STARTING SALARIES POLICY
June 2014

Authorship:	HR, eMBED			
Committee Approved:	• SRCCG Committees • Joint Trade Union Partnership Forum			
Approved date:	25/06/14			
Review Date:	25/06/18			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		Yes	No Issues Identified
Privacy Impact Assessment	Yes	No	No	No Issues Identified
Bribery Checklist	No			
Target Audience:	Staff			
Policy Reference No:	P637			
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Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	No

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
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team	22/04/2014
DRAFT	SRCCG	Draft policy for CCG	JTUPF	25/06/2014
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team	29/07/14
FINAL	SRCCG	Formal approval	Governing Body	24/09/14
1.1	SRCCG	Updated in regards to GDPR	SPF 10/01/18	

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1   INTRODUCTION

Scarborough and Ryedale 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.

The Starting Salaries Policy has been introduced to ensure a consistent approach is adopted, by recruiting managers, when establishing the starting salary for appointments to or within the CCG.

This policy is intended to ensure fairness and equity within this process and is based on the Agenda for Change Terms and Conditions Handbook.

Reckonable service should be identified by recruiting managers at the same time as starting salaries, see Appendix 1.

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 North Yorkshire and Humber Commissioning Support Unit's workforce team in partnership with employees, managers and trade unions and approved at the Joint Trade Union Partnership Forum.

3   IMPACT ANALYSES

3.1   Equality

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 developing this policy, an Equality Impact Analysis has been undertaken and the results are attached at Appendix 4. As a result of the initial screening, the policy does appear to have adverse effects on people who share protected characteristics and further mitigating factors are included in the EIA and EIA action plan.

The application of this policy will be monitored to ensure fair application and a consistent approach:

- 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.

3.2 Sustainability

The policy has been assessed against the CCG's Sustainability themes and the results are attached at Appendix 5.

3.3 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery.

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.

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.

4 SCOPE

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, ie clinical or VSM contracts, will be determined in accordance with the relevant terms and conditions and approval process.

This policy should be read in conjunction with the Recruitment and Selection Policy, the Recruitment and Retention Premium Policy and other relevant recruitment policies.

5 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.

6 DEFINITIONS

Unsocial Hours – hours worked any time on Saturdays, Sundays, Public Holidays and any week day after 8pm or before 6am.

Overtime – authorised extra time worked in a week above standard hours (37.5 hours)

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

Reckonable Service – is any previous employment in the NHS or listed recognised organisations (see Appendix 1)

7 ROLES/RESPONSIBILITIES/DUTIES

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

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.

Workforce Managers will offer advice and guidance to recruiting managers.

8 IMPLEMENTATION

A copy of the Policy will be stored electronically on the Intranet

9 TRAINING & AWARENESS

A communication will be sent to managers to make them aware that the policy has been issued. Support and guidance is available for the CSU Workforce Team.

10 MONITORING & AUDIT

Records (of Appendix 2) will be kept in all cases where non NHS service is taken into account in determining a starting salary. 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.

The policy and procedure will be reviewed periodically. Where review is necessary due to legislative change, this will happen immediately.

The implementation of this policy will be audited at appropriate intervals and reported to the CCG's Management Team.

PART 2 PROCEDURE

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.

1 GENERAL PRINCIPLES

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.

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 Workforce Representative to ensure consistency across the organisation.

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 incremental credit.

Where a recruiting manager believes there is sound business reason for appointing to a higher incremental point, they must provide clear, documented reasons for giving incremental credit to a Workforce Manager and seek approval at Director level (Appendix 2) prior to the start date. Requests will not be considered after the start date.

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. Verbal offers of employment should not commit to a starting salary above the bottom of the scale.

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.

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

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.

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.

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.

Documentary evidence must be provided for any periods of employment that count towards a higher than the minimum starting salary.

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 incremental 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 2 form is attached to the starter documentation.

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 or those who have gained similar experience within the NHS.

New staff appointed from outside the NHS will have an incremental date of the anniversary of their NHS appointment.

3 NEW STAFF TRANSFERRING FROM WITHIN THE NHS INCLUDING THE CCG

3.1 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 incremental date.

3.2 Staff Moving to a Higher Pay Band
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 incremental date.

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.

3.3 Staff Moving to a Lower Pay Band
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 incremental date.

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 2.3 and 2.5). 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.

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 3.2 above.

4   APPOINTMENT OF STAFF TO THE NHS 'BANK'

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 2 above.

All staff will have an incremental date of the anniversary of their appointment to the Bank

5   APPENDICES

- Appendix 1   Reckonable Service Guidance
- Appendix 2   Equality Impact Assessment
- Appendix 3   Sustainability Impact Assessment

6   ASSOCIATED DOCUMENTATION

- Determination of Previous Service Template

- Determination of Previous Salary Template

APPENDIX ONE – RECKONABLE SERVICE GUIDANCE

RECKONABLE SERVICE GUIDANCE

What is reckonable service? Reckonable Service is any previous employment in the NHS or listed recognised organisations (refer to Section 12 of the Agenda for Change Terms and Conditions Handbook).

Who does reckonable service apply to? It 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:

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

Northern Ireland:
- Health Boards
- Trusts
- Special Agencies
- 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.

Additional Recognised Organisations.

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

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

When does service with an additional recognised organisation count? 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. Workforce guidance should be sought to confirm whether a role is deemed to be highly relevant.

How do I claim reckonable service? Any reckonable service must be recorded using the 'Determination of Previous Service' form (Appendix 3). 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.

FAQ's / INFORMATION FOR CALCULATING RECKONABLE SERVICE

I've had a Break in Service, what am I entitled to? 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.

- Annual Leave –all previous period(s) of NHS service or service with a listed recognised organisation may be aggregated and count as reckonable service towards the employee's entitlement to annual leave, regardless of any breaks in employment.
- Sick Leave – previous period(s) of NHS 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.

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

What isn't classed as a Break in Service? For the purposes of calculating entitlements, the following *do not count* as a break in employment:

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

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

I was TUPE transferred out of the NHS, am I still entitled to reckonable service? When an employee 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 in respect of NHS agreements on sick pay, annual leave and incremental credit.

Does service with the NHS Bank count as reckonable service? 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.

For additional guidance or support, please contact a member of the Workforce Team: [CSU Staff Directory, Workforce Team](#)

General Information

Policy:	Starting Salaries Policy
Date of Analysis:	20/01/14
Policy Lead: (Name, job title and department)	Christine Brown – Workforce Service
What are the aims and intended effects of this policy?	The Starting Salaries Policy has been introduced 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)
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	• Recruitment and Selection Policy • Recruitment Retention Premium Policy

Who is likely to be affected by this policy?	General Public	
	Service Users	
	Staff	X

What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Consultation has taken place both locally and nationally with Trade Unions and staff
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	The Starting Salaries Policy has been introduced to ensure a consistent approach is adopted by recruiting managers when establishing the starting salary for appointments to or within the CSU. AfC requires "that all NHS employers should have fair and non-discriminatory systems for recruiting, developing and promoting people." (Para 31.1)

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Employee Equality Data

General	Total number of employees in the CCG is 87
Age	11.5% of staff are under 30 54.02% of staff aged 30 - 55 34.48 of staff are over 55
Gender	81.61% of staff employed are female 18.39% of staff employed are male
Race / Nationality	87.36% of staff employed in the CCG declared themselves White 10.34% of staff are not stated/undefined 2.30% of staff declared themselves Mixed
Disability	75.86% of staff employed declared themselves as having no disability 22.99% of staff did not declare /undefined 1.15% of staff declared a disability
Sexual Orientation	63.22% of staff described themselves as heterosexual 1.15% of staff described themselves as gay 35.63% did not wish to respond /undefined
Gender Reassignment	No information available
Religion / Belief	Christianity is the largest religious group declared by staff in the CCG 42.53% 35.63% were undefined or did not wish to declare 21.84% of staff declared other faith or religious beliefs
Pregnancy and Maternity	No information yet as the CCG has not been established long enough to build meaningful data
Marriage and civil partnership	58.61% of employees are married. 24.14% of employees are single 6.90% of employees are divorced 9.20% of employees were undefined or did not wish to declare 1.15% of employees are in a civil partnership

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason[1]* exists (see footnote below – seek further advice in this case)
Gender			X	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. |

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1.   [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Characteristic				Comment
Age		X	X	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) ie quality of experience not the age of the applicant.
Race / ethnicity / nationality	X			Considered, no impact.
Disability	X			Considered, no impact.
Religion or Belief	X			Considered, no impact.
Sexual Orientation	X			Considered, no impact.
Pregnancy and Maternity	X			Considered, no impact.
Transgender / Gender reassignment	X			Considered, no impact.
Marriage or civil partnership	X			Considered, no impact.

What measures have been put in place to mitigate any potential impact?

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	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 minimum of the scale to ensure consistency and to monitor impact and assess whether any further action is required in any protected group	Head of HR	1 year from implementation	Annually
	2. These records will be cross referenced with ESR Recruitment and Equality and Diversity monitoring to ensure a consistent approach across the organisation			
	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.			

Sign-off

All EIAs must be signed off by a member of SMT

I agree / disagree with this assessment / action plan

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:

Signed off by (Name/Job Title)

Signed:

Date:

APPENDIX THREE – SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact 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?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	n/a		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? 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 improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	n/a		

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	n/a		
Workforce	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 and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	n/a		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	n/a		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	n/a		

APPENDIX FOUR – PRIVACY IMPACT ASSESSMENT

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	
Brief description	

Screening completed by

Name	
Title	
Department	
Telephone	
Email	
Review date	

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☐
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/