

## EHIA Form 1: Preparation

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To complete this form, refer to **Guidance set out on Page 20 of the Toolkit**

1.	<b>What are your equality impact assessing?</b>	Managing Attendance at Work Policy
2.	<b>Policy Aims and Brief Description</b>	<p>The aims of the policy are to:</p> <ul style="list-style-type: none"><li>• Ensure that staff are treated according to their circumstances and needs.</li><li>• Outline the requirements of staff in respect of consistent and effective attendance in the workplace.</li><li>• Identify the responsibilities of individuals and managers</li><li>• Ensure fair treatment of staff with a disability and ensure that obligations in respect of the Equality Act 2010 are met.</li><li>• Adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work.</li><li>• Acknowledge employee's right to sick leave and pay, within the scope of the policy, when they are unable to work due to illness or injury.</li><li>• To provide Line management support for staff</li></ul> <p>The objectives of the policy are to:</p> <ul style="list-style-type: none"><li>• Support the Health and Wellbeing of Staff in the Workplace</li><li>• Support staff to return to work following a period of absence</li><li>• Support staff to sustain their attendance at work (attendance management)</li></ul>

3.	<b>Who is responsible for the Policy/work?</b>	NHS organisations and sub committee of the Welsh Partnership Forum Business Committee
4.	<b>Who is Involved in undertaking this EqIA?</b>	Welsh Partnership Forum Business Committee (Sub Group)
5.	<b>Is the Policy related to other Policies/areas of work?</b>	Equality, Capability, Special Leave, Disciplinary, Grievance and Dignity at Work Policies. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters. All Wales Workforce Strategy. Individual organisation's workforce and OD plans, PADRs
6.	<b>Stakeholders</b>	All employees, managers, trade unions, patients, carers, occupational health teams
7.	<b>What might help/hinder the success of the Policy?</b>	<p><b>Factors that may hinder:</b>  Timely access to occupational health and medical advice  Lack of training on the application of the policy  The process not being followed inside organisations, lack of follow through by managers.  Time constraints  Poor interpersonal relationships</p> <p><b>Factors that may help:</b>  Consistency of application</p>



<ul style="list-style-type: none"> <li>• promote good relationships and positive attitudes in relation to:</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓		✓
<ul style="list-style-type: none"> <li>• encourage participation in public life in relation to:</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓		✓
<p>In relation to disability only, should the Policy take account of difference, even if it involves treating some individuals more favourably?</p>		✓								

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

	Yes	No
<b>Consider, is the Policy relevant to:</b>		
<b>Article 2 : The right to life</b>  <b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Staff and patient safety issues. Supports and maintains the health of staff and makes reasonable adjustments where necessary	
<b>Article 3 : The right not be tortured or treated in an inhuman or degrading way</b>  <b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	Issues of dignity and respect and protection/promotion of patient and staff safety.	
<b>Article 5 : The right to liberty</b>		✓

<p><b>Examples:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>		
<p><b>Article 6 : The right to a fair trial</b></p> <p><b>Example:</b> issues of patient choice, control, empowerment and independence</p>	<p>Policy is designed to ensure that staff are dealt with fairly.</p>	
<p><b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b></p> <p><b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	<p>Policy supports the rights of an employee to enjoy their private life. Issues of dignity and privacy, e.g. impact on family life of sickness and potential loss of employment.</p>	
<p><b>Article 11 : The right to freedom of thought, conscience and religion</b></p> <p><b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>		<p>✓</p>

Equality Strand	Information Gathered
<b>Race</b>	Managing sickness absence policy – Southern Health Sickness Absence Policy – NHS Sheffield The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
<b>Disability</b>	Work Foundation report on Work, Health and Absence in the Public Sector Disability and sickness absence – PCSU Sickness absence and disability – TUC Guidance on disability related absence – Probation Association NHS guidance – Menopause The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
<b>Gender</b>	The Work Foundation has also produced a number of reports on changing demographics. Equal Opportunities Commission “Gender Equality and the Future of Work” Legal and General’s “Value of a Mum” NHS guidance – Menopause The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
<b>Gender Reassignment</b>	The Workplace and Gender Reassignment – Civil Service Gender Reassignment Policy – Cardiff University Gender Reassignment Policy – Aston University Absence from Work Because of Gender Reassignment – Citizens Advice
<b>Sexual Orientation</b>	Sickness Absence Policy – NHS Berkshire Sickness Absence Policy – University of Nottingham
<b>Age</b>	EHRC report “Working Better 2008” The Work Foundation has also produced a number of reports on changing demographics, changing work patters for young workers, retention of older workers, e.g. 0-5 How small children can make a big difference, The Ageing Workforce, Work, Health and Absence in the Public Sector The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru A new vision for older workers: Retain, Retrain, Recruit – Report to Government by Dr Ros Altmann CBE, Business Champion for Older Workers
<b>Maternity and Pregnancy</b>	Pregnancy related absence - EHRC Pregnancy and Maternity Rights – Xpert HR Sickness during pregnancy and maternity leave – Maternity Action

	Discrimination at Work Because of Pregnancy or Maternity Leave - CAB
<b>Religion or Belief</b>	Various case studies relating to the need for flexible arrangements for staff who may not live in the same country as their relatives. CIPD surveys on flexible working
<b>Marriage and Civil Partnership</b>	No information sourced.
<b>Welsh Language</b>	Some Work Foundation reports relating to employers and the Welsh Language.
<b>Human Rights</b>	<p><b>General</b></p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics. Disaggregated workforce monitoring data would be useful to inform future policy review and assessment.</p>

### Form 3 : Assessment of Relevance and Priority

<b>Equality Strand</b>	<b>Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)</b>	<b>Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)</b>	<b>Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)</b>
<b>Race</b>	<b>2</b>	<b>+1</b>	<b>2</b>
<b>Disability</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Gender</b>	<b>2</b>	<b>+2</b>	<b>4</b>

<b>Gender reassignment</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Sexual Orientation</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Age</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Religion or Belief</b>	<b>2</b>	<b>+2</b>	<b>4</b>
<b>Maternity and Pregnancy</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Marriage and Civil Partnership</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Welsh Language</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Human Rights</b>	<b>2</b>	<b>+3</b>	<b>6</b> <b>52/10 = 5.2</b>

**Scoring Chart A: Evidence Available Decision**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

**Scoring Chart C: Impact**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)