (where possible) about how you can get people back to work.</p>
<p>DAY 7 and after</p> <p>Ensure that you obtain and submit a Fit Note to cover your period of absence.</p>	<p>DAY 7 and after</p> <p>Ensure you receive a fit note from the individual covering from day 7 (or before).</p> <p><i>If staff are already under a Stage 1 or Stage 2 monitoring period see para – 8.2.</i></p>
<p>AFTER 4 WEEKS</p> <p>Your absence will be managed under the Long Term Sickness Procedure.</p> <p>If there is anything the Trust can do to enable you to come back to work sooner please do let your manager know when you meet with them.</p>	<p>AFTER 4 WEEKS</p> <p>Refer to long term sickness procedure. Contact your Divisional HR Team.</p> <p>Ensure a referral is made to OHW if not already done so.</p>
<p>THROUGHOUT ABSENCE</p> <p>Keep in contact with your manager as agreed and attend all meetings and OHW appointments as requested.</p> <p>Be prepared to contact your Manager (or nominated person) with any developments in your absence, such as further FIT Notes, Consultant appointments etc.</p> <p>Submit fit notes on time if you are on long term sick. Failure to do this could lead to absence being classed as unauthorised and unpaid.</p>	<p>THROUGHOUT ABSENCE</p> <p>Keep in regular contact with staff so you understand how they are, find out about any developments in their health and think about any support you can offer and when they can return to work referring to OHW for further support if required</p>

8.2 Formal stages – Persistent Absence

Trigger levels

- 3 separate occasions of sickness absence in a rolling 12 month period which may include long term absences (excluding pregnancy or injury at work) **and/or**
- 12 working days sickness absence for full time staff, pro rata for part time staff aggregated over a rolling 12 month period **and/or**
- An overall absence pattern that may have not resulted in the trigger points being met, but the overall absences are so significant that they are having a detrimental impact on the rest of the team or delivery of the service.

Staff who have been issued with a letter of concern at Stage 1 or Stage 2 of the process who then have a long term absence should have a review meeting on their return to work or within the first 4 weeks of their sickness absence (where appropriate) and a decision will be taken on whether a further letter of concern is issued or discretion applied.

FOR ALL ABSENCES – Complete Return to Work Interview and decide appropriate action (see section 9.5 on managers discretion)

Stage 1 review – discussion on reasons for absence

- Issue first letter of concern – target set that 3 further absences or 10 working days within the 12 month period will trigger formal action under this procedure.

OR

- Discretion applied not to issue letter of concern. Attendance will continue to be monitored and a further absence within the 12 month period will trigger a further Stage 1 review.

Stage 2 review – if failure to meet targets set in Stage 1

- Issue final letter of concern – target of 3 further absences or 8 working days within the 12 month period will trigger formal action under this procedure.

OR

- Discretion applied not to issue letter of concern. Attendance will continue to be monitored and a further absence within the 12 month period will trigger a further Stage 2 review.

Stage 3: Final Review Hearing – if failure to meet targets set in Stage 2

- Dismissal on the grounds of some other substantial reason due to the individual's unsatisfactory attendance and the Trust's inability to cope any longer with the overall level of sickness absence.

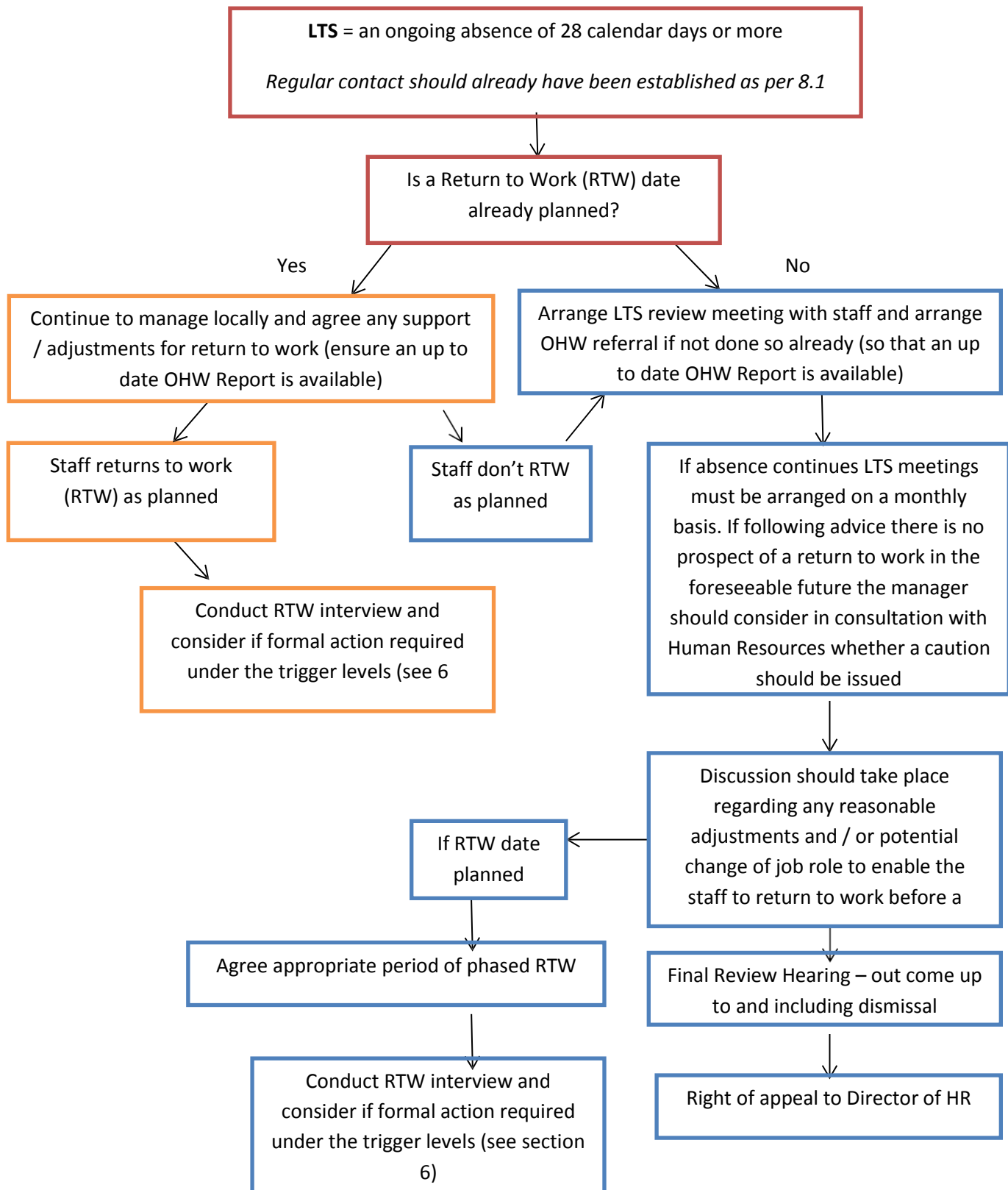
OR

- Other outcomes may include setting a further attendance target and/or adjustments to working arrangements which are felt would improve the level of attendance. Any further breach of the target within the 12 month period is likely to trigger a further hearing.

Right of appeal

- Appeals against dismissal to be sent to Director of HR & OD for a Trust Board level appeal to be arranged.
- Appeals against letters of concerns should be addressed to the Divisional Director or equivalent

8.3 Long Term Sickness absence (LTS)



9. PROCEDURE GUIDANCE

For more detailed guidance please refer to the toolkits available on the HR Portal.

9.1 Sickness review meetings – Stage 1 and 2

At both stages, the meeting should be held within 20 working days of the end of the period of absence which triggers the meeting and staff should be notified in writing of the date, time and purpose of the meeting at least 5 working days in advance. Consideration should be given to the following in determining whether or not to issue a stage 1 or 2 letter of concern:

- It may be more appropriate to consider showing discretion rather than issue an attendance target in the case of a long term condition or disability, e.g. planned operations to resolve the identified medical condition impacting on their attendance. In these situations setting of a formal target would not be appropriate (or helpful) and it would be expected that attendance be monitored in line with the normal trigger levels and associated absences prior to the adjustments will not be counted towards the trigger.
- Review the working pattern and number of paid hours worked in excess of the staff's contracted hours including any bank/agency work. Where these are considered detrimental or excessive it will be necessary to advise that no additional hours will be worked until there has been a demonstrable reduction in sickness absence (usually over the forthcoming 3 month period).
- A Wellbeing Action Plan should be agreed by the member of staff and line manager where they have a disability or long term health condition (see the Supporting Staff with Disabilities Disability Policy).
- Ensure staff are aware of their contractual responsibility to attend work if fit and well to do so and that it is reasonable to expect levels of sickness absence to improve. Where this does not happen, or if sickness absence levels increase further it may result in formal action being taken.
- Where there is an identified underlying medical issue stated, this should be confirmed by OHW. If the condition is likely to prevent sustained attendance at work adjustments should be implemented where possible. If the individual's attendance does not improve sufficiently then a further meeting with them, their representative, the manager and HR Representative (if appropriate) to discuss next steps should take place.

Staff do have the right to be accompanied at these meetings by a Trade Union representative or work colleague.

9.2 Long Term Sickness Management

Managers should aim to meet with staff who have been absent from work for over 28 days on a monthly basis as a minimum. The meetings should be held at a convenient location (which could include a home visit where agreed) to discuss the following:

- a) The projected period of absence or target return to work date (if appropriate).
- b) Health update and progress of treatment.
- c) The advice from OHW.
- d) Opportunities for rehabilitation and / or redeployment.
- e) Support that may be available both within and outside the organisation.
- f) Opportunities for fast tracking clinical opinions / treatment.
- g) Arrange further meetings and OHW appointments
- h) Phased return to work.

If staff are redeployed permanently to an alternative role they will assume the terms and conditions appropriate to the new post. Pay protection will not apply in cases of medical redeployment.

9.2.1 Phased return to work

The purpose of a phased return to work is to allow time for staff to be properly rehabilitated by gradually building back up to their full contracted hours and duties.

Generally a phased return should be for a period of up to four weeks. However, it is acknowledged that this will depend on the individual circumstances and so the period can be extended at the discretion of line manager and in view of the OHW advice. Where this is extended accrued annual leave should be used to prevent a reduction in pay.

9.3 Final Review Hearings

Staff will be notified no later than 10 working days prior to a hearing being convened and provided with copies of all relevant documentation to be considered.

The hearing will allow for a full review of the facts of the case, including:

- staff's past, present and potential future sickness absence record
- the reason for absence(s)
- whether or not there is an underlying health condition consideration of up to date medical advice
- whether or not all reasonable steps been taken to support the staff, e.g. redeployment
- any mitigating circumstances
- service needs

Staff who fail to attend a hearing will be notified in writing and provided with one further opportunity to attend. Failure to attend on the second occasion without a reason deemed acceptable by the Trust will result in the case being heard and a decision made in the individual's absence.

Where dismissal is being considered, managers must ensure that an up to date medical opinion has been received prior to any decision being taken to dismiss the individual from employment and that all reasonable steps and other options have been exhausted.

Where staff are applying for ill health retirement a final hearing will still be arranged and a right of appeal given.

9.3.1 Possible outcomes

Hearing due to Persistent Sickness Absence

- Dismissal due to some other substantial reason due to the individual's unsatisfactory attendance record and the Trust's inability to cope any longer with the overall level of sickness absence.

OR

- Further attendance target set and / or adjustments to working arrangements which are felt would improve the individual's overall level of attendance. If a warning is issued any further breach of sickness absence targets should result in a further formal hearing being convened.

Hearing due to Long Term Sickness Absence

- Dismissal on capability grounds due to ill health
- OR
- Opportunity to extend monitoring further if a return to work is foreseen or if other adjustments have not been explored sufficiently.

9.4 Appeals

Staff have the right of appeal against any dismissal or any formal sanction within 10 working days of the decision being communicated:

- Appeals against sanctions short of dismissals should be sent to the Divisional General Manager (or equivalent)
- Appeals against dismissal should be sent to the Director of HR&OD for an Executive level appeal panel to be arranged.

9.5 Managers discretion

Applying discretion is a means by which managers can respond to situations that call for a compassionate interpretation and implementation of the Policy. The aim is for staff to feel they have been treated fairly, reasonably and based on their individual circumstances and that their treatment under the policy is reflective of their value and contribution to the organisation.

Discretion can be applied in situations where attendance can be improved without the need for formal intervention. Discussions should take place as part of the return to work interview and a record made that discretion has been applied and the reason given.

Consideration should be given to the following:

- The individual's general absence history (this enables favourable consideration to be given to cases where their attendance has not given previous cause for concern, experiences an unprecedented period of ill health).
- The reasons for the absence that have resulted in them triggering.
- The likely duration of the absence and the medical prognosis for satisfactory attendance going forward.
- The impact on the individual of any unanticipated or extreme life event

Given that absence history is a relevant consideration application of discretion will be restricted to staff with at least 12 months continuous service with the Trust.

9.5.1 Pregnancy related absences

For the purposes of determining whether or not an individual should progress to the next formal stage of the procedure, absences directly related to pregnancy will not count.

9.6 Work related injury, disease or other health condition

In the unfortunate event that an individual's absence has been necessitated by an accident, notifiable disease or injury sustained at work, staff and managers must ensure that records of the incident are recorded via the Trust's Datix incident reporting system (please refer to the Datix Policy) at the time of the accident or sustained injury or as soon as reasonable after the event..

In some circumstances where it has been established the absence is deemed to be wholly or mainly attributable to their employment staff may be eligible to apply for Injury Allowance when on reduced sick pay. Further details can be found on the HR Portal.

The reporting of the accident or sustained injury must be evidenced and consideration will be given to discount this episode from triggering the formal stages of the sickness absence procedure. Work related absence which is as a result of disputes relating to employment matters or conduct will still be counted towards trigger levels.

9.7 Sickness and Annual Leave

When long term sickness absence crosses two annual leave years, staff are able to carry over an amount to ensure they have had the full statutory amount of annual leave (20 days plus bank holidays) in a leave year. Bank Holidays falling during sick leave cannot be taken at a later stage. Please refer to the Manager Guidance for calculating this.

Where sickness occurs during periods of pre-booked annual leave, if staff wish to retain their annual leave, they must follow the normal notification procedures. Providing the Policy is followed and a Fit Note covers the full absence, the Line Manager would normally approve that the leave can be taken at a later date subject to service needs.

Where an individual is off sick, has pre-booked annual leave and intends to travel while covered by a Fit Note, they must discuss this with their Line Manager at an early stage and a referral to the OHW will be arranged to ensure that the holiday would support recovery and a return to work.

In accordance with Agenda for Change Terms and Conditions, if staff are absent from work due to illness during a bank holiday in which they were required to work, they will not receive the enhanced payment or the day in lieu for that time.

9.8 Monitoring Mechanism

Measuring and monitoring compliance with the effective implementation of this procedural document is best practice and a key strand of its successful delivery. Hence, the author(s) of this procedural document has/have clearly set out how compliance with its appropriate implementation will be measured or monitored. This also includes the timescale, tool(s)/methodology and frequency as well as the responsible committee/group for monitoring its compliance and gaining assurance.

Aspect of compliance being measured or monitored.	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
Stages of Sickness absence	HRBP HR Project Manager	Regular review of Sickness data	Bi- monthly	Attendance Management Steering group

Equality Impact Assessment Screening Form

Department/Function	Human Resources – Business Partnering and Operations			
Lead Assessor	Tracy Pinner/Mariam Khalifa			
What is being assessed?	HR06 Attendance at work Policy			
Date of assessment	4/10/2019			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details: Consulted with Staff Side representatives at Policy Terms and Conditions Group			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> <input type="checkbox"/> It is quite acceptable for the assessment to come out as Neutral Impact. <input type="checkbox"/> Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Positive	Policy aims to support employees with disabilities to help them remain in work.
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Positive	No absence monitoring/targets to be set for employees who are pregnant.
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	The policy aims to promote equality and support employees with both physical and mental health related issues by providing a proactive, preventative and supportive approach to managing attendance at work.
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- 3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**
- This should include where it has been identified that further work will be undertaken to further explore
 - the impact on equality groups
 - This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically be inserted as an appendix in all Policies and Procedures which are presented for ratification at the Policy Council. Please do not hesitate to contact the qualityandsafetyunit@elht.nhs.uk if you have any queries.