

RETIREMENT POLICY

April 2017

Authorship: eMBED Health Consortium on behalf NHS Scarborough

and Ryedale CCG.

Committee Approved: SRCCG Committees -TBC

Social Partnership Forum -

Approved date: April 2017

Review Date: 4 years

Equality Impact Assessment Complete

Sustainability Impact Complete

Assessment

Target Audience: All staff

Policy Reference No: SRCCG P620

Version Number: 2

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 approved	Date on Intranet
DRAFT	HR Team eMBED Health Consortium on behalf of SRCCG	Draft policy for CCG	Senior Management Team	24/04/2017	24/04/2017
DRAFT	SRCCG	Draft policy for CCG	SPF		

Table of Contents

1	INT	FRODUCTION	4
2		GAGEMENT	
3	IMF	PACT ANALYSES	4
3	3.1	Equality	4
3	3.2	Sustainability	4
3	3.3	Bribery Act 2010	4
4	SC	OPE	4
5	РО	LICY PURPOSE & AIMS	4
7	RO	DLES / RESPONSIBILITIES / DUTIES	6
8	IMF	PLEMENTATION	6
9	TR	AINING & AWARENESS	6
10	Λ	MONITORING & AUDIT	6
11	P	POLICY REVIEW	6
12	R	REFERENCES	6

1 INTRODUCTION

- 1.1 NHS Scarborough and Ryedale 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.
- 1.2 The CCG also recognises that retirement is a life-changing event and wishes to facilitate a smooth retirement process for staff, whilst also recognising the commitment and loyal service they have provided.

2 ENGAGEMENT

- Social Partnership Forum/Policy Development Group
- SRCCG staff via team meetings/team brief/internet

3 IMPACT ANALYSES

3.1 Equality

In applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 2. 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. However, monitoring the use of the policy will be essential.

3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 3.

3.3 **Bribery Act 2010**

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act applies to this policy.

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 Employees considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager and consult the relevant pension scheme rules. Employees may also wish to seek independent financial advice.
- 5.4 Flexible retirement requests will be considered in line with the procedure set out in the Flexible Working policy. Requests to retire and return should be managed in line with the procedure set out in this policy (Part 2, paragraph 2.4).
- 5.5 Information on retirement options and benefits is available from the NHS Pensions website www.nhsbsa.nhs.uk/pensions.
- 5.6 Advice and support on the application of this policy is available from the HR team. Specialist pensions advice should be sought from the pensions team at Victoria Payroll Services, NHS Pensions or an independent financial advisor.
- 5.7 Employees should bear in mind that NHS Pensions requires 4 months' notice of any request for payment of pension benefits.
- 5.8 The provisions of Section 16 of NHS Terms and Conditions will apply to employees retiring early on grounds of redundancy.
- 5.9 If the NHS Pension Scheme is updated, the new scheme regulations will take precedence over this policy.

6 DEFINITIONS

6.1 Minimum Retirement Age

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 and 2015 sections is 55.

6.2 Normal Retirement Age

The normal pension age for members of the NHS Pension Scheme – 1995 section is 60 and age 65 for members of the 2008 section. Under the 2015 section, the normal pension age is the individual's State Pension Age, or age 65 if that is later.

6.3 Flexible retirement

Flexible retirement options provide 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. Further details on Flexible Retirement are set out in Part 2 of the policy.

6.4 III Health Retirement

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 Absence Management Policy and Redeployment Policy), the employee's with more than two year's pensionable service may wish to apply to NHS Pensions for retirement on the grounds of ill-health. Further details are in Part 2 of the Policy.

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Managers

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

7.2 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.

7.3 HR 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.

8 IMPLEMENTATION

- 8.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the intranet.
- 8.2 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.

9 TRAINING & AWARENESS

9.1 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.

10 MONITORING & AUDIT

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

11 POLICY REVIEW

11.1 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.

12 REFERENCES

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

13 ASSOCIATED DOCUMENTATION

13.1 Flexible Working Policy
Redeployment Policy
Management of Attendance Policy

14 APPENDICES

Appendix 1 Retire and Return Application Form

Appendix 2 Appendix 3

Equality Impact Assessment Sustainability Impact Assessment

PART 2

This Section applies to those employees who belong to the NHS Pension Scheme and who are subject to the rules of the Scheme. It is a summarised version of the terms and does not take precedence over those terms. If the NHS Pension Scheme is updated after the publication of this policy, the terms of the Scheme will take precedence.

This section is intended to give brief details about the NHS pension scheme. The scheme is subject to change, therefore, the information provided here may alter – managers and employees should refer to VPS Pensions Manager or the NHS Pensions website for more information at www.pensions.nhsbsa.nhs.uk.

It is important that employees understand which of the NHS Pension Schemes they are a member of, and if in doubt, should seek advice from the Pensions team at Victoria Payroll Services or NHS Pensions. A summary of benefits from the different schemes can be accessed at

http://www.nhsbsa.nhs.uk/Documents/Pensions/NHS_Pension_Schemes_An_Overview_(V4)_04.2016.pdf

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.

2.1 RETIREMENT

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. This also applies where employees wish to return to employment following retirement (see paragraph 2.4 below).

2.2 FLEXIBLE RETIREMENT OPTIONS

Flexible retirement options provide 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. In considering these options, employees are advised to obtain information on how these changes may impact on their pension.

2.3 PRE-RETIREMENT WIND DOWN

An employee approaching their retirement may wish to gradually reduce the number of hours they work and/or consider working in a less demanding role in the time leading up to their actual date of retirement.

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. Requests will be considered in line with the procedure in the Flexible Working policy, and judged on the basis of business needs.

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.

Employees considering either of these options prior to retirement are advised to obtain information on how this may impact their pension.

If the step-down results in a reduction of pay by at least 10%, employees may apply to protect their higher rate of pay for pension purposes. This is only available for members of the NHS Pension Scheme who are over the minimum retirement age and is not available for members of the 2015 section.

The application must be made within 15 months of the date the rate of pay is reduced. When the employee leaves, their pension will be based on the higher rate of pay up to the date they stepped down, 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.

Alternatively, members of the NHS Pension Scheme 2008 and 2015 section may elect to partially retire and take some of their benefits. This option is not available for members of the 1995 NHS Pension. To do this the employee must have reached at the state minimum retirement age and have reduced their pensionable pay by at least 10%. 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.

2.4 RETIRE AND RETURN TO WORK

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.

Employees considering this option, and who wish to return to NHS employment, must make their request in writing, to their line manager, by completing the form at Appendix 1 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.

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.

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.

The line manager has responsibility for ensuring that for the period the individual is not employed by the CCG their work is delegated elsewhere and that the individual is not involved in working matters.

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 or 2015 sections. Individuals may request a one month break in service before returning to employment, in which case the limitation on working hours would not apply.

Employees who are in receipt of any earnings related protection will lose that protection on their return to work following the break in service.

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.

Employees who retire and take their pension benefits before returning to work will not be able to re-join the NHS Pension Scheme.

2.5 PREMATURE RETIREMENT AND RETIREMENT IN THE INTERESTS OF EFFICIENCY

If you are retired prematurely because of redundancy or in the interests of the efficiency of the service, pension benefits may be paid immediately. Employees must have:

- reached the minimum NHS pension age;
- at least two years' continuous membership;
- two years' continuous employment with the employer who is prematurely retiring you;
- contractual terms and conditions which entitle you to claim the redundancy pension as an alternative to receiving, either in whole or in part, the cash redundancy payment from your employer.

Section 16 of Agenda for Change, paragraphs 16.26 – 16.29 inclusive, set out the terms and conditions of early retirement in the interests of the efficiency of the service.

2.6 VOLUNTARY EARLY RETIREMENT (VER)

Employees who are considering Voluntary Early Retirement (VER) must request the Guaranteed Minimum Pension (GMP) check from the Pensions Service in the first instance.

An employee may opt to take VER at any time from the minimum pension age applicable to the scheme they are/ have been a member of, provided they have been in the Scheme long enough to qualify for pension benefits (currently two years).

An estimate of pension benefits can be requested from the VPS pensions team however, final figures will be calculated by NHS Pensions.

An early retirement pension is reduced because it is being paid early and for longer. The amount of the reduction depends on how many years before the normal pension age the pension is being claimed and is applied to the pension before commutation (the exchange of some pension for a lump sum). The early retirement factors are available on the Pension Agency website at: www.nhsbsa.nhs.uk/pensions.

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.

2.7 LATE RETIREMENT 1995 & 2008 Schemes

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.

2015 Scheme

If an employee does not take their pension benefits at the normal pension age, they may continue to build benefits as long as they stay in this Scheme, up to age 75. When taking the benefits they will be increased to take account that it is being paid later than the normal pension age. At age 75 scheme members must claim their benefits.

2.8 ILL HEALTH RETIREMENT

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.

Where ill-health retirement is identified as an option, the employee will be provided with an estimate of pension benefits via the CCG's payroll provider, currently VPS. The application must be made on the appropriate form which is available from the NHS Pensions Agency.

Medical advisors, 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

Retire and Return Request Form

This form should only be used for individuals requesting Retire and Return in accordance with the CCG Retirement Policy.

Section A – Retiring Employee's Current Details						
Sumama	Forenega					
Surname:	Forenames:					
Job Title:	Band:					
ESR Assignment No:	Department:					
Section B – Employee's Co	ntact Details					
Home Address:						
Email:						
Telephone Number:						
Section C - Retirement Lea	ving Date					
Retirement date (Last Day						
of Employment if						
applicable)						
Section D – Retire & Return	Applications only					
New Job Title:	New ESR Position					
11011 002 111101	Number:					
New Cost Centre	New Band:					
Is a DBS required for this						
position?						
If Yes, DBS is required						
please confirm level of						
check						
Will the request include a						
change in the contracted						
hours or current working						
pattern?						
If Yes, please detail below t	he changes you would like to make:					

Section E - Retire & Return Declaration

EMPLOYEE RETIRE & RETURN DECLARATION

I understand that my application will be considered at the discretion of my manager in accordance with the needs of the Service.

All employees: I understand that I will need to take a break in service of at least two weeks between employments, including a minimum 24 hour break in pensionable employment to satisfy the requirements of the NHS Pension Scheme.

1995 Scheme only: I understand that I must **also** work less than 16 hours per week within one calendar month of retirement, and/or be under the normal retirement age, to avoid my pension being suspended. If I return to work after 1 calendar month's break, I understand there will be no limitation on my working hours.

I understand that is a pre-requisite of the Retire and Return process that my mandatory training and employment checks are all up to date at the date of my retirement and if this is not the case I will forfeit my ability to return.

I also confirm that all existing data and personal details recorded on ESR are correct (i.e. Address, bank details etc.)

Address, bank	details etc.)					
Employee	Name:					
Declaration:	Email:					
	Date:					
	Break in Service required					
	(length)					
	Mandatory Training** Up					
	to date:					
	Employment Checks***					
	up to date:					
Section F - M	anagers Comments and Reco	ommendation				
Manager Appi	roval:					
Name:						
Job Title:						
Date:						
Section G - Se	enior Manager Confirmation//	Approval				
Manager Appı	roval Name:					
	Email:					
	Date:					
Doting 9 Dot		by Line Managers in the best interests of				
Retire & Retur	m requests can be approved	by Line Managers in the best interests of				

Retire & Return requests can be approved by Line Managers in the best interests of their service however for senior staff returning as AfC Band 8a and above applications must be approved by an Executive Director of the CCG.

For audit purposes the completed form should be placed and retained on the employee's personal file and for monitoring purposes a copy of the form should be sent to embed.generalhr@nhs.net which will be used to provide an annual submission of evidence on such requests.

Section H - For Office Use - Pensions Department/Payroll

Date received in Pensions/Payroll	

Appendix 2

1. Equality Impact Analysis							
Policy / Project / Function:	Retirement Policy						
Date of Analysis:	January 2017						
This Equality Impact Analysis was completed by: (Name and Department)	HR Team						
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?	 Flexible Working policy. Redeployment policy Management of Attendance Policy 						
Who does the policy, project or function affect?	Employees Service Users						
Please Tick ✓	Members of the Public Other (List Below)						

	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		✓		✓	Considered, no impact
Age	✓			✓	See assessment test
Sexual Orientation		✓		✓	Considered, no impact
Disabled People		✓		✓	Considered, no impact
Gender		✓		✓	Considered, no impact
Transgender People		✓		✓	Considered, no impact
Pregnancy and Maternity		✓		✓	Considered, no impact
Marital Status		✓		✓	Considered, no impact
Religion and Belief		✓		✓	Considered, no impact
Reasoning				,	

1. Eq ı	ıality Impact Analysis: Local Profile Data					
Local Profile/Demography of the Groups affected at October 2016						
General	Total number of employees in the CCG is 152					
Age	68.43% of staff are aged 30-55 19.08% of staff are over 55 12.5% of staff employed are aged 30 or under					
Race	87.5% of staff employed in the CCG declared themselves White 10.52% of staff are not stated/undefined 0.66% of staff declared themselves Black 0.66% of staff declared themselves Other 0.66% of staff declared themselves Mixed					
Sex	82.89% of staff employed are female 17.11% of staff employed are male					
Gender reassignment	No information					
Disability	73.68% of staff employed declared themselves as having no disability 25.66% of staff did not declare /undefined 0.66% of staff declared a disability					
Sexual Orientation	61.18% of staff described themselves as heterosexual 37.5% did not wish to respond /undefined 0.66% described themselves as bisexual 0.66% described themselves as gay					
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (46.05%) 39.48% were undefined or did not wish to declare 5.62% declared themselves Atheist 0.66% of staff declared their faith Islam 8.55% declared themselves as of 'other' faith					
Marriage and civil partnership	54.61% of employees are married. 27.63% are single 9.21% are divorced/legally separated/widowed 5.92% are undefined 1.97% of employees are in a civil partnership 0.66% are widowed No information yet as the CCG has not been established					
Pregnancy and maternity	long enough to build meaningful data					

1. Equality Impact Analysis: Equality Data Available Is any Equality Data available relating Yes ✓ employment data to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed No can affect different groups of people who share the nine Protected Characteristics - referred to hereafter as 'Equality Groups'. Where you have answered yes, please incorporate this data when performing the Equality Impact Assessment Test (the Examples of Equality Data include: (this list is not next section of this document). definitive) Application success rates Equality Groups Complaints by Equality Groups 3. Service usage and withdrawal of services by Equality Groups 4. Grievances or decisions upheld and dismissed by Equality Groups 5. Previous ElAs List any Consultation e.g. with Consultation has taken place with Trade Union employees, service users, Unions or representatives and employees members of the public that has taken place in the development or implementation of this policy, project or function **Promoting Inclusivity** This Policy does not directly promote inclusivity, How does the project, service or however it is designed to assist employees who are function contribute towards our aims considering or have taken the decision to retire from of eliminating discrimination and service and outlines the options available and support promoting equality and diversity that can be expected from management. Applied within our organisation equitably, it should contribute to the elimination of discrimination

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 Genuine Determining Reason exists
Gender (Men and Women)	✓			Considered, no impact
Race (All Racial Groups)	~			Considered, no impact
Disability (Mental and Physical)	√			Considered, no impact
Religion or Belief	√			Considered, no impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	√			Considered, 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	√			Considered, no impact
Transgender	√			Considered, no impact
Marital Status	✓			Considered, 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 <i>The Equality Act 2010</i> ?									
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date					

	4. Equality Impact Analysis Findings							
Analysis Rating:		Red/Amber	Amber	□ Green				
		Actions	Wording for Policy	/ Proiect / Function				
Red Stop and remove the policy	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.	Remove the policy 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.		d as policy is being removed				
Red Amber Continue the policy	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.	The policy can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	that a risk of discrinunintentional or oth groups of people work characteristics. Ho reason exists which and further profess [Insert what the disjustification of the	rming the analysis, it is evident nination exists (direct, indirect, indirect, indirect) to one or more of the nine ho share <i>Protected</i> wever, a genuine determining in justifies the use of this policy ional advice. iscrimination is and the ediscrimination plus any ald help what reduce the risk]				

Equality Impact Findings (continued):					
		Actions	Wording for Policy / Project / Function		
Amber Adjust the Policy	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 Action Planning section of this document.	The policy can be published with the EIA 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. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	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. [Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]		
Green	As a result of performing the analysis, the policy, project or	The policy can be published with the EIA	As a result of performing the analysis, the policy, project or function does not appear to have any		
No major change	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.	Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.		

Brief Summary/Further comments	
	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

Approved By				
Job Title:	Name:	Date:		
Chief Officer	Simon Cox	24/04/2017		

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 This policy is designed to assist employees who are considering or have taken the			
document	retire from service and outlines the options available and support that can be expected from		
	management		
Date completed	January 2017		
Completed by	Val Burgess		

Domain	Objectives	Impact of activity	Brief description of impact	If negative, how can it be
		Negative = -1		mitigated?
		Neutral = 0		If positive, how can it be
		Positive = 1		enhanced?
		Unknown = ?		
		Not applicable = n/a		
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	n/a		
Procurement	facilities for all groups? 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?	n/a		

Will it promote ethical purchasing of goods or			
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			
Will it reduce the amount of waste produced or	n/a		
increase the amount of waste recycled?			
Will it reduce water consumption?			
Will it provide employment opportunities for local	n/a		
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)?			
	n/a		
development?			
Have you sought the views of our communities in			
for this activity?			
Will it improve the resource efficiency of new or	n/a		
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 and appropriate			
	will it promote greater 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 Will it reduce the amount of waste produced or increase the amount of waste recycled? 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? 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? 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)?	services? Will it promote greater 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 Will it reduce the amount of waste produced or increase the amount of waste recycled? 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? 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? 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)?	services? Will it promote greater 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 Will it reduce the amount of waste produced or increase the amount of waste produced or increase the amount of waste recycled? 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? 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? 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 ncrease 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)?

	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	