

# MANAGEMENT OF ATTENDANCE POLICY

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<b>Sustainability Impact Assessment</b>	Yes		Yes	No Issues Identified
<b>Privacy Impact Assessment</b>	Yes			Issues Identified / No Issues Identified
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

# POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team	
Version 1	SRCCG	Draft policy for CCG	JTUPF	28/05/2014
Version 2	SRCCG	Minor Amendment to letters re: trigger point	JTUPF	28/10/2015
Version 3	SRCCG	Template Letters L5, L7, L9 & L11 reviewed and essential information highlighted	CCG No changes to content therefore not reviewed by SPF	December 2016
Version 3.1	SRCCG	Updated in regards to GDPR	SPF 10.01.18	

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## 1 INTRODUCTION

NHS Scarborough and Ryedale Clinical Commissioning Group (the CCG) recognises the contribution of its employees and is committed to providing good working conditions and health and safety standards.

The overall purpose of the policy is to set out the CCG's approach to the management of absence and attendance within the workplace. The policy and procedure will also set out guidance to staff and managers about their responsibilities in relation to Management of Attendance.

It is the responsibility of the CCG to protect the health and wellbeing of its employees and enable the best of its workforce; the Management of Attendance Policy is intending to contribute to delivering this objective.

## 2 ENGAGEMENT

- Joint Trade Union Partnership Forum/Policy Development Group
- SRCCG staff via team meetings/team brief/internet

## 3 IMPACT ANALYSES

### 3.1 Equality

In applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for 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.

An Equality Impact Assessment is attached at **Appendix 1**. As a result of performing the analysis, it is evident that a risk of discrimination exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document.

### 3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at **Appendix 2**. At this stage, no impact has been identified on the policy or procedure.

### 3.3 Bribery Act 2010

The Bribery Act is relevant to this policy. Under the Bribery Act 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.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

#### **4 SCOPE**

This policy and procedure will apply to all employees within the CCG except for those employees currently within their probationary period, where the probationary policy should apply. If there is no probationary policy in place, managers should ensure that new employees have clear absence principles set and that their absence is reviewed regularly.

#### **5 POLICY PURPOSE & AIMS**

This 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 procedure gives an outline of the principles to be observed.

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 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.

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.

Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.

Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware of the policy during their induction.

The CCG recognises that everybody is sick or subject to emergencies from time to time, however regular attendance at work is a contractual requirement.

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 employee, their line manager and a Workforce representative.

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.

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.

Advice should be taken from the CSU Workforce Team at all formal stages of this procedure to ensure the consistent application throughout the CCG.

Employees may be accompanied by a trade union representative or workplace colleague in all formal discussions with management about their absence.

## **6 GENERAL POINTS**

The CCG's policy and 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 be carried out by someone else on their behalf.

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 (e.g. absent on sick leave and working elsewhere).

Any employee who unreasonably fails to comply with the CCG's Management of Attendance policy and procedure may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with the Workforce Team. Advice may also be sought from Occupational Health .

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 receipt of medical advice.

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.

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 CCG Data Protection and Confidentiality and related policies and procedures.

## **7 ROLES / RESPONSIBILITIES / DUTIES**

### **7.1 Manager responsibilities**

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 Management of Attendance Policy and their obligations in relation of the management of the policy
- Communicate appropriately with absent staff
- Dealing with any actions in a timely manner when dealing with absence from work, balancing the needs of the employee with those of the service
- Maintain accurate records of all absences and reasons for absence
- 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

### **7.2 Employee Responsibilities**

Employees are expected to:

- Ensure regular attendance at work
- 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 Management when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment
- Submit any GP fitness notes or self certification as required, in line with this policy.

## **8 IMPLEMENTATION**

This policy will be communicated to staff via team meetings/team brief and will be available for staff on the intranet.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCGs disciplinary procedure.

## 9 TRAINING & AWARENESS

A copy of the policy will be available on the CCG intranet. Training needs will be identified via the performance appraisal process and learning and development plan.

## 10 MONITORING & AUDIT

The implementation of this policy will be audited on an annual basis by the CCG and reported to CCG Governing Body.

## 11 POLICY REVIEW

The policy and procedure will be reviewed after 3 years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

## 12 SCHEME OF DELEGATION

This table details who has the appropriate authority to deal with each stage of the procedure.

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 and a Workforce Representative
Appeal following formal procedure	Line Manager's manager or Manager who has not previously been implicated and a Workforce Representative
Final Review Hearing	Chaired by a Senior Manager with delegated authority who has not previously been implicated and a Workforce representative
Appeal against dismissal	Chaired by a Lay/GP Member of the Governing Body plus Chief Officer/Senior Manager who has not previously been involved and a Workforce representative

## 13 ASSOCIATED DOCUMENTATION

To ensure that this policy is viewed in context, it should be read in conjunction with other relevant CCG policies i.e. Career Break, Maternity and Paternity General Data Protection Regulation and Records Management Policies etc.

## PART 2 – PROCEDURE

### 1 REPORTING ABSENCE

All employees must contact their line manager on the first day of absence as soon as is reasonably practicable or within half an 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.

Employees must talk directly to their line manager. It is not acceptable to text, e-mail or leave messages with anybody else. 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.

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.

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.

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. 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 Workforce Representative

#### 1.1 Evidence of Incapacity for work

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. (Appendix This should include the reason for absence. The Certificate will be countersigned by a manager and subsequently will be kept in the employee's personal file.

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.

If an absence continues beyond the period covered by the initial fit note, further fit notes must be submitted to give continuous cover for the period of absence. On eventual return to work employees must complete the CCG's Sickness Self-Certificate in respect of the first seven days or less not covered by a doctor's fit note.

Failure to submit consecutive fit notes in a timely manner may be considered in breach of the Management of Attendance 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 (see 1.5 above).

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.

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

## 1.2 Statement of Fitness to Work (FIT Note)

The statement of fitness to work, known as the 'fit note' 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

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

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.

## 1.3 Employee Occupational Sick Pay Entitlements

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

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.

The definition of full pay will include regularly paid supplements, including any recruitment and retention premia. Sick pay is calculated on the basis of what the employee 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.

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

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.

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

#### 1.4 Occupational Sick Pay Conditions

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.

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 CCG, sick pay will be reinstated at half pay, after 12 months of continuous absence, 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.
- Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and a Final Review meeting does not take place within 12 months of the start of their sickness absence.

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.

The period of full or half sick pay detailed in 1.13 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 Workforce Manager.

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

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 1.13 above.

Any member of staff found to be working for another employer whilst on sick leave from the CCG will be subject to disciplinary investigation which could result in dismissal and may also be liable for prosecution and civil recovery proceedings. If a manager is aware that an employee is working for another employer whilst on sick leave from the CCG the matter should be referred to the CCG's Local Counter Fraud Specialist.

## 1.5 GP, Dental and Hospital Appointments

Wherever possible employees should arrange appointments outside their normal working hours. Where this is not possible, appointments planned in advance should ideally be at either the beginning or end of the working day using flexitime, lieu time etc.

## 2 SICKNESS DURING ANNUAL LEAVE

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, 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 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.

For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.

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.

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. 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.

Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.

Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

### **3 SHORT TERM ABSENCE**

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 will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.

To ensure the consistency with the application of Management of Attendance Policy, trigger points are used to monitor short term sickness and long term sickness. The triggers for short term absence are:

- three occasions of absence, or
- eight days absence in any rolling six month period

Where an employee reaches a trigger, an informal attendance monitoring meeting will be held with the employee. 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 3 '*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 on-going medical conditions.

Where an employee fails to maintain regular attendance deemed acceptable for the CCG, they will progress through the stages of the procedure (see Appendix 3). This process may, eventually result in dismissal if the absence continues.

At any stage during this process, it may be appropriate to seek advice from a CCG appointed medical practitioner.

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

If at any stage the employee achieves a better attendance record than is required by the triggers set at Appendix 3 (or agreed otherwise), no action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.

#### **4 LONG TERM ABSENCE**

Long-term absence is classed as any period of continuous absence of four weeks duration or more or, for absence which is not continuous eg two weeks absence followed by a further two week absence.

In all cases of long term absence, Occupational Health advice must be sought. A manager should also refer an employee to Occupational Health earlier when it is clear that the length of absence is likely to be four weeks or more. Also any references to ill health due to stress at work should be referred to Occupational health immediately.

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 CCG work colleague not acting in a professional or legal capacity. The line manager may also be accompanied by a Workforce Representative. The frequency of such meetings will depend upon the circumstances of the individual case.

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.

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

Employees who fail to attend sickness review meetings may be subject to the various sanctions within this policy.

## 5 ON-GOING MEDICAL CONDITIONS

In some situations an employee may have on-going 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 employee
- 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 employee could undertake either on a permanent basis or Interim basis. (refer to redeployment policy for additional information)
- 3) **Final Review Panel**- if the employee'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.

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.

## 6 RETURN TO WORK MEETING

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 meeting is separate to an absence review meeting and will take place at an agreed time and in a private place.

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.

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.

Notes and outcome of the meeting will be agreed and retained on file.

## 7 OCCUPATIONAL HEALTH

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 is 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.

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 employee and the Workforce Team during the review meetings. Further information is available in the Retirement Policy.

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 employee. In most cases management will meet with the employee to discuss the content of the report.

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 on-going employment. Employee consent is not required for the release of this report.

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

If an employee has concerns about their mental or physical health and its impact on their ability to carry out their employment, they are encouraged to seek the advice and support of Occupational Health by self-referral.

## **8 DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS**

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.

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 employee concerned. Where the manager has any doubt, they must speak to a Workforce representative for advice.

The Equality Act 2010 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.

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.

## **9 SUBSTANCE MISUSE**

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

## **10 RETURNING TO WORK**

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.

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.

### **10.1 Phased Return**

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.

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.

## 10.2 Redeployment

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).

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.

## 10.3 Temporary Injury Allowance

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 Workforce representative. Further guidance may be sought from Occupational Health Service or NHS Pensions.

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

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

## 10.4 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 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.

## 10.5 Ill Health Retirement

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.

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.

Applying for ill health retirement is a specific process to the absence management process but the CCG will provide all reasonable support to the application process.

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 The Workforce Team.

## 10.6 Resignation

At any time during the 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.

Payment in lieu of notice may be agreed by the line manager in conjunction with the Workforce Team.

## 10.7 Dismissal On The Grounds Of Capability

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.

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 the Workforce Team representative, see Scheme of Delegation (Policy, Section 13).

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.

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.

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.

## 11 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 such

absence should continue to be monitored to allow for supportive measures and adjustments to be considered.

If an employee is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4<sup>th</sup> week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Please see the organisation's Maternity Policy for more detail.

## 12 APPEAL

Employees may appeal against any decision to issue a warning under any formal stage of this procedure by writing to the Chief Officer with a copy to the CSU Workforce team, giving the reasons for appeal, within 10 working days of receiving written warning confirmation of the warning or dismissal.

The CCG will endeavour to hold an appeal hearing within 4 weeks of receipt of the appeal notification.

The appeal hearing will be chaired by a Lay/GP Member of the CCG Governing Body plus the Chief Officer/a Senior Manager and a Workforce representative. Neither of these panel members will have previously participated in the case.

10 working days' notice will be given of the meeting arrangements, see Appendix 7, L12, 5 working days prior to the hearing the dismissing manager who issued the warning will submit a case history report 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 of the meeting and has received all documentation being considered. If the appellant is not accompanied by a companion the chair must ensure they were aware they were entitled to bring a companion.
- Management side will present an explanation of the case and circumstances that lead to the decision. The appellant and/or their companion will have an opportunity to ask questions. Then the panel will then have an opportunity to ask questions.
- The appellant and/or their companion will present the case supporting the appeal. Management side, then the panel will have the opportunity to ask questions.
- Both management and the appellant 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.

## 13 APPENDICES

Appendix 1 – Stages of Absence Management and Improvement

Appendix 2 – Notification Procedure for Reporting Sickness Absence and Return to Work

Appendix 3 – Equality Impact Assessment

Appendix 4 – Sustainability Impact Assessment

Appendix 5 – Privacy Impact Assessment

## 14 Related Documents

- Induction form – Notification Procedure for Reporting Sickness Absence and Return to Work
- Self-Certification of Sickness Form
- Return to Work interview Form

Letter Templates

- L1 – Receipt of Statement of Fitness Note
- L2 – Initial Meeting Letter
- L3 – Failure to Attend Occupational Health Letter
- L4 – Invite to Formal Stage 1 Meeting
- L5 – Outcome of Formal Stage 1 Letter
- L6 – Invite to Formal Stage 2 Letter
- L7 – Outcome of Formal Stage 2 Letter
- L8 – Invite to Formal Stage 3 Letter
- L9 – Outcome of Formal Stage 3 letter
- L10 – Invite to Formal Review Hearing Letter
- L11 – Outcome of Final Review Hearing Letter
- L12 – Invite to Appeal Meeting
- L13 – Outcome of Appeal Meeting

## APPENDIX ONE - STAGES OF ABSENCE MANAGEMENT AND IMPROVEMENT NOTIFICATION.

Stage	Period of Absence	Improvement Target	Action	Decision
<p><b>Stage 1</b> <u>Informal</u> Verbal Notification of unsatisfactory attendance</p>	<p>If the employee has had 3 occasions or 8 days absence in any rolling 6 month period they will be issued with Stage 1 notification Letter to employee sent with 7 working days-notice</p>	<p>Over the next 12 weeks, if the employee has a further episode of short term absence, they will progress to Stage 2</p>	<p>Attendance meeting:</p> <p>The purpose of the Stage 1 Informal Meeting is to:-</p> <ul style="list-style-type: none"> <li>• explain to the employee the reasons why the meeting has been arranged and refer to the Management of Attendance Policy and the management of frequent short-term absence.</li> <li>• advise the employee of the concern regarding their health/level of absence</li> <li>• ask the employee to identify any underlying cause for the absence</li> <li>• enable the manager to provide assistance, wherever possible, with any problems identified</li> <li>• consider a referral to Occupational Health</li> <li>• review absence record and reasons for absence. Check details with any Self Certs /Fit Notes/Return to Work forms.</li> <li>• Agree standard of attendance and support if necessary.</li> <li>• Agree review period.</li> <li>• Confirm next steps.</li> </ul>	<p>Issue decision in writing within 5 working days, copy kept on personal file and copy to Workforce</p> <p>Will remain on file for 12 months</p>

Stage	Period of Absence	Improvement Target	Action	Decision
<b>Stage 2</b> <u>Formal</u> <u>First Written</u> <u>Warning</u>	<p>From the date of the Stage 1 meeting, if the employee has a further episode of short term absence, they will progress to Stage 2 Letter to employee sent with 7 working days notice</p>	<p>During the next 12 weeks, if the employee has a further episode of short term absence, they will progress to Stage 3</p>	<p>Attendance meeting:</p> <p>The purpose of the Stage 2 Formal Meeting is to:-</p> <ul style="list-style-type: none"> <li>• review the employee’s absence during the previous 12 week period.</li> <li>• ask the employee to identify any further problems which might be contributing to their level of absence</li> <li>• provide assistance and help, wherever possible, with any problems identified</li> <li>• consider a referral to Occupational Health</li> <li>• review absence record and reasons for absence. Check details with any Self Certs /Fit Notes/Return to Work forms.</li> <li>• Agree standard of attendance and support if necessary.</li> <li>• Agree review period.</li> <li>• Confirm next steps.</li> </ul>	<p>Issue decision in writing within 5 working days, copy kept on personal file and copy to Workforce</p> <p>Will remain on file for 12 months</p> <p>Right of appeal within 10 working days of action being taken</p>

Stage	Period of Absence	Improvement Target	Action	Decision
<b>Stage 3</b> <u>Final Written Warning</u>	From the date of the Stage 2 meeting, if the employee has a further episode of short term absence, they will progress to Stage 3 Letter to employee sent with 7 working days notice	Over the next 12 weeks, if the employee has a further episode of short term absence, they will progress to Stage 4, final review panel	Attendance meeting: <ul style="list-style-type: none"> <li>• The purpose of the Stage 3 Formal Meeting is as stated at Stage 2.</li> <li>• Consider alternative options if necessary, adjustments and redeployment if appropriate.</li> <li>• Agree review period.</li> <li>• Confirm next steps including continued episodes of absence could result in dismissal.</li> </ul>	Issue decision in writing within 5 working days, copy kept on personal file and copy to Workforce  Will remain on file for 12 months  Right of appeal within 10 working days of action being taken
<b>Stage 4</b> <u>Final Review Panel</u>	From the date of the third review up to 12 weeks, if the employee has a further episode of short term absence, they will progress to Stage 4, final review panel Letter to employee sent with 7 working days notice	If the employee hasn't met the improvement notification issued at Stage 3 consider review or reissuing of improvement targets	Final Review hearing: <ul style="list-style-type: none"> <li>• Employee is invited to attend Hearing in front of impartial panel. See scheme of delegation.</li> <li>• Line Manager to provide a case history report to inform the panel who will then review absence record, actions taken to date to support improvement and any supporting medical advice. Any alternatives' to dismissal will be discussed including redeployment.</li> </ul>	Issue decision in writing within 5 working days, copy kept on personal file and copy to Workforce  Possible outcome Dismissal  Right of appeal

Please note: The above triggers should be pro rata for part time employees and calculated on contracted days worked

## APPENDIX TWO – PROCEDURE FOR REPORTING SICKNESS ABSENCE AND RETURN TO WORK

As an employee of Scarborough and Ryedale CCG it is your contractual obligation to ensure that your manager is aware of any absence you have had due to sickness.

Please make yourself aware of the Management of Attendance Policy, and the following guidelines, and if in doubt seek further advice from your manager or the Workforce Team.

### Procedure for Reporting in sick:

You must contact and speak to your line manager or designated person on the first day of absence as soon as is reasonably practicable or within half an hour of your normal starting time and you must make this call, unless it is clearly not possible for you to ring personally. It is not acceptable to text, e-mail or leave messages with anybody else. If your line manager is unavailable, then the employee should contact an alternative nominated manager.

Name	Job Title	Contact Numbers

When reporting absence please 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.

Advise your manager of any outstanding work that may require urgent attention during the period of absence.

### Procedure for Returning to Work

When returning from sick you will be required to complete a self certificate (Appendix 5) form and attend a return to work meeting with your line manager to discuss your absence. This will also enable your line manager to discuss any assistance, help, counselling or action on work-related issues that may be provided to enable you to return to work.

## APPENDIX THREE - EQUALITY IMPACT ASSESSMENT

### General Information

<b>Policy:</b>	Management of Attendance Policy
<b>Date of Analysis:</b>	03/03/14
<b>Policy Lead: (Name, job title and department)</b>	Workforce Services
<b>What are the aims and intended effects of this policy?</b>	<p>The overall purpose of the policy is to set out CCG's approach to the management of absence and attendance within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to Absence Management.</p> <p>It is the responsibility of the CCG to protect the health and wellbeing of its employees and enable the best of its workforce; the Absence Management Policy is intending to contribute to delivering that objective.</p>
<b>Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?</b>	No
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	<ul style="list-style-type: none"> <li>• Substance Misuse Policy</li> <li>• Redeployment Policy</li> <li>• Disciplinary Procedure</li> <li>• Probationary Policy</li> <li>• Maternity, Adoption, career break policies</li> <li>• Stress Policy</li> </ul>
<b>Who is likely to be affected by this policy?</b>	General Public
	Service Users
	Staff
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	Policy has been consulted locally and nationally
<p><b>Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives.</b></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>	The policy does not directly promote inclusivity but provides a framework for the handling absence ensuring staff are supported by management and health professionals

# Employee Equality Data

<b>General</b>	Total number of employees in the CCG is 87
<b>Age</b>	11.5% of staff are under 30 54.02% of staff aged 30 - 55 34.48 of staff are over 55
<b>Gender</b>	81.61% of staff employed are female 18.39% of staff employed are male
<b>Race / Nationality</b>	87.36% of staff employed in the CCG declared themselves White 10.34% of staff are not stated/undefined 2.30% of staff declared themselves Mixed
<b>Disability</b>	75.86% of staff employed declared themselves as having no disability 22.99% of staff did not declare /undefined 1.15% of staff declared a disability
<b>Sexual Orientation</b>	63.22% of staff described themselves as heterosexual 1.15% of staff described themselves as gay 35.63% did not wish to respond /undefined
<b>Gender Reassignment</b>	No information available
<b>Religion / Belief</b>	Christianity is the largest religious group declared by staff in the CCG 42.53% 35.63% were undefined or did not wish to declare 21.84% of staff declared other faith or religious beliefs
<b>Pregnancy and Maternity</b>	No information yet as the CCG has not been established long enough to build meaningful data
<b>Marriage and civil partnership</b>	58.61% of employees are married. 24.14% of employees are single 6.90% of employees are divorced 9.20% of employees were undefined or did not wish to declare 1.15% of employees are in a civil partnership

# Assessing Impact

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)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> <sup>1</sup> exists (see footnote below – seek further advice in this case)
Gender	X	X		<p>Staff with Caring responsibilities (often women) may be recorded as sick (potential negative impact) and should be reminded that Special Leave Policies are available to deal with urgent domestic issues. 80% of staff in the CCG are female, so this is potentially significant for the CCG since the evidence about women and men's participation in the labour market and the reality of childcare arrangements show that progress towards a more equal division of caring responsibilities between women and men is still very slow (source EHRC Briefing Paper Jan 13). In addition to childcare responsibilities, other caring can also be dealt with under other policies.</p> <p>Policy does, however, require line managers to take account of other policies before taking action which should help to reduce any negative impact.</p>
Age	X			Considered – no impact
Race / ethnicity / nationality	X			Considered – no impact

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

<b>Disability</b>	X	X		The policy is not clear how disability- related absence should be recorded or handled. However, there is reference to disability-related absence in 5.2 where managers are required to take account of such circumstances. Any negative impact can be reduced with the close involvement of Workforce and Occupational Health professionals who can consider advice accompanying the Equality Act 2010. No staff are currently recorded as disabled in the CCG but the organisation recognises it must plan its policies on the basis that some employees may have a disability, may become disabled in the course of their employment or that people with disabilities will be recruited in the future (reference local population data below)
<b>Religion or Belief</b>	X			Considered – no impact
<b>Sexual Orientation</b>	X			Considered – no impact
<b>Pregnancy and Maternity</b>	X			Considered – no impact
<b>Transgender / Gender reassignment</b>	X	X		The policy does not specify arrangements for absence connected to medical processes related to transgender issues and that any employee diagnosed with Gender Dysphoria or Gender Identity Disorder this will be covered by the normal arrangements of this policy.
<b>Marriage or civil partnership</b>	X			Considered – no impact

What measures have been put in place to mitigate any potential 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:
The policy is not clear how disability-related absence should be recorded.	Can be mitigated with the close involvement of Workforce and Occupational Health professionals who can consider advice accompanying the Equality Act 2010.	Workforce Lead	Ongoing	Ongoing
The policy does not specify arrangements for absence connected to medical processes related to transgender issues and that any employee diagnosed with Gender Dysphoria or Gender Identity Disorder will be covered by the disability discrimination provisions of the Equality Act 2010	The workforce function should be included in the management of all cases where disability related absence is an issue to ensure that decisions are made in accordance with the Equality Act provisions	Workforce Lead	Ongoing	One year from implementation of the policy
Monitoring this policy and particularly its effects on staff with disabilities is essential	Monitor on an ongoing and annual basis	Workforce Lead	Ongoing	One year from implementation of the policy
Staff with Caring responsibilities (often women) may be recorded as sick	Staff should be reminded that Special Leave Policies are available to deal with urgent domestic issues – in communication networks	Workforce Lead	Ongoing	One year from implementation of the policy

# Sign-off

**All EIAs must be signed off by a member of SMT**

**I agree / disagree with this assessment / action plan**

**If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:**

**Signed off by (Name/Job Title)**

**Signed:**

**Date:**

## APPENDIX FOUR – SUSTAINABILITY IMPACT ASSESSMENT

### Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

### Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
<b>Models of Care</b>	<p>Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?</p> <p>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?</p> <p>Will it pay for services based on health outcomes rather than activity for example through personal budgets?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx">http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx</a></p>	N/A		
<b>Travel</b>	<p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it reduce repeat appointments?</p> <p>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?</p> <p>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx">http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx</a></p>	N/A		
<b>Facilities Management</b>	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx">http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx</a></p> <p>Will it reduce water consumption?</p> <p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it improve green space and access to green space?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx">http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx</a></p>	N/A		

<b>Adaptation to Climate Change</b>	<p>Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx">http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx</a></p>	N/A		
<b>Procurement</b>	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the <a href="#">Public Services (Social Value) Act 2012</a>?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a <a href="#">circular economy</a>?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p> <p>Will it <a href="#">promote ethical purchasing of goods or services</a> e.g. increasing transparency of modern slavery in the supply chain globally?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx">http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx</a></p>	N/A		
<b>Workforce</b>	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups and pay above living wage?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx">http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx</a></p>	-1	<p>The policy does not specify arrangements for absence connected to medical processes related to transgender issues and that any employee diagnosed with Gender Dysphoria or Gender Identity Disorder will be covered by the disability discrimination provisions of the Equality Act 2010. There are recording issues for disability related absence and those with caring responsibilities.</p>	<p>Monitoring this policy and particularly its effects on staff is essential. Any negative impact can be reduced with the close involvement of HR and Occupational Health professionals with disabilities. Special Leave Policies are available to deal with urgent domestic issues.</p>

<b>Community Engagement</b>	<p>Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?</p> <p>Will it <a href="#">reduce inequalities in health</a> and access to services?</p> <p>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p> <p>Will it increase peer-support mechanisms?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx">http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx</a></p>	<p>N/A</p>		
<b>Estimated carbon benefit</b>	<p>What is the estimated carbon benefit (in terms of tCO<sub>2</sub>e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance:</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx">http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx</a></p>	<p>N/A</p>		

## APPENDX FIVE - PRIVACY IMPACT ASSESSMENT (PIA)

### Screening Questions

The below screening questions should be used to inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

<b>Title</b>	
<b>Brief description</b>	

### *Screening completed by*

<b>Name</b>	
<b>Title</b>	
<b>Department</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Review date</b>	

Marking any of these questions is an indication that a PIA is required:

<b>Screening Questions</b>		<b>Tick</b>
1	Will the project involve the collection of new identifiable or potentially identifiable information about individuals?	<input type="checkbox"/>
2	Will the project compel individuals to provide information about themselves?	<input type="checkbox"/>
3	i.e. where they will have little awareness or choice.	<input type="checkbox"/>
4	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	<input type="checkbox"/>
5	Are you using information about individuals for a purpose it is not currently used for or in a new way?	<input type="checkbox"/>
6	i.e. using data collected to provide care for an evaluation of service development.	<input type="checkbox"/>
7	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations?	<input type="checkbox"/>
8	i.e. will it include health records, criminal records or other information that people may consider to be sensitive and private and may cause them concern or distress.	<input type="checkbox"/>

*Please retain a copy of this questionnaire within your project documentation.*

***If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:***

<http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/>