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The Policy framework requires that the policy is fully reviewed on the date shown, but it is also possible that significant changes may have occurred in the meantime.

The most up to date policy will always be available on the Intranet Policy web site and staff are reminded that assurance that the most up to date policy is being used can only be achieved by reference to the Policy web site.

## **SICKNESS MANAGEMENT PROCEDURE**

Keywords: sickness, rehabilitation, redeployment, reasonable adjustments, ill-health retirement

**This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000**

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Date of Issue... July 2010

Review Date... July 2013

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## SICKNESS MANAGEMENT PROCEDURE

### 1. INTRODUCTION

The Trust is committed to providing an efficient and effective service to all service users. Staff absence has a direct negative impact upon service quality. It is therefore the shared responsibility of the Trust and of all staff to ensure that sickness absence is kept to the lowest possible level.

Some staff will experience periods of ill health during their employment with the Trust. These staff are entitled to expect that the Trust will be sympathetic and supportive of them and act as a fair, reasonable and consistent employer.

Capability, competence and attendance may be affected by ill health and if supported by medical evidence will be investigated and dealt with in accordance with the Trust's Capability Procedure.

However, deliberate misuse of the provisions for sick leave and sick pay will be regarded as misconduct and dealt with in accordance with the Disciplinary Procedure. Employees should be aware that sickness records may also be reviewed for the purposes of countering fraud and corruption.

### 2. PURPOSE

This procedure applies to all employees of Gloucestershire Hospitals NHS Foundation Trust and details the expectations of the Trust and the way in which sickness absence should be managed, clarifying the responsibilities of all staff and the actions required when sickness occurs.

The aim of the procedure is to ensure that managers are aware of the levels and reasons for staff sickness absence, minimises the negative impact on service of staff sickness and treats staff taking periods of sick leave fairly and equitably given the individual circumstances of each case.

There are separate policies covering other types of absence such as carer and compassionate leave, and flexible working arrangements.

### 3. ROLES AND RESPONSIBILITIES

#### 3.1 Employees

All employees have a responsibility to attend for work regularly and in a fit state to carry out their duties. When they are unable to do so, they must report their absence from work and the reasons for it to the designated person within their department in accordance with departmental/ward procedures.

All employees have a responsibility to be familiar with the Trust's Sickness Management Procedure and relevant departmental operational instructions and to co-operate with managers in the implementation of these.

All employees have a contractual obligation to cooperate with any requests, from their manager or Human Resources, to attend Occupational Health appointments or seek further medical advice.

### **3.2 Manager**

Managers are responsible for recording absence levels in accordance with departmental arrangements for completion of salary cards. Managers are also responsible for monitoring absence levels and dealing appropriately with staff that have health related problems. In dealing with staff each case should be treated consistently following a fair and reasonable process, and bearing in mind the circumstances of each case, taking advice from Human Resources where necessary.

Managers have a responsibility to ensure regular contact is maintained with staff that are on long term sick leave. Managers must agree the arrangements for keeping in touch with the employee; this may be through themselves or an appropriate nominated deputy. If a member of staff is reluctant to maintain contact due to the nature of their health condition, advice should be sought from Human Resources and/or Occupational Health department, or alternatively they may wish to discuss with their Union representative.

### **3.3 Board**

The Board is responsible for ensuring that as far as is reasonably practicable the workplace environment and working conditions do not contribute to staff ill health. Also that appropriate policies and procedures are in place and that managers are supported in applying these.

### **3.4 Director of Human Resources**

The Director of Human Resources is responsible for ensuring that this procedure is implemented and operated appropriately, and that appropriate monitoring is undertaken. The Director of Human Resources will also ensure that the Trust Board is provided with regular reports on sickness absence levels and issues within the organisation to provide an organisational overview.

Staff within the Human Resources Department are responsible for reviewing absence levels and their impact, advising and supporting managers and staff dealing with the impact of health related problems and ensuring consistency in the way Trust procedures are applied to staff.

### **3.5 Occupational Health Department**

Occupational Health are responsible for providing advice to managers/Human Resources on medical matters relating to employment, including any reasonable adjustments required, such as rehabilitation and redeployment, in accordance with employment law. Staff confidentiality will be maintained at all times.

The Occupational Health Department also provides detailed information on the health reasons for referrals of NHS staff within the Gloucestershire Health Community.

## **4. SICKNESS ABSENCE**

This procedure is intended to facilitate a fair and consistent approach to handling staff absence caused by physical or mental ill health. Existing departmental operating instructions continue to apply but should be amended where necessary to operate within the framework of this procedure.

Staff sickness absence can be:

- Long term, i.e. for a period of 4 weeks or longer
- Short term, i.e. for periods of up to 4 weeks.

## **5. CAPABILITY PROCEDURE**

Long term or repeated short term sickness absence may affect an employee's capability to carry out their work. In some cases, health related problems may not lead to absence from work but still affect capability to do the job.

Capability issues which impact on an employee's ability to carry out their job or attend work regularly may provide a fair reason for dismissal, as defined in law, provided that a fair and reasonable procedure has been followed.

## **6. REPORTING AND CERTIFICATION**

When staff are absent from work they should report this absence in accordance with the departmental operational instructions.

If there are no specific local instructions, then reporting should be as early as possible on the first day of absence. Absence should be reported to the line manager and in most cases it is expected that the member of staff will personally telephone. It is accepted however, that there are some exceptional circumstances in which this will not be possible, and it is therefore acceptable for a relative or colleague to make the initial contact with the line manager. Once the employee is well enough to make contact however, they should call the line manager personally.

It is the responsibility of the member of staff to ensure that their line manager is informed of their absence together with the following information:

- Brief details of what is wrong
- Whether a GP is being consulted
- Likely length of absence
- Arrangements to keep in touch
- Details of any work related issues which will require action

The line manager should record this information. Any personal information should be respected and noted in a secure place.

If the absence is greater than 3 calendar days, a self certification form will be required. A medical certificate will be required for absences over 7 calendar days. It is important that medical certificates are provided in a timely manner, failure to provide regular medical certificates to cover periods of absence may result in sick pay being withheld, following confirmation with Human Resources.

## **7. RETURN TO WORK MEETING**

It is good practice for the manager or an appropriate nominated deputy to meet with the employee on their return to work after any sickness absence; this meeting should normally take place on the first day back or if this is not practical, as soon as possible following their return to work. This meeting is helpful in clarifying reasons for absence, the effect on work, and any future potential problems.

It is important that all managers have a clear understanding of reasons for absence and any underlying issues which may contribute to an individual's sickness levels, to enable them to manage each individual as appropriate in accordance with the policy. The return to work meeting is a valuable opportunity to do this and is particularly necessary if an employee has an ongoing health condition. *The form attached at Appendix 1 is recommended for this purpose.*

## **8. SHORT TERM SICKNESS ABSENCE (periods up to 4 weeks)**

Actions taken by managers in cases of short term sickness are intended to:

- support the employee and offer help where appropriate
- lead to a return to work and/or an improvement in sickness absence levels
- make it clear what attendance levels are required
- where necessary, make it clear what further action will be necessary if attendance standards are not met

### **Repeated Short Term Absences**

Where there are repeated absences or absence occurs to a pattern which causes concern to the manager, and certainly if there are more than 3 episodes of sickness in any 6 month period, there should usually be a more detailed discussion between the manager and member of staff. A fourth episode within a six month period will normally necessitate a meeting involving the manager, and member of staff. The link Human Resources Advisor may also be in attendance. This should take place whether or not the sickness has been covered by a Medical Certificate.

Usually the genuineness of the reasons for the absence will not be in question; what is of concern to the manager is the employee's ability to attend for work regularly.

As part of the discussion the manager should look at the employee's absence record with them, set out the required levels of attendance and agree a reasonable timetable for improvement. Failure to attend regularly for work, for whatever reason, may be a fair reason for dismissal. The manager should explain this to the member of staff and advise them that a continued unacceptable level of absence will result in further action being taken.

Where it appears that there may be an underlying medical reason for the absences the manager should refer the employee to the Occupational Health Department (*see below as for long term absence*).

Where there is no subsequent improvement in attendance the manager should seek the advice of the Human Resources Department to discuss further steps to be taken. In some circumstances it may be appropriate to consider a change in duties, redeployment into an alternative post or ill health retirement where there is an underlying medical condition causing absence (*see relevant paragraphs under long term absence*). In other circumstances there may be no alternative to dealing with the repeated absences formally under the capability or disciplinary procedures. Staff have a right to involve their union representative at this stage.

## **9. LONG TERM SICKNESS ABSENCE (periods of 4 weeks and over)**

Long term absence needs to be assessed individually in each case. For example, where an employee has elective surgery and a subsequent period of absence, and this and the timetable for return to work has been planned with the manager, there may be no need for any further action.

It is important for the manager to keep in touch with the employee during their absence, in order to make appropriate arrangements for support during sick leave and on return to work.

There are special considerations where a member of staff has a terminal illness, and the advice of the Human Resources Department should be sought at the earliest opportunity.

In most cases of long term sickness the following steps should be taken:

The manager should refer the employee to occupational health, in order to seek advice on the duration of the illness and its affect on their ability to carry out the tasks of their post in the short and long term. The referral form is available on the occupational health intranet site.

The Occupational Health Department will provide the manager with appropriate information, including the following:

- whether there is any serious underlying medical condition
- whether a return to full duties is likely
- whether a temporary change of duties or hours would be helpful
- whether the employee has a disability that is likely to meet the remit of the Disability Discrimination Act
- any recommendations for redeployment or adjustments to existing post
- any recommendations for ill health retirement (if applicable)
- likely date for return to work

The precise nature of the employee's condition will be kept confidential unless the employee agrees otherwise.

When any of the options set out below are being considered the manager must consult with the member of staff and when appropriate the Human Resources Department.

- a period of rehabilitation
- Redeployment
- Reasonable adjustments
- Ill health retirement where eligible
- Termination of employment on grounds of capability

## **10. SICKNESS ON BANK HOLIDAYS AND DURING ANNUAL LEAVE**

If a member of staff is scheduled to work a bank holiday and they report sickness absence they will receive full pay subject to their individual entitlement, in accordance with Section 14.4 of the Agenda for Change Terms and Conditions. Full pay is defined in Section 14.4 as including regularly paid supplements including any recruitment and retention premia, and payments for work outside normal hours.

Staff will not be entitled to an additional day off if sick on a statutory or bank holiday in accordance with Section 14.8 of the Agenda for Change Terms and Conditions.

In accordance with the Trust's Annual Leave Policy and subject to statutory sick pay guidance, if a member of staff falls sick whilst on annual leave, and where a medical certificate is provided by a doctor, the period covered will be treated as sick leave, allowing the employee to take annual leave on another occasion.

If there are exceptional circumstances, where an employee feels they have a legitimate request to reclaim their annual leave and have not been able to secure a medical certificate, advice should be sought from Human Resources.

## **11. ABSENCE DUE TO AN ACCIDENT**

In accordance with Sections 14.11 and 14.12 of the Agenda for Change terms and conditions sick pay is not normally payable for an absence caused by an accident due to active participation in a sport as a profession, or where contributable negligence is proved.

A member of staff who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. The Trust will advance to the member of staff a sum not exceeding the amount of sick pay payable under the scheme providing the employee repays the full amount of sickness allowance to the Trust when damages are received. Once received the absence will not be taken into account for the purposes of calculating future paid entitlement

**Forms F291A and F291B available on the human resources intranet site.**

## **12. RETURN TO WORK AND REHABILITATION**

Where a member of staff is fit to return to work but not on full contractual hours or full range of duties (usually after long term sickness), the manager should implement the advice specified in the 'Statement of fitness for work' provided by the GP and allow them to return to work on a phased basis.

It may be necessary to seek further advice from the Occupational Health Department or Human Resources if the information provided by the GP is not specific enough or the recommendations cannot easily be accommodated.

The rehabilitation period is to enable an employee to achieve an effective, sustained return to work. It should be supported by an agreed and structured programme taking into account the individual's psychological and/or physical limitations in accordance with the medical advice given by the GP and/or the Occupational Health Department. In some cases it may be necessary to involve Human Resources in agreeing the rehabilitation plan, particularly when a manager does not feel able to accommodate the recommendations within the medical advice or an employee does not feel that the adjustments made are adequate.

During the period of rehabilitation the member of staff will receive full payment for the hours worked, and sick pay (subject to entitlement) for the remaining contracted hours, in accordance with the national terms and conditions of employment. These hours would need to be recorded as sick leave on the salary card (F200) within the phased return to work period and covered by a medical certificate.

Alternatively the member of staff, subject to entitlement, may choose to use their annual leave entitlement for the hours not worked during the phased return period to enable them to receive full pay throughout all or part of their rehabilitation. In accordance with section 9 of the Trust's Annual Leave Policy, accrued annual leave from the previous leave year, can be used for this purpose.

## **13. REDEPLOYMENT & REASONABLE ADJUSTMENTS**

Where the member of staff has an underlying medical condition and is unable to fulfil the requirements of the post, or if they have a condition which may be classed as a disability under the terms of the Disability Discrimination Act, the manager, in conjunction with the Human Resources and Occupational Health Departments, should explore the possibility of either making reasonable adjustments to the existing post or redeployment to a suitable alternative post within the Trust.

Factors to be taken into account include:

- the needs of the service
- whether the job description or working environment can be amended to allow the employee to remain within a workplace with which they are familiar
- possible use of equipment or technology to assist the employee
- the likely cost of any equipment or changes to the work environment, and whether any assistance is available from the Disability Employment Adviser



- an analysis of the ability of the individual to undertake work of a different kind
- whether any training may be provided
- the availability of other suitable posts within the Unit/Department or the wider organisation
- the views of the employee

Where a member of staff moves to a post on a lower grade or working fewer hours, there will be no protection of salary or other conditions. The implications of this should be fully explored with the member of staff, in particular, with regard to any eligibility for pension protection.

Further details can be found on the NHS Pensions Website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions) and /or by contacting the Pensions Department.

#### **14. NHS INJURY BENEFIT SCHEME**

The purpose of the Scheme is to provide a sustained income to an employee who suffers a temporary loss of NHS earnings (Temporary Injury Allowance), or a permanent loss of earnings ability (Permanent Injury Benefit), resulting from an injury wholly or mainly attributable to the duties of their NHS employment. The Scheme may also pay benefits to the spouse and dependants of a NHS employee whose death has been caused by, or hastened by, their NHS duties.

The Injury Benefits Scheme is administered by NHS Business Services Authority Pensions Division for which further information can be found on their website [www.nhsbsa.nhs.uk/Injury](http://www.nhsbsa.nhs.uk/Injury)

Any application should be pursued by the employee through the Human Resources Department who will take appropriate medical advice if required.

Further information with regard to the calculation of sick pay allowances for those employees who have sustained injuries/illness and who meet the above criteria, is specified in Section 14.6, Agenda for Change Terms and Conditions.

#### **15. RETIREMENT ON THE GROUNDS OF ILL HEALTH**

Employees who are members of the NHS Pension Scheme may apply for the benefits under the scheme where:

- they become permanently incapable of doing their present job because of ill health
- it has not been possible to provide any reasonable adjustments or to redeploy the member of staff
- they are working in the NHS and have at least 2 years NHS Pension Scheme membership

Further details of the scheme can be found in the NHS Pension Scheme Guide or on their website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). An application for Ill Health Retirement must be approved by NHS Pensions subject to strict criteria. The success of the application can in no way be guaranteed.

Employees should be aware that it is beneficial to apply for ill health retirement whilst still an employee of the Trust, as detailed in the NHS Pensions Scheme Guide. Employees who are successful in their application for Ill Health Retirement will be entitled to the normal long service/retirement awards which have been agreed in the Trust.

## **16. TERMINATING EMPLOYMENT**

Where a member of staff is not capable of carrying out their contractual duties, medical advice has been sought and all other reasonable options explored, termination of the employment of the member of staff may be necessary.

Ill health retirement and termination on the grounds of capability are both dismissals and staff rights under employment law and Trust procedures must be respected. These include the right of the member of staff to have the matter decided by a senior manager after full consideration of the facts of the case, trade union representation and the right of appeal to the Board against dismissal. It is essential therefore that the manager seeks the advice of the Human Resources Department before making the decision to dismiss.

A decision to terminate employment should be made irrespective of any considerations around application for ill health retirement i.e. it is not necessary to await the outcome of an application before giving an employee notice of termination. However, employees should be aware that it is beneficial to apply for ill health retirement whilst still an employee of the Trust, as detailed in the NHS Pensions Scheme Guide.

If employment is terminated by the Trust on grounds of an employee's capacity, the employee will be entitled to a period of paid notice as stated in their Contract of Employment.

## **17. SECONDARY EMPLOYMENT**

It is recognised that in some instances employees undertake employment in addition to their contracted job with the Trust, i.e. secondary employment. The Trust believes that it is acceptable for employees to have other employment contracts providing they do not interfere with the duties of the role carried out for the Trust and do not contravene the Working Time Directive.

Secondary employment is any additional employment within the Trust, which is over and above the employees contracted hours as provided for in the terms and conditions of service. This includes internal bank arrangements.

Secondary employment is also either casual or contracted work undertaken or planned to be undertaken for another employer, or work undertaken as a self-employed person or as the partner of a self-employed person.

The Trust will permit employees to undertake secondary employment providing that it is satisfied that this does not conflict with the following:

- The interests of the Trust
- The performance of their normal duties at the Trust
- The requirements of the Working Time Regulations

Where an employee is unable to undertake their duties for the Trust due to sickness, it is the Trust's belief that the employee is also unfit to undertake any secondary employment especially if the secondary employment is:

- Of the same, or similar nature to their duties at the Trust, and/or
- Where undertaking the secondary employment would be detrimental to their recovery.

Working for a secondary employer when on sick leave from the Trust could be considered as fraud and may result in a referral being made for investigation by the Local Counter Fraud Specialist. Such investigation could result in criminal and/or disciplinary action being taken against the employee.

All employees must provide and submit medical certificates to the Trust where their period of sickness absences exceeds 7 calendar days. However, where an employee who also undertakes secondary employment seeks to obtain a medical certificate for their sickness absence from the Trust, they must seek written confirmation from their general practitioner that they are medically able to undertake any secondary employment role, whilst still being unfit to work for the Trust. The medical certificate makes provision for the general practitioner to provide such information. In these circumstances the Trust may require further medical advice to substantiate the information received from the General Practitioner.

These principles are also applied by the Department of Work and Pensions in relation to the calculation and payment of sickness benefit.

In the event that an employee is unclear of the position in relation to sickness absence and secondary employment they should seek guidance from the Human Resources Department.

## **18. STRESS MANAGEMENT**

Employees who are absent from work due to stress should be managed in accordance with this policy.

The Trust is committed to reducing stress in the workplace. The Stress and Wellbeing Steering Group monitors stress in accordance with HSE standards by reviewing data from various sources, including sickness absence data, staff survey data, turnover data and Adverse Clinical Incident reports. Priority areas are identified and stress risk assessments are conducted with managers and teams to develop local action plans, these stress assessments are coordinated through the committee to help identify any corporate actions necessary.

The Trust has a separate Stress Management Policy available on the Trust Intranet [http://gInt313/sites/ghnhsft\\_policy\\_library/Document%20Store/B0602.aspx](http://gInt313/sites/ghnhsft_policy_library/Document%20Store/B0602.aspx).

## **18. DISSEMINATION**

This policy will be disseminated in the following way;

- Uploaded to the Trust Policy Site
- Via Divisional Board meetings
- Cascaded through line management
- New staff will be made aware of the Policy through Corporate and Local Induction Procedures.

## **19. TRAINING**

Those with line management responsibility will be made aware of the policy via dissemination above.

Further guidance and advice should be sought from the Human Resources Department on a case by cases basis. Sickness Management training is available through the Human Resources Department.

## **20. MONITORING COMPLIANCE**

Human Resources staff will report sickness absence information to the Trust Board and disseminate to Divisions. Sickness absence will be monitored by reviewing the quantitative data available in the sickness absence reports. Trends and areas of concern will be identified and where necessary appropriate action plans agreed with Managers to address these areas of concern and to deal with individuals in accordance with the Sickness Management Procedure.

The Trust's 'Stress and Wellbeing Steering Group' and 'Health and Wellbeing Group' provide strategic forums for an organisational overview of any priority areas identified, and ensure any necessary corporate actions are taken.

## **21. REVIEW**

This procedure will be reviewed by the Policy Sponsor in July 2013.

**GLOUCESTERSHIRE HOSPITAL NHS FOUNDATION TRUST**

**STRICTLY CONFIDENTIAL - RETURN TO WORK FORM**

**Employee:**..... **Location:**.....

Date of Notification:..... **Time:**.....

Message taken by:.....

Manager informed: YES/NO  
 Date:..... **Time:**..... **By:**.....

Reason for sickness:  
 .....  
 .....

Anticipated return date/next contact.....

**Follow up messages:**  
 Date:..... **Time:**..... **By:**.....

Message:.....  
 .....

**Has employee's work been delegated YES/NO**  
 Action.....  
 .....

**ACCIDENT AT WORK:** YES/NO  
 Accident Form (IR1) completed: YES/NO  
 RIDDOR Completed (if more than 3 days absence): YES/NO  
 Comments.....

**RETURN TO WORK**

First day of absence:.....Last day of absence:.....Meeting Date:.....

Comments:.....  
 .....  
 .....

Signed: ..... **Manager** ..... **Employee**

Days absent: Uncertified                      Self Certified                      Medically Certified  
 Referred to Occupational Health YES/NO If Yes date .....



**TRUST POLICIES**

**Authorisation Form**

**DOCUMENT: HUMAN RESOURCES DEPARTMENT / SICKNESS MANAGEMENT PROCEDURE**

<b>Authorisation</b>	<b>Name and Position</b>	<b>Date Approved</b>
Responsible Author	Emma Mudie	
Policy Sponsor	Mike Amery	
Policy Assurers		

**Consideration at authorised groups (e.g. Board, Board sub committees, Policy Group, Clinical Policies Sub Group, Departmental meetings etc.)**

<b>Name of Group</b>	<b>Minute Details</b>	<b>Date considered</b>

**EQUALITY IMPACT ASSESSMENT**

INITIAL SCREENING

1. Lead Name : Mike Amery Job Title : Assistant HR Director	
2. Is this a new or existing policy, service strategy, procedure or function? New <span style="float: right;">Existing <input checked="" type="checkbox"/></span>	
3. Who is the policy/service strategy, procedure or function aimed at? Patients <span style="margin-left: 100px;">Carers</span> <span style="margin-left: 100px;">Staff <input checked="" type="checkbox"/></span> <span style="margin-left: 100px;">Visitors</span> Any other <span style="margin-left: 50px;">Please specify:</span>	
4. Are any of the following groups adversely affected by this policy: If yes is this high, medium or low impact (see attached notes):	
Disabled people:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Race, ethnicity & nationality:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Male/Female/transgender:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Age, young or older people:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Sexual orientation:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Religion, belief & faith:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If the answer is yes to any of these proceed to full assessment. If the answer is no to all categories, the assessment is now complete.	
Date of assessment:	Completed by:
Signature:	Job title:
Director:	Signature:

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA's are completed in accordance with this procedure.