


MEETING DATE:	13 August 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.4	
AUTHOR:	Emma Kirkwood	
JOB TITLE: DEPARTMENT:	Human Resources Business Partner Yorkshire and Humber Commissioning Support	

HUMAN RESOURCES POLICY – RETIREMENT POLICY

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	All staff have had an opportunity to contribute to the development of the policy. The policy has been approved by the Joint Trade Union Partnership Forum (JTUPF) on Friday 31 July 2015.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:			
To present the following new and/or revised Workforce policy for the approval of the Governing Body;			
<ul style="list-style-type: none"> Retirement Policy - The policy applies to all staff who are considering retirement from the CCG. This policy has been approved following the JTUPF meeting held on 31 July 2015. 			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:			
Continue to improve the quality of services			N/A
Reduce unwarranted variations in services			N/A
Deliver the best outcomes for every patient			N/A
Improve patient experience			N/A
Reduce the inequalities gap in North Lincolnshire			N/A
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
	Yes	No	x
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
	Yes	No	x
A sustainability assessment has been included within the policy and no specific impacts have been identified.			

5. LEGAL IMPLICATIONS:

Yes		No	x
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The policy is consistent with the principles set out under Agenda for Change Terms and Conditions, and the NHS Pension Scheme.

6. RESOURCE IMPLICATIONS:

Yes		No	x
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NHS North Lincolnshire CCG is committed to assisting employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management.

In line with the Pension Scheme rules and Agenda for Change Terms and Conditions there may be resource implications in the following instances:

- Pension top up on non AfC staff redundancy
- Tier 2 Ill Health enhancement
- Permanent injury benefit

7. EQUALITY IMPACT ASSESSMENT:

Yes	x	No	
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As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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Patient and/ or public involvement would not be required for the development of Workforce policies. It should be noted that all CCG staff have had the opportunity to be involved in and contribute to the development of the policy.

9. RECOMMENDATIONS:

The CCG is asked to review and approve the following policies which accompany this report:

1. Retirement Policy

Appendices:

1. Retirement Policy

RETIREMENT POLICY

May 2015

Authorship:	<i>Yorkshire and Humber Commissioning Support Workforce Team adapted locally for use by North Lincolnshire CCG</i>
Committee Approved:	
Approved date:	
Review Date:	
Equality Impact Assessment	Completed - Full/Completed - Screening [<i>delete as required</i>]
Sustainability Impact Assessment:	Completed
Target Audience:	
Policy Reference No:	<i>Request from CCG Business Manager</i>
Version Number:	

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
1.0	North Lincolnshire Clinical Commissioning Group	New Policy for CCG		

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1 INTRODUCTION

- 1.1 NHS North Lincolnshire CCG is committed to assisting employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management.

2 ENGAGEMENT

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

3 IMPACT ANALYSES

3.1 Equality

All policies require an assessment for their impact on people with protected characteristics (defined in the guidance document). The Equality Impact Analysis for this policy is attached at Appendix 1.

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2 Sustainability

Anyone developing a policy or procedural document is required to complete a Sustainability Impact Assessment. The purpose is to record any positive or negative impacts that the policy is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment for this policy is attached at Appendix 2.

3.3 Bribery Act 2010

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

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

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

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

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

To raise any suspicions of fraud and/or corruption please contact the Local Counter Fraud Specialist (LCFS) or the Counter Fraud Manager at (for East Riding and North Lincolnshire – East Coast Audit Consortium, 01482 866800 email fraud@humber.nhs.uk

The LCFS will inform the Chief Financial Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with the Chief Financial Officer or the Audit Committee Chair.

If staff prefer, they may call the NHS Fraud & Corruption Reporting Line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at www.reportnhsfraud.nhs.uk. This would be the suggested contact if there is a concern that the LCFS or the Chief Financial Officer themselves may be implicated in suspected fraud, bribery or corruption.

Further information on the Bribery Act can be found at www.opsi.gov.uk/acts. A list of frequently asked questions is available from the CSU Corporate Strategy and Policy Manager.

4 SCOPE

- 4.1 This policy scheme applies to all CCG employees.

5 POLICY PURPOSE & AIMS

- 5.1 The CCG does not operate a compulsory retirement age.
- 5.2 When considering retirement options employees should bear in mind the potential impact on their pension.
- 5.3 The provisions of Section 16 of NHS Terms and Conditions will apply to employees retiring early on grounds of redundancy.
- 5.4 The minimum retirement age for members of the NHS Pension Scheme – 1995 section is 50, except for staff who joined on or returned to the scheme after 6 April 2006 for whom the minimum retirement age is 55. The minimum retirement age for members of the 2008 section is 55.
- 5.5 The normal retirement age for members of the NHS Pension Scheme – 1995 section is 60 and age 65 for members of the 2008 section.
- 5.6 Employees considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager.
- 5.7 Information on retirement options and benefits is available from an HR representative or the NHS Pensions website www.nhsbsa.nhs.uk/pensions.
- 5.8 Employees should bear in mind that NHS Pensions requires 4 months' notice of any request for payment of pension benefits.
- 5.9 Flexible retirement requests will be considered in line with the procedure set out in the Flexible Working policy.
- 5.10 Advice and support on the application of this policy is available from the Commissioning Support Workforce Team.

6 ROLES / RESPONSIBILITIES / DUTIES

6.1 **Managers**

Responsible for ensuring that this policy is applied fairly to all, and to have discussions in line with the guidance in the policy with staff concerning retirement.

6.2 **Employees**

Responsible for ensuring they are aware of the policy and request retirement options in accordance with it.

Requesting a pension forecast and the completing the appropriate paperwork when planning to retire, giving a minimum of 4 months' notice.

6.3 **Workforce Team**

Responsible for providing advice and guidance where necessary for line managers and individuals on all aspects of retirement and flexible retirement in accordance with this policy.

7 **IMPLEMENTATION**

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

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

8 **TRAINING & AWARENESS**

8.1 A copy of the policy will be available on the CCG intranet. Training needs will be identified via the appraisal process and training needs analysis.

9 **MONITORING & AUDIT**

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

10 **POLICY REVIEW**

10.1 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.

11 **REFERENCES**

11.1 NHS Pensions website www.nhsbsa.nhs.uk/pensions

12 **ASSOCIATED DOCUMENTATION**

12.1 Flexible Working Policy
Redeployment Policy
Management of Attendance Policy

13 **PROCEDURE**

- 13.1 Employees who have decided that they wish to retire or are considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager.

14 NORMAL AGE RETIREMENT

- 14.1 Employees wishing to fully retire from work must resign from their employment, giving the appropriate contractual notice. They will be expected to take all accrued annual leave prior to their leaving date.

15 FLEXIBLE RETIREMENT

- 15.1 Flexible retirement provides flexibility regarding the age at which an employee retires, the length of time it takes to retire and the nature and intensity of work in the lead up to final retirement. It assists the CCG by retaining the skills of key employees who are approaching, or are at, retirement age and provides a greater choice for employees.

16 GUARANTEED MINIMUM PENSION (GMP)

- 16.1 Employees who are considering retirement must request the Guaranteed Minimum Pension (GMP) check from the Pensions Service in the first instance. Retirement cannot go ahead unless the GMP check has been passed.

17 PRE-RETIREMENT WIND DOWN (EXISING POST)

- 17.1 An employee approaching their retirement may wish to gradually reduce the number of hours they work leading up to their actual date of retirement.
- 17.2 The employee should put their request in writing to their line manager, clearly outlining their proposed work pattern, start date and retirement date.
- 17.3 Requests will be considered in line with the procedure in the Flexible Working policy, and judged on the basis of business needs.
- 17.4 If a reduction in hours is agreed, the employee will be paid pro rata to hours worked.
- 17.5 Employees considering requesting a reduction in hours prior to retirement are advised to obtain further information on how their pension would be affected.

18 PRE-RETIREMENT STEP DOWN (LESS DEMANDING ROLE)

- 18.1 An employee approaching retirement may request to continue working in a less demanding role.
- 18.2 The employee should put their request in writing to their line manager, clearly outlining their proposed role, hours of work, start date of the arrangements and retirement date.
- 18.3 Requests will be considered in line with the procedure in the Flexible Working policy, and judged on the basis of business needs.
- 18.4 If a change in role is agreed, the employee will be paid the appropriate rate for that post. If there is a reduction in working hours, the employee will be paid pro rata to hours worked.

- 18.5 Members of the NHS Pension Scheme who are over the minimum retirement age, and whose pay reduces by at least 10%, may apply for the higher rate of pay to be protected for pension purposes. The application must be made within 15 months of the date the rate of pay is reduced.
- 18.6 When the employee leaves, their pension up to the date they stepped down will be based on the higher rate of pay, and their pension earned after the step down date will be based on the reduced rate of pay. Cost of living increases will be applied to the protected higher rate of pay and both pensions will be added together for payment.

19 RETIRE AND RETURN

- 19.1 Under the provisions of the NHS Pension Scheme, employees have the option to retire from service and take all their pension benefits before returning to NHS employment.
- 19.2 Employees considering this option, and who wish to return to NHS employment, must make their request in writing, to their line manager, as far in advance as possible. The request must include the proposed retirement date and when, and in what capacity, the individual would like to return to work afterwards.
- 19.3 Requests to return to work will be considered in line with the procedure in the Flexible Working policy, and judged on the basis of business needs.
- 19.4 If the request is agreed, there must be at least a 2-week break between employments, to include a minimum 24-hour break in pensionable employment to satisfy the requirements of the NHS Pension scheme.
- 19.5 Members of the 1995 section must work less than 16 hours per week within one calendar month of retirement, and/or be under the normal retirement age, to avoid their pension being suspended. This restriction does not apply to members of the 2008 section.
- 19.6 Employees who are in receipt of any earnings related protection will lose that protection on their return to work following the break in service.
- 19.7 Once an employee retires and receives their pension benefits in relation to their NHS service, this service will no longer be counted as 'reckonable' for redundancy purposes (para 16.6 of NHS Terms and Conditions). Where an employee takes their pension benefits and returns to work at the CCG, reckonable service will begin from the date of return to employment after the break in service.
- 19.8 Employees who retire and take their pension benefits before returning to work will not be able to re-join the NHS Pension Scheme.

20 DRAW DOWN (PARTIAL RETIREMENT)

- 20.1 Members of the NHS Pension Scheme – 2008 section may elect to partially retire and take some of their benefits. To do this the employee must have reached at least the minimum retirement age of 55 and have reduced their pensionable pay by at least 10%.
- 20.2 Between 20% and 80% of pension entitlement may be taken and pension membership will continue to build up. Pensionable pay must remain reduced for at least a year otherwise eligibility to a pension will cease. Benefits can be drawn down twice before final retirement.

21 VOLUNTARY EARLY RETIREMENT (VER)

- 21.1 An employee may opt to take VER at any time from the minimum pension age applicable to the scheme they are, or have been, a member of provided they have at least 2 years membership. The minimum retirement age is 50 for members of the NHS Pension Scheme - 1995 section, and 55 for members of the NHS Pension Scheme - 2008 section. For employees who joined the NHS Pension Scheme – 1995 section for the first time on or after 6th April 2006, or previously left the Scheme before 31st March 2000 with deferred benefits and re-joined on or after 6th April 2006, the minimum retirement age is 55.
- 21.2 An estimate of pension benefits can be requested from the CCG Payroll Provider however, final figures will be calculated by NHS Pensions.
- 21.3 To leave employment due to voluntary early retirement the employee must resign from their employment, giving the appropriate contractual notice. They will be expected to take all accrued annual leave prior to their leaving date.

22 LATE RETIREMENT

- 22.1 Employees who remain in employment beyond the normal retirement age, and remain in the NHS Pension Scheme, may continue to earn benefits to age 75 or until they reach 45 years membership. There are no provisions to increase benefits for members of the 1995 section if they are paid late. Members of the 2008 section will have any pension earned before age 65 increased to take account of the fact that it is being paid later than the normal retirement age.

23 ILL HEALTH RETIREMENT

- 23.1 When an employee becomes incapable of carrying out their duties on a permanent basis, and no reasonable adjustments can be made or suitable alternative employment secured (see Redeployment Policy), the employee may wish to apply to NHS Pensions for retirement on the grounds of ill-health. This option is only available to employees who have two years continuous pensionable NHS service.
- 23.2 Where ill-health retirement is identified as an option, the employee will be provided with an estimate of pension benefits via the Payroll Provider. The application must be made on the appropriate form which is available from the NHS Pensions Agency.
- 23.3 Medical advisers, appointed by NHS Pensions, will assess the available medical evidence and will confirm whether the employee is permanently incapable of carrying out either their present NHS duties or any regular work. A Tier 1 or enhanced Tier 2 pension may be paid dependent upon this decision. Further information may be obtained from the NHS Pensions website <http://www.nhsbsa.nhs.uk/pensions>

Equality Impact Analysis: Form

September 2012

For support with completion of this documentation, please see the accompanying guidance and/or contact the Equality Lead in the Yorkshire and Humber Commissioning Support

Appendix 1

1. Equality Impact Analysis									
Policy / Project / Function:	Retirement Policy								
Date of Analysis:	December 2014								
This Equality Impact Analysis was completed by: (Name and Department)	Workforce Service								
What are the aims and intended effects of this policy, project or function ?	This policy is designed to assist employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management								
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • Flexible Working policy. • Redeployment policy • Management of Attendance Policy 								
Who does the policy, project or function affect? Please Tick ✓	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Employees</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Service Users</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Members of the Public</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other (List Below)</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See assessment test
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This has been considered and has a no impact
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

1. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected as at Jan 2015

General	Total number of employees in the North Lincs CCG 25
Age	76% of staff are aged 30-55 20% of staff are over 55 4%staff employed are under 30
Race	88% of staff employed in the CCG are White 8% staff have not stated or defined their ethnicity 4% of staff are Black
Sex	56% staff employed are female 44% staff employed are male
Gender reassignment	No information at this stage
Disability	92% did not declare /undefined 8% of staff employed declared themselves as having no disability No staff declared a disability
Sexual Orientation	All staff are recorded as did not wish to respond /undefined
Religion, faith and belief	96% of staff are recorded as did not wish to respond /undefined 4% of staff declared themselves as Christian
Marriage and civil partnership	84% of employees are married. 16% are single/divorced No employees are in a civil partnership
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

1. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input checked="" type="checkbox"/> employment data</p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Consultation has taken place with Trade Union representatives and employees</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, however it is designed to assist employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management. Applied equitably, it should contribute to the elimination of discrimination</p>

2. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			This has been considered and has a no impact
Race (All Racial Groups)	✓			This has been considered and has a no impact
Disability (Mental and Physical)	✓			This has been considered and has a no impact
Religion or Belief	✓			This has been considered and has a no impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			This has been considered and has a no impact

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	✓			This has been considered and has a no impact
Transgender	✓			This has been considered and has a no impact
Marital Status	✓			This has been considered and has a no impact
Age		✓		The CCG does not operate a compulsory retirement age. – positive impact

3. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

4. Equality Impact Analysis Findings

Analysis Rating:	Red	Red/Amber	Amber	<input type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
<p>Red</p> <p>Stop and remove the policy</p>	<p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p>Remove the policy</p> <p>Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</p>	<p>No wording needed as policy is being removed</p>
<p>Red Amber</p> <p>Continue the policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p>The policy can be published with the EIA</p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></p>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Brief Summary/Further comments	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage. However, monitoring the use of the policy will be essential</p>
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Approved By		
Job Title:	Name:	Date:



DRAFT

Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Retirement Policy			
What is the main purpose of the document	This policy is designed to assist employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management			
Date completed	14.10.14			
Completed by	Val Burgess			
Domain	Objectives	Impact of activity 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?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or services? Will it promote greater	n/a		

	<p>efficiency of resource use? Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? Will it support local or regional supply chains? Will it promote access to local services (care closer to home)? Will it make current activities more efficient or alter service delivery models</p>			
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?</p>	n/a		
Workforce	<p>Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups?</p>	n/a		
Community Engagement	<p>Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p>	n/a		
Buildings	<p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic</p>	n/a		

	and appropriate landscaping around new development? Will it improve access to the built environment?			
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	n/a		
Models of Care	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	n/a		