

STARTING SALARY AND RECKONABLE SERVICE POLICY

August 2019

Authorship:	HR Humber Team adapted for local use on behalf of North Lincolnshire CCG.
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Quality Impact Assessment:	Completed
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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
1.1	NLCCG	Updated in regards to GDPR	SPF 10.01.18	
1.2	NLCCG	3 year review	SPF, 20.02.19 Execs – 20/08/2019	
1.3	Humber HR	Reckonable service - Recognition of additional qualifying service Example of continuous service	SPF 20.1.2022	Jan 2022

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1 INTRODUCTION

- 1.1 NHS North Lincolnshire Clinical Commissioning Group (the CCG) is committed to recognising individual abilities and will ensure that it creates an environment where employees can thrive and develop and where everyone feels valued and respected.
- 1.2 The Starting Salary and Reckonable Service Policy has been introduced to ensure a consistent approach is adopted, by recruiting managers, when establishing the starting salary and reckonable service for appointments to or within the CCG.
- 1.3 The 2018 framework agreement on the reform of Agenda for Change (AfC) introduced provisions to move to a new pay system which included a new 3 year deal covering 2018/19, 2019/20, and 2020/21. This deal incorporated increased starting salaries across all pay bands, a minimum rate of pay in the NHS to be set at £17,460 from 1 April 2018 – ahead of the Living Wage Foundation Living Wage and provisions to upskill Band 1 jobs to Band 2 roles during the 3 years of the deal.
- 1.4 This policy is intended to ensure fairness and equity within this process and is based on the [NHS Terms and Conditions of Service Handbook](#) and should be read in conjunction with Appendix 23 of these terms and conditions and the CCG's Pay Progression Policy.
- 1.5 Reckonable service should be identified by recruiting managers at the same time as starting salaries (see [Section 15](#))
- 1.6 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 CCGs Data Protection and Confidentiality and related policies and procedures.

2 ENGAGEMENT

This policy has been developed by the HR Humber Team in partnership with employees, managers and trade unions and approved at the Social Partnership Forum.

3 SCOPE

- 3.1 This policy will apply to all new appointments, transfers or promotions to, or within the CCG for those employed on Agenda for Change Terms and Conditions of Service.

The starting salaries for employees employed on other terms and conditions of service, i.e. clinical or VSM contracts will be determined in accordance with the relevant terms and conditions and approval process.
- 3.2 This policy should be read in conjunction with the Recruitment and Selection Policy, the Recruitment and Retention Premium Policy and other relevant recruitment policies.

4 POLICY PURPOSE & AIMS

The aim of this policy is to give guidance to recruiting managers to ensure there is a consistent approach in determining a starting salary and reckonable service.

5 DEFINITIONS

- 5.1 **Unsocial Hours** – hours worked any time on Saturdays, Sundays, Public Holidays and any week day after 8pm or before 6am.
- 5.2 **Overtime** – authorised extra time worked in a week above standard hours (37.5 hours)
- 5.3 **Recruitment and Retention Premia** – an additional payment made to an individual or specific group of posts where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in sufficient numbers for the post (s) concerned at the normal salary for a job of that weight.
- 5.4 **Reckonable Service** – is any previous employment in the NHS or listed recognised organisations (see [Section 15](#))

6 ROLES/ RESPONSIBILITIES / DUTIES

6.1 Lead

The Senior Leadership Team is responsible for:

- Ensuring the fair and equitable application of this policy
- Providing advice in relation to the application of this policy

6.2 Employees

New appointees are expected to provide all relevant information/evidence of previous service and salary details to establish the correct starting salary and reckonable service.

6.3 Line Manager

Recruiting managers are responsible for ensuring that all offers made comply with this policy.

6.4 Human Resources

The Human Resources Team will provide advice and support on all aspects of this policy to ensure application and support.

7 IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

8 TRAINING & AWARENESS

A copy of the policy will be available on the CCG website. Guidance and support will be provided to all Line Managers, by the HR Team, in the implementation and application of this policy upon request. Training needs will be identified via the appraisal process and training needs analysis.

9 MONITORING & AUDIT

- 9.1 Records (of [Appendix 1](#) and [2](#)) will be kept in all cases where non NHS service is taken into account in determining a starting salary and recognising reckonable service. These records will be cross referenced with ESR Equality and Diversity monitoring to ensure a consistent approach across the organisation and where it is identified that the application of the policy is not consistent, appropriate action will be taken.
- 9.2 The implementation of this policy will be audited at appropriate intervals and reported to the CCGs Senior Leadership Team.

10 IMPACT ANALYSES

10.1 Equality

- ii. In applying this policy, the CCG will have due regard for 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.

In developing this policy, an Equality Impact Analysis has been undertaken and the results are included in [Appendix 3](#). Initial screening has revealed that the policy appears to have an adverse effect on people who share protected characteristics and further mitigating factors are included in the EIA and EIA action plan.

- iii. The application of this policy will be monitored to ensure fair application and a consistent approach, as follows:
 - Annual audit of pay to review all decisions to appoint staff above the minimum of the scale to ensure consistency and to monitor impact and assess whether any further action is required in any protected group.
 - These records will be cross referenced with ESR Recruitment and Equality and Diversity monitoring to ensure a consistent approach across the organisation.
 - Any deviation from this policy and procedure must be investigated on a case by case basis to ensure that the principles of fair pay both within equal pay legislation and within the National agreement on Terms and Conditions are followed.

10.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is included in [Appendix 3](#).

10.3 Quality

A Quality Impact Assessment has been completed for this policy and is included in [Appendix 3](#).

10.4 Bribery Act 2010

NHS North Lincolnshire Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The 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.

To raise any suspicions of fraud and/or corruption please contact the Local Counter Fraud Specialist (LCFS) or the Counter Fraud Manager at Audit One Counter Fraud Office on: 0191 441 5936 or at counterfraud@audit-one.co.uk or via secure email: ntawnt.counterfraud@nhs.net

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.

Due consideration has been given to the Bribery Act 2010 in the development of this policy document. Consistent application and monitoring of this policy will mitigate bribery in relation to starting salaries.

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 REFERENCES

- National Minimum Wage Act 1998
- Equality Act 2010
- Agenda for Change Terms and Conditions
- Annual Leave Policy
- Recruitment and Selection Policy
- Recruitment Retention Premium Policy
- Pay Progression Policy

13 ASSOCIATED DOCUMENTATION

Appendix 1 – Determination of Starting Salary

Appendix 2 – Determination of Previous Service

Appendix 3 – Integrated Impact Assessment

14. PROCEDURE - STARTING SALARY

This procedure applies to individuals joining or re-joining the NHS as well as transferring from one NHS organisation to another. The procedure aims to set out clear and fair principles for determining the starting point at which new starters commence on the Agenda for Change Pay Band associated with their role.

14.1 GENERAL PRINCIPLES

- i. The general principle is that new starters should start on the bottom of the scale and thereafter progress through pay band 'gateways' in accordance with Agenda for Change.
- ii. Any deviation from this must be investigated on a case by case basis to ensure that the principles of fair pay both within equal pay legislation and within the National agreement on Terms and Conditions are followed. Each case should be discussed with a HR representative to ensure consistency across the organisation.
- iii. Where there is a break in service, depending on the length of the 'gap', this service may be counted in full, in part or not at all towards pay step credit.
- iv. Where a recruiting manager believes there is sound business reason for appointing to a higher pay step point, they must provide clear, documented reasons for giving pay step credit and seek approval at Director level ([Appendix 1](#)) prior to the start date. Requests will not be considered after the start date.
- v. Recruiting managers should ensure that the new starter is aware of the whole remuneration package, including pension scheme, other benefits, hours of work and generous annual leave allowance as particularly for non-NHS appointees, these factors will often make NHS employment more attractive to candidates. Verbal offers of employment should not commit to a starting salary above the bottom of the scale.
- vi. Any additional payments such as unsocial hours, overtime or recruitment and retention premia should NOT be taken into account in the determining of a starting salary.

14.2 APPOINTMENT OF NEW STAFF JOINING THE NHS FOR THE FIRST TIME OR RE-JOINING THE NHS

- i. Offers will normally be made at the minimum of the relevant pay band for those who have had no or less than 12 months' aggregated previous relevant experience of the role to which they are recruited.
- ii. Current salary should NOT be used as a way of determining starting salary, but may be a factor in deciding to take the level of any relevant previous experience into account.
- iii. **Directly relevant** experience, at the same level of responsibility as, or higher than the new post, may be taken into account in determining starting salary. Only whole years of experience should be credited when the knowledge, skills and experience are directly transferable. Experience at a higher level may not be directly relevant. Where experience is not like for like, e.g. a registered nurse working in a nursing home, it may be appropriate to consider the experience and assess what element is directly relevant to the post appointed to.
- iv. Documentary evidence must be provided for any periods of employment that count towards a higher than the minimum starting salary.
- v. In all cases where a new member of staff is appointed on a starting salary above the minimum point of the pay band the recruiting manager must be able to justify the basis for pay step credit and must first obtain approval from the relevant Director. No

employee will be put on the payroll above the minimum of the scale unless a signed [Appendix 1](#) form is attached to the starter documentation.

- vi. Managers must also ensure that new starters are not placed on a point on the band that would put them in a better position than existing staff with the same or similar experience or those who have gained similar experience within the NHS.
- vii. New staff appointed from outside the NHS will have a pay step date of the anniversary of their NHS appointment.

14.3 NEW STAFF TRANSFERRING FROM WITHIN THE NHS (INCLUDING THE CCG)

i. Staff Moving to the Same Pay Band

Staff who transfer to a post on the same pay band will remain on the same salary point with the same pay step date.

ii. Staff Moving to a Higher Pay Band

- a. **Permanent Movement to Higher Pay Band** - Employees appointed to a higher pay band will start on the minimum of the pay band. If this point is lower or equal to their current salary, they will receive a pay increase to the first point on the band which would deliver an increase to pay. The anniversary date of any promotion becomes the employee's pay step date, except for professional roles covered by [Annex 20](#) of the NHS Terms and Conditions of Service who will retain their original pay step date.
- b. **Temporary Movement into a Higher Pay Band** - Employees appointed to a higher band on a temporary basis should start at the minimum of the new pay band or, if this would result in no pay increase the first pay point in the band which would deliver an increase in pay. Refer to other relevant policies for further information.

Where temporary movement into a higher pay band results in only one extra pay point the pay step date remains the same. Where temporary movement results in more than one extra pay point the pay step date for the period of the temporary movement becomes the date the movement began.

iii. Staff Moving to a Lower Pay Band

- a. **Same area of work** – There are various reasons why a member of staff may wish to voluntarily take a lower graded post but in the same field of work. In such cases, employees appointed to a lower pay band will remain on their current spine point. If this point does not fall within the new pay band, they will start on the maximum spine point of the new pay band. Individuals will retain their existing pay step date.
- b. **Staff Moving to a Different Area of Work** - Sometimes individuals decide to move to a new post within a different area of work of their own volition e.g. a clinical person applying for an office based role. In these cases the starting

salary will normally be the minimum of the relevant pay band and may involve a decrease in salary for an individual. The starting salary may take into consideration the knowledge and skills required for the post (see Sections [14.2 iii](#)) and [14.2 v](#)). However, it would not be the case that they would automatically be entitled to keep their existing salary. This also applies in cases where the member of staff is moving to the same band in a different area of work.

Where an individual re-trains in a different area of work for wider service or operational reasons i.e. not of their own volition, with the explicit agreement of the CCG their existing level of pay should be protected in line with the CCG's protection arrangements.

- iv. **Staff Moving to a Lower Pay Band and later Moving Back to Original Band** - In some occasions staff may voluntarily move to a lower band and later they may return to the higher band. In these situations the new salary should be calculated by using the same rationale as out lined in [Section 14.3 ii](#)).

14.4 **APPOINTMENT OF STAFF TO THE NHS 'BANK'**

- i. Offers will normally be made at the minimum of the relevant pay band for those who join the NHS 'Bank', unless an individual has been employed previously in the same role (permanent/temporary/fixed term) within the NHS, in which case they will be appointed on their most recent pay point. This will not apply if an individual has returned following an absence period of over 12 months in which case the recruiting manager will appoint them to a point which reflects their knowledge and previous experience, as in [Section 14.2](#)
- ii. All staff will have an pay step date of the anniversary of their appointment to the Bank

15. **RECKONABLE SERVICE**

- 15.1 Reckonable Service is any previous employment in the NHS or listed recognised organisations (refer to [Section 12](#) of the NHS Terms and Conditions of Service Handbook).
- 15.2 Reckonable Service applies to individuals returning to the NHS, transferring within the NHS or joining the NHS with service from one of the recognised organisations listed below:

- i. **NHS Employment**

For the purposes of NHS reckonable service, the following organisations shall be regarded as NHS employment:

England:

NHS England

Clinical Commissioning Groups

NHS Trusts including Foundation Trusts

Northern Ireland:

Health Boards

Trusts

Special Agencies

Special Health Authorities
The Health and Social Care Information Centre
National Institute for Health and Clinical Excellence
Health Education England (HEE)

Public Health Agency
Business Services Organisation
Patient and Client Council

Scotland:

Health Boards
Special Health Boards

Wales:

NHS Trusts
Local Health Boards

and any predecessor or successor of the above organisations.

ii. **Additional Recognised Organisations.**

In addition to service with the NHS, for the purposes of reckonable service, the CCG includes service with the following organisations:

- GP Practice or NHS Dentist working exclusively on NHS Work
- County Council / City Council / Social Services.
- NHS agencies e.g. The Department of Health
- Social Enterprise delivering NHS services e.g. CHCP, NAViGO

Employers have discretion to take into account any period or periods of employment with employers outside the NHS, where these are judged to be relevant to NHS employment.

- 15.3 For service with the above additional recognised organisations to count, **previous service needs to be comparable and in highly relevant roles.** For these purposes, a highly relevant role is defined as a role which is within the same area of work to which they have been recruited to, e.g. children's services, finance, health or social care records, therapy. Guidance from a HR Representative should be sought to confirm whether a role is deemed to be highly relevant.
- 15.4 In addition to service outlined at points 15.1 and 15.2 when an employee TUPE transfers out of NHS employment to a non NHS employer and then returns to NHS employment, their continuous service with the non NHS employer will count as reckonable service.
- 15.5 Any reckonable service must be recorded using the 'Determination of Previous Service' form ([Appendix 2](#)). This form should be completed by the new employee and signed by the manager to confirm that they have seen evidence of all reckonable service, and then sent to payroll with the new employee's starter documents and a copy placed on their personal file.
- 15.6 **Calculating Reckonable Service**

The rules for determining entitlement for redundancy, maternity, sick pay and annual leave are different, so this guidance is designed to set out the rules for calculating reckonable service under the different circumstances which may arise. The rules will

be applied to the qualifying service described at points 15.1, 15.2 and 15.4

- **Annual Leave** –all previous period(s) of qualifying service may be aggregated and count as reckonable service towards the employee’s entitlement to annual leave, regardless of any breaks in employment. The previous experience within an additional recognised organisation must be in a comparable and highly relevant role.
- **Sick Leave** – previous period(s) of qualifying service will be counted towards entitlement to sick leave/pay where there has been a break in service of twelve months or less.
- **Maternity Leave** – employees can have a break in service of three months or less and not affect their entitlement to maternity leave. Employees must have twelve months continuous NHS service at the beginning of the eleventh week before the expected week of childbirth in order to be eligible for Occupational Maternity Pay.
- **Redundancy** –to be eligible for a contractual redundancy payment** there must not have been a break in NHS service of more than a week (7-days, measured Sunday to Saturday) between periods of employment.

The following is an example as to how continuous service is retained:

Week 1: commencing Sunday 29th November Employed by NHS

Monday 30th November – Sunday 6th December not employed by NHS

Week 2: commencing Sunday 6th December

Monday 7 – Re-employed by NHS

** Staff who have previously worked for a recognised listed organisation will be required to have two years’ continuous NHS service before being eligible for a redundancy payment. At this stage their continuous service with a recognised organisation will be added when calculating the contractual redundancy payment.

- **Pay Step Date** – for newly appointed (including those with a break in service) or promoted staff the pay step date will be the date they take up their post. All other staff retain their current pay step date.

All other terms and conditions of service - For these purposes, the CCG will include employment with a break in service of up to a maximum of 3 months at any one time, unless otherwise stated.

15.7 For the purposes of calculating entitlements, the following *do not count* as a break in employment:

- Maternity Leave
- Paternity Leave
- Annual Leave
- Parental Leave
- Adoption Leave
- Sick Leave
- Carer / Compassionate Leave
- Career / Employment Break.

15.8 All contractual entitlements will accrue as normal during all of the above periods of

absence, **except** during the Career/Employment Break. An employee returning from an Employment Break will receive the same entitlements they had accrued before they started their Career / Employment Break. Pay progression will continue as normal during Maternity / Adoption Leave, Paternity Leave, Sick Leave, Annual Leave, Carer / Compassionate Leave and Parental Leave, but not during an Employment Break. An employee returning from a Career/Employment Break, or other special leave, will resume their pay progression from the point at which they started their leave.

15.9 Any service with the NHS Bank is counted as reckonable service when the employee has worked for a minimum of 12 months and has worked at least 488 hours. For all entitlements, the above definition equates to one year's service and only full years may be counted.

15.10 For additional guidance or support, please contact a HR Representative.

16. TUPE TRANSFER

Staff who have previously worked for the NHS may have been TUPE transferred into a non NHS organisation. The CCG have agreed to recognise service as continuous and reckonable providing:

1. The individual TUPE transferred to the non NHS organisation (and therefore had no choice over the move)
2. The individual remains in the role in which they transferred to the non NHS organisation on. If individuals move into a different role within the TUPE transferred organisation as a result of Suitable Alternative Employment (SAE) which has been imposed on them, the CCG may also recognise this service. If an individual has voluntarily chosen to change jobs within the TUPE transferred organisation then this will not be recognised.
3. The TUPE transfer was within a three year period of joining the CCG (with no breaks).

APPENDIX 1 - DETERMINATION OF STARTING SALARY

Name of Candidate		Job Title	
AfC Pay Band		Spine Point	
Proposed Starting Salary		Date of Appointment	
Reason for starting point above the minimum of the pay band. Include consideration of impact on colleagues / team / department.			

Previous Experience:				
Start Date	End Date	Organisation	Job Title	Previous Salary/Grade

New staff appointed from outside the NHS will normally commence on the minimum point of a pay band. Directly relevant experience at the same level of responsibility as the new post may be taken into account in determining a starting salary. Only whole years of experience should be credited when the knowledge, skills and experience are directly transferrable.

Proposed By (Line Manager)

Agreed By (HR Manager)

Approved By (Director)

Name _____

Name _____

Name _____

Signature _____

Signature _____

Signature _____

Date _____

Date _____

Date _____

APPENDIX 2 - DETERMINATION OF PREVIOUS SERVICE

In all cases, appointees will need to provide documentary evidence of any employment they wish to be considered as reckonable service, e.g. an offer letter or contract of employment, payslips, P60 or a letter from the employing organisation. Employees may state their reckonable service on the form below and provide the necessary documentation at a later date. However failure to provide this information or provision of incorrect information will lead to appropriate adjustments being made. If employees do not wish to sign a statement to this effect, they will receive the minimum entitlements until they provide the relevant documentary evidence, at which point any entitlement will be backdated appropriately.

The Starting Salaries Policy identifies those organisations which are recognised for the calculation of previous service. Please note that any breaks in service may mean that previous employment is not included for the purposes of certain entitlements.

Please give details of relevant previous service below:

Start Date	End Date	Job Title	Salary	Band & SCP	Organisation	Evidence
			£	Band: Point:		
			£	Band: Point:		
			£	Band: Point:		
			£	Band: Point:		

At the time of, or within 6 weeks* of, the submission of this form, you must submit a written statement of employment from a previous organisation to your manager, in order to confirm the information. Failure to submit this or contradiction of any information provided may result in an overpayment of salary or a more generous entitlement under the terms and conditions of service. If so, you will be informed of the discrepancy and it will be recovered appropriately.

Please Note, current salaries *will not* be used as a way of determining starting salary, but *may be a factor* in deciding to take relevant previous experience into account. Managers must ensure that new starters are not placed on a point on the band that would put them in a better position than existing staff or those who have gained similar experience within the NHS.

Any queries should be referred to a HR Representative to ensure consistency across the organisation.

*this time period may be extended in exceptional circumstances

I wish to have my entitlements and starting salary determined under the method outlined above. I understand and agree that any overpayments resulting from the application of this method will be recovered in accordance with the Overpayments Policy.

Employee's Signature:

Date:

Print Name:

Manager's Signature:

Date:

Print Name:

APPENDIX 3

INTEGRATED IMPACT ASSESSMENT		
Policy/project/function/service	Starting Salary and Reckonable Service Policy v1.2	
Date of analysis:	05/08/2019	
Type of analysis completed	Quality	Yes
	Equality	Yes
	Sustainability	Yes
What are the aims and intended effects of this policy/project or function?	<p>To ensure a consistent approach is adopted, by recruiting managers, when establishing the starting salary for appointments to or within the CCG.</p> <p>AfC requires “that all NHS employers should have fair and non-discriminatory systems for recruiting, developing and promoting people.” (Para 31.1)</p>	
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> • Agenda for Change Terms and Conditions • Annual Leave Policy • Recruitment and Selection Policy • Recruitment Retention Premium Policy 	
Who does the policy, project, function or service affect?	Employees	<input type="checkbox"/>
	Service users	
	Members of the public	<input type="checkbox"/> (during the recruitment process)
	Other (please list)	

QUALITY IMPACT

	Please 'X' ONE for each			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Chance of Impact on Indicator					Likelihood	Consequence
	Positive Impact	No Impact	Negative Impact				
PATIENT SAFETY							
Patient safety /adverse events		<input type="checkbox"/>					
Mortality position		<input type="checkbox"/>					
Infection control MRSA/CDIFF		<input type="checkbox"/>					
CQC status		<input type="checkbox"/>					
NHSLA / CNST		<input type="checkbox"/>					
Mandatory/statutory training		<input type="checkbox"/>					
Workforce (vacancy turnover absence)		<input type="checkbox"/>					
Safe environment		<input type="checkbox"/>					
Standard & suitability of equipment		<input type="checkbox"/>					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, e.g. VTE, Stroke, Dementia		<input type="checkbox"/>					
Patient related outcome measures		<input type="checkbox"/>					
External accreditation e.g. professional bodies i.e. RCN		<input type="checkbox"/>					
CQUIN achievement		<input type="checkbox"/>					
PATIENT EXPERIENCE							

Will there be an impact on patient experience if so how		<input type="checkbox"/>					
Will it impact on carers if so how		<input type="checkbox"/>					
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		<input type="checkbox"/>					
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?		<input type="checkbox"/>					
Will there be a change in working practice, if so, how?		<input type="checkbox"/>					
Will there be an impact on training		<input type="checkbox"/>					
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		<input type="checkbox"/>					
Could it impact on the achievement of local, regional, national targets, if so, how?		<input type="checkbox"/>					

EQUALITY IMPACT

Analysis Rating (see completion notes)	Red		Red/Amber		Amber	□	Green
Approved by:	Commissioner Lead:	tbc			GP lead for E&D:	tbc	
	Date	tbc			Date	tbc	
Local Profile Data							
General	NA						
Gender (Men and Women)	Female = 73.6% Male = 26.4%						
Race (All Racial Groups)	White British = 79.17% Asian or Asian British – Indian =2.78% Asian or Asian British – Bangladesh =1.39% Asian or Asian British – Any other Asian background = 1.39% Unspecified = 13.89% Not stated = 1.39%						
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	No=15.3 Not Declared=1.4 Unspecified=83.3						
Religion or Belief	Christianity = 11.11 Not disclosed = 4.17						

	Unspecified =84.72
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	Heterosexual or straight = 8.33 Not Disclosed = 4.17 Unspecified = 87.50
Pregnancy and Maternity	This information is not currently available
Transgender	This information is not currently available
Marital Status	Civil Partnership = 1.35% Divorced = 9.46% Married = 56.76% Single = 24.32% Unspecified = 8.11%
Age	21-25 = 1.39% 26-30 = 5.56% 31-35 = 8.33 36-40 = 16.67 41-45 = 8.33 46-50 = 12.50 51-55 = 16.67 56-60 = 25.00 61-65 = 2.78 66-70 = 1.39
Equality Data	
Is any equality data available relating to the use or implementation of this policy, project or function?	Yes - ESR Workforce Profile Data

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.	Consultation has taken place both locally and nationally with Trade Unions and staff through the Social Partnership Forum.
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	The Starting Salaries Policy has been developed to ensure a consistent approach is adopted by recruiting managers when establishing the starting salary for appointments to or within the CCG. AfC requires “that all NHS employers should have fair and non-discriminatory systems for recruiting, developing and promoting people.” (Para 31.1).

Equality Impact Risk 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)			☐	Potential Negative Impact-female employees. AfC provides for incremental progression through salary bands which is maintained on transfers within the NHS. Appointees from outside the NHS can similarly benefit from their relevant years of service being taken into account in determining appointment salaries. This policy therefore potentially favours employees who have fewer employment breaks as they will have more years of service but this is a long-standing and agreed practice for recognising relevant experience, knowledge and skills and is subject to review of performance.

				Breaks in employment can lead to women having less service due to caring responsibilities. This is potentially a negative impact. However this is mitigated by a range of other employment policies that allow flexibility in hours of work and leave arrangements to reduce the need for employment breaks and allow staff to continue to progress through the pay bands. In addition robust recruitment processes will ensure that capability to perform a role rather than length of time in the role support a good appointment.
Race (All Racial Groups)	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.
Religion or Belief	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.
Pregnancy and Maternity	<input type="checkbox"/>			A period of maternity leave counts towards reckonable service and therefore does not have an adverse impact on this protected characteristic. Application of the policy is fair and consistent.
Transgender	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.
Marital Status	<input type="checkbox"/>			The policy is in line with agenda for change terms and conditions and application of the policy is fair and consistent and therefore does not have a negative impact on this protected characteristic.

Age		□	□	<p>Potential Positive Impact - older employees. Potential Negative Impact –younger employees. AfC provides for incremental progression through salary bands which is maintained on transfers within the NHS. Appointees from outside the NHS can similarly benefit from their number of years of directly relevant experience being taken into account in determining appointment salaries. This policy therefore potentially favours older employees as they will have more years of service but this is a long-standing and agreed practice for recognising relevant experience, knowledge and skills and is subject to review of performance. Age is not taken into account when the decision to shortlist and/or interview is taken, as this information is not available to the recruiter at that stage. Once appointed a younger employee may be on a lower point on the pay scale, having less years of service/experience than an older employee doing the same role. However, increment payments are made consistently to all employees and progression through incremental pay points are conditional on individuals demonstrating they meet performance requirements. During recruitment, AfC requires that “Emphasis should be placed on quality, rather than length of experience, and consideration should be given to experience gained outside paid employment” (Para 31.7) i.e. quality of experience not the age of the applicant.</p>
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Action Planning

As a result of performing this Equality Impact 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 Action:	Responsible Lead	Completion Date	Review Date
The application of this policy should be regularly monitored to ensure a consistent approach	1. Annual audit of pay to review all decisions to appoint staff above the	Head of HR		

	<p>minimum of the scale to ensure consistency and to monitor impact and assess whether any further action is required in any protected group including those risk identified under age and gender.</p>			
	<p>2. These records will be cross referenced with ESR Recruitment and Equality and Diversity monitoring to ensure a consistent approach across the organisation</p>			
	<p>3. Any deviation from this policy and procedure must be investigated on a case by case basis to ensure that the principles of fair pay both within equal pay legislation and within the National agreement on Terms and Conditions are followed.</p>			
	<p>4. Recruitment decisions should be routinely monitored and reviewed to ensure a fair, transparent and competency based approach has been demonstrated.</p>			

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			✓	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			✓	
Reduce the risk of pollution and avoid any breaches in legislation.			✓	
Goods and services are procured more sustainability.			✓	
Reduce carbon emissions from road vehicles.			✓	
Reduce water consumption by 25% by 2020.			✓	
Ensure legal compliance with waste legislation.			✓	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			✓	
Increase the amount of waste being recycled to 40%.			✓	

Sustainability training and communications for employees.			✓	
Partnership working with local groups and organisations to support sustainable development.			✓	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			✓	