

Policy:

HR 002 Redundancy

Executive or Associate Director lead	Director of Human Resources
Policy author/ lead	HR Directorate Partner
Feedback on implementation to	HR Directorate Partner

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Target audience	All SHSC employees
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Keywords	Redundancy, suitable alternative, trial period, notice
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This is version 3.0 of this policy. This version replaces Version 2 ratified in November 2016. The policy includes a revised governance flowchart, definitions in line with the organizational change policy, reordering to provide greater clarity and updates to legal consultation time frames.

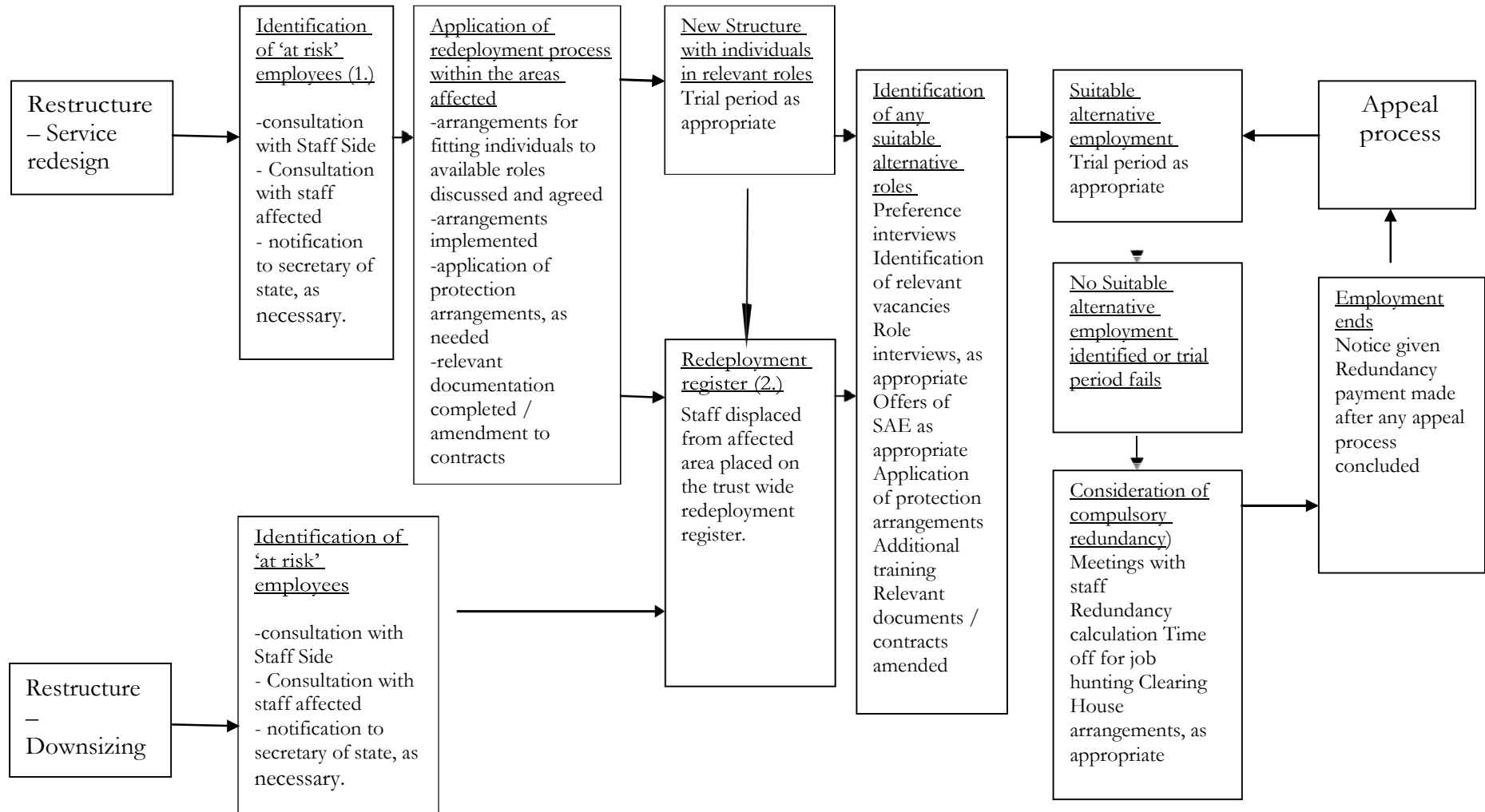
This policy will be available to all employees via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (V2.0) should be destroyed and if a hard copy is required, it should be replaced with this version.

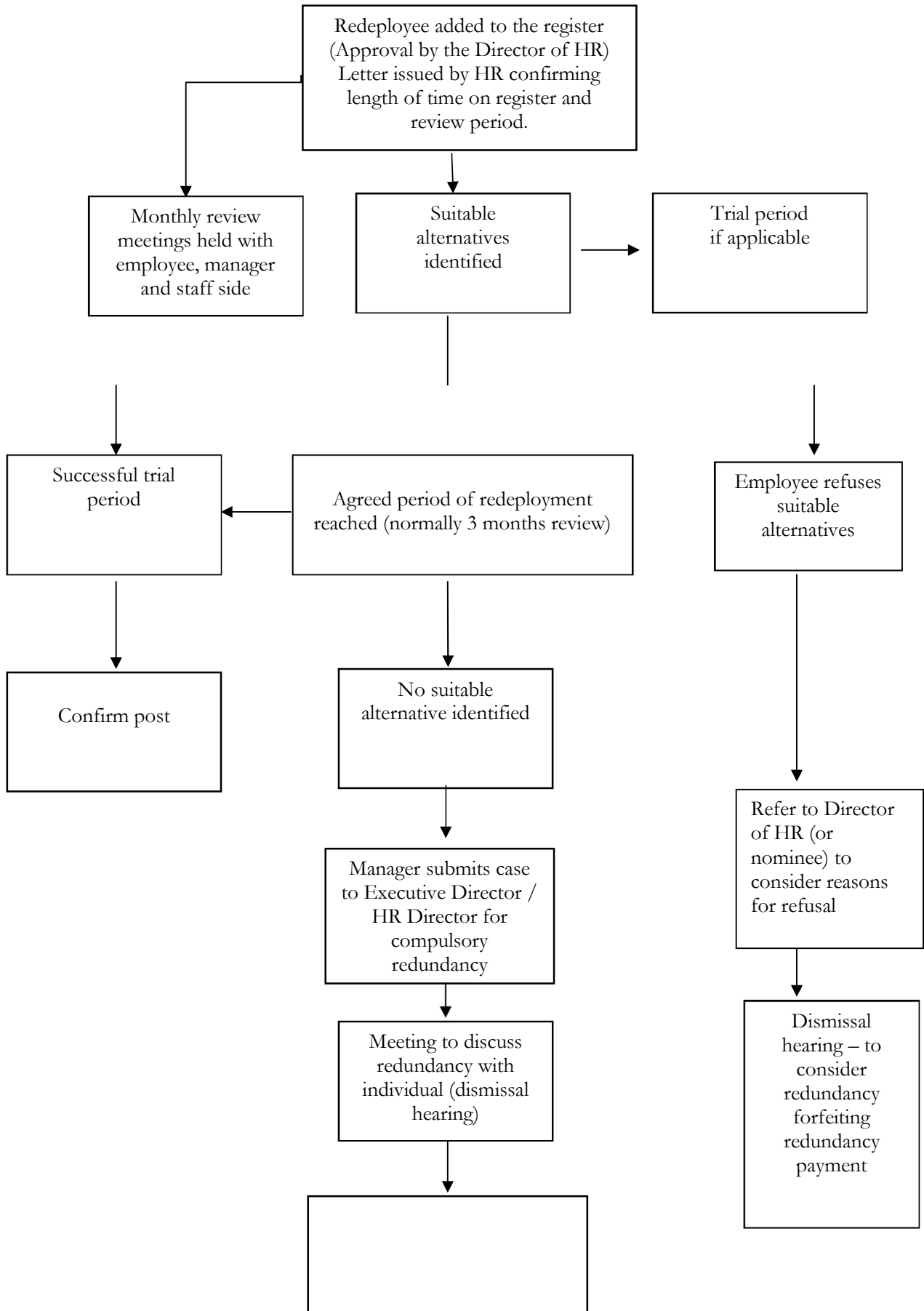
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Flowchart 1



Flowchart 2 indicating Governance for decision making on compulsory redundancy following redeployment



1. Introduction

It is the aim of the Trust to ensure, as far as possible, security of employment and the avoidance of compulsory redundancies for its employees by means of effective forward planning, flexible resourcing and the application of its Organisational Change and Redeployment Policy. However, circumstances may make it necessary to consider reductions in staffing levels. In that event, the provisions of this policy shall be applied. Consultation with recognised Unions shall be through the normal processes.

This policy meets the requirements of all relevant employment legislation; notably, the Employment Rights Act 1996 and the Trade Union and Labour Relations (Consolidation) Act 1992 (as amended). The circumstances in which the redundancy policy shall be used are set out below and this policy shall not be used as an alternative to effective performance management.

Flow chart 1 sets out how it is intended that this policy will interact with our approach to organisational change and redeployment. Individuals and Staff Side will be advised of and consulted about the service redesign and the implications for the affected employees. Individuals will be notified of being "at risk" of redeployment, as appropriate, but not redundancy. Should it not be possible to find suitable alternative employment arising out of the service redesign then, after an employee has been placed on the Redeployment Register, it may prove necessary subsequently to consider an employee for compulsory redundancy. The employee at that stage would then be deemed "at risk" of redundancy.

In some situations the nature of the redesign may be such that it is anticipated that it would not be possible to find suitable alternative employment for all or some of the employees. Where this is contemplated, employees may be placed at risk of redundancy prior to the completion of the service redesign.

There may also be situations, for example, arising from cost reduction and/or loss of services where the normal application of the Redeployment Policy would not be applicable and individuals would be identified as being "at risk" of redundancy without there being any prior notification of being "at risk" of redeployment.

For the purposes of consultation with Staff Side where 10 or more employees may be redeployed, the consultation will be viewed as if the employees were "at risk" of redundancy.

Flow chart 2 sets out the decision making governance for redundancy and redeployment in the Trust.

2. Scope

This policy applies to all employees including apprentices.

3. Definitions

(a) Redundancy

According to the statutory definition, as set out in the Employment Rights Act 1996, a redundancy occurs where a dismissal is wholly or mainly because:

- the employer has ceased, or intends to cease, to carry out their business for the purposes of which the employee is employed;
- the employer has ceased, or intends to cease, to carry on that business in the place where the employee was so employed;
- the requirements of that business for employees to carry out work of a particular kind have ceased or diminished or are expected to do so;
- the requirements of the business for employees to carry out work of a particular kind in the place where they were so employed have ceased or diminished or are expected to do so.

b) "At Risk" of Redundancy

This is where an employee's current post may change significantly or disappear as a result of workplace developments and it has been identified by the Executive Director of the relevant Directorate(s) that the redeployment process within the Directorate will not result in suitable alternative employment being available. This can encompass outcomes from service redesign but also situations where there is a need for cost reduction or loss of a service.

(c) Establishment

This is the unit to which the affected employees are assigned. Advice should be sought from Human Resources in applying this definition.

(d) Consultation

Consultation is the process by which information, perspectives and ideas are shared in order to inform decisions about changes to service delivery. It needs to be meaningful, and views submitted during consultation need to be considered and responded to.

In this policy consultation refers to consultation with employees and their representatives, regarding proposed changes to services.

(e) Lead manager

Means the manager who has overall responsibility for managing the redundancy. This will usually be a Service Director, or other Senior Manager. The lead manager may require a project group, or project manager to assist them. Where responsibilities are delegated, final decision making will be retained by the Service Director.

(f) Representation

Employees may be accompanied at individual meetings within the scope of this policy, by either a staff side representative or a work colleague from within the Trust.

(g) Directly affected employees

Means employees whose roles will be impacted on by the proposed change. This includes employees who are on secondment from their substantive role, or otherwise temporarily placed away from it, where their substantive role is directly affected.

(h) Affected area

Means work area which will be impacted on by organisational change. How the affected area is defined will depend on the nature and scope of the change. E.g. team function, ward, and site. However the affected area should be defined early in the change process.

(i) At risk

Means when it is expected that an employee's role may change significantly or cease as a result of organisational change.

(j) Displaced

Means when an employee's current role has ceased, or changed significantly due to organisational change.

(k) 'Ring fence'

A 'ring fence' is specifically applied to an affected area where posts are at risk. This guarantees that employees whose roles are at risk have the first opportunity to apply to vacant roles on a preferential basis, before any other applicants are considered. Where posts at different pay bands in the affected area are at risk, ring-fences shall be placed around each pay band. This means that in the first instance, only employees currently working at that band (or displaced from a higher band) and who satisfy the minimum selection criteria, shall be eligible to apply for vacancies within the affected area.

(l) Pool

Means the group of directly affected employees who are allocated within a 'ring fence'.

4. Purpose

The purpose of this policy is to ensure that wherever staffing reductions are considered necessary:

- all employees who are "at risk" in a redundancy situation are given fair and equitable treatment.
- wherever practicable, redundancies are avoided
- where this is not practicable, matters are handled fairly and reasonably
- so far as possible, changes are effected with the understanding and agreement of the recognised Unions and all staff involved.

All practical means of minimising any redundancies will be explored in consultation with Staff Side. These will depend on the circumstances and may include:

- natural wastage including vacancy freezes
- reviewing the use of temporary, agency or bank staff
- reduction of over-time
- voluntary early retirement
- redeployment and re-training of affected employees for different work where the Trust identifies there is a requirement for such work
- other measures as put forward by the Trust or Staff Side

Employees will also be reminded of existing flexibilities within other policies in case any of these are appropriate: for example, looking at the scope for flexible working including annualisation of hours, career breaks and reductions in contracted hours. Where such measures are appropriate, the change in working arrangements would be agreed with the individual.

5. Duties

The **Board of Directors** is accountable for:

- commitment through endorsement of this policy
- identification and allocation of any resources required for the policy

The **Chief Executive** is accountable for:

- ensuring the proper allocation of the policy through management arrangements

Line Managers have responsibilities for:

- ensuring they are conversant with the policy and that their staff are fully acquainted with it
- ensuring all staff work in accordance with the policy and legislative requirements

Employees are responsible for:

- ensuring that they are fully acquainted with the policy and adhere to its terms

Human Resources are responsible for:

- advising staff and managers on the policy and associated procedures
- monitoring the policy, as appropriate
- ensuring the policy is adhered to throughout

6. Process

6.1 Consultation with Staff Side

The Trust, through line managers, and supported by Human Resources, shall undertake meaningful consultation with the recognised Union representatives, with a view to reaching agreement on all matters covered by relevant legislation.

Where it is not possible to avoid redundancy the requirements of legislation shall be met and a reasonable period of time shall be allowed for meaningful consultation to take place with employees and Union representatives. The information disclosed as part of the consultation process shall be in writing and shall include:

Consultation must begin at least:

- 30 days before the first dismissal takes effect, if 20 to 99 employees are to be made redundant at one establishment over a period of 90 days or less
- 45 days before the first dismissal takes effect, if 100 or more employees are to be made redundant at one establishment over a period of 90 days or less.

To ensure employee representatives can play a useful part in the consultation process over proposed redundancies employers must disclose certain information in writing including:

- reasons for the proposed redundancies
- numbers and descriptions of employees affected
- proposed method of selecting the employees who may be dismissed
- proposed method of carrying out the dismissals, taking account of any agreed procedure, including the period over which the dismissals are to take effect
- how redundancy payments, other than the legal minimum, will be calculated.

Consultation will include discussion about:

- the reason for the proposal to make redundancies
- ways of avoiding dismissals
- ways of reducing the number of employees to be dismissed
- ways of mitigating the consequences of the dismissals
- the relevant "pool" of employees who are to be considered "at risk"
- any employees who may be affected by the proposed redundancies or by measures taken in connection with these proposed dismissals

Individual consultation with all staff affected will also take place in parallel and staff may be accompanied to meetings by a recognised Union representative or work colleague.

Notice must be in writing in the prescribed format and to the address specified by the Secretary of State for the establishment concerned. A copy of the notice will be provided to each of the relevant Staff Side Representatives, such notification must precede the giving of notice to employees.

6.2 Consultation and Support of employees “At Risk”

All employees who are “at risk” of redundancy will be consulted by the appropriate line manager and a member of the Human Resources Department. Employees may be accompanied by an accredited employee representative for a recognised union or by a work colleague at this consultation. The purpose of the meeting will be to:

- explain that they are now considered to be “at risk” of redundancy
- explain this policy and procedure and how it will be implemented
- ascertain the individual’s views in relation to the proposals, future employment, redeployment and re-training and, where appropriate, early retirement, and to give advice as required in respect of all of these areas
- assist the employee in obtaining specialist advice as required, or to give advice as to where it can be obtained. This may include counselling, career counselling, training on CV writing or interview technique etc
- advise the individual of internal and external support mechanisms
- agree the most appropriate route for notifying the individual of vacancies and ensuring up- to- date information is held on address / email address etc.

Arrangements shall be made to ensure that any individuals affected but absent from work (due, for example, to maternity leave or long term sickness) are also consulted and notified of the situation and provided with equivalent opportunities for support and to seek suitable alternative employment as their colleagues. If suitable alternative employment is available this must be offered to those on maternity / adoption leave in preference to any other colleague similarly affected by redundancy. This is a complex area and advice from HR should be obtained in these circumstances.

An individual who has been advised that they are “at risk”, should be advised as to which manager will lead the management of their situation, and this responsibility will continue until such time as the individual secures substantive suitable alternative employment, redundancy occurs or they are no longer at risk.

The lead manager will ensure that regular review meetings take place with the “at risk” individual.

All Trust policies are available on the SHSC intranet or internet

<http://shsc.nhs.uk/about-us/policies/>

The following SHSC policies may be useful to you during this change process.

- Organisational Change Policy
- Protection of Pay and Conditions of Service Policy
- Redeployment Register Policy
- Redundancy Policy

Other useful links

Staff Wellbeing

https://www.xct.nhs.uk/index/widget.php?wdg=wdg_health_and_wellbeing&page=11376

Workplace Wellbeing

<http://shsc.nhs.uk/working-for-the-trust/workplace-wellbeing/>

Contact 0114 226 1810

Staff Side

Sue Highton Unison contact 0114 271 6154

Shazia Karim BMA contact 0113 261 8322

Andy Law RCN contact 0113 3860540

HR Department

Contact HR Reception 0114 22 63187

Employees who have not been offered a suitable alternative role after having been placed on the Redeployment Register for a period of 3 months will be considered for compulsory redundancy. This period will be subject to review and may be changed. In exceptional cases it may not apply. In the event that no suitable alternative role is identified or agreed as being suitable then the process for compulsory redundancy will be instigated.

6.3 Selection Criteria

The selection of staff for redundancy will be undertaken in a fair, equitable and objective manner. Staff Side will be consulted at the earliest possible stage on the process to be followed and any criteria to be used. Individuals should be assessed by at least 2 people against the selection criteria. This will normally be undertaken in the context of preferential interviews in line with the Trust's approach to re-deployment.

Selection criteria shall have regard to the number of staff necessary for the efficient and effective provision of services and be based upon the skills required to meet the current and future staff needs of the Trust. Criteria may include:

- Skills relevant to the Trust's current and future requirements
- Experience relevant to the Trust's current and future requirements
- Qualifications relevant to the Trust's current and future requirements;
- Disciplinary record (excluding warnings for absence)
- Attendance Record (excluding absences on grounds of pregnancy or maternity, disability, paternity and parental leave, trade union duties (i.e. – all authorised leave), or time spent as an in-patient & the immediate recovery period)

The Trust reserves the right to change or add to selection criteria (e.g. potential, supervisory skills etc), in recognition that the criteria may need to be varied according to the prevailing circumstances, such as for differing staff categories and according to the roles undertaken. In the event of total scores being equal, length of service will be used as the deciding factor. The overall principle for consideration will be the needs of the service. In these circumstances Staff Side shall be consulted regarding proposed changes or additions.

6.4 Voluntary Redundancy

There may be occasions when the organisation calls for volunteers for redundancy. This is a decision which will be taken by the Board. There is no automatic right to voluntary redundancy. The needs of the service and financial implications for the organisation will be paramount in considering such matters, with the final decision on whether to accept a voluntary redundancy application resting at the sole discretion of the Trust.

Where volunteers for redundancy are to be sought, a process for consideration will be drawn up. The process will generally have the following steps:

1. The employee will write to their relevant Director (if there is both a Service Director and Clinical Director, it will be the Service Director) and formally apply for voluntary redundancy.
2. The Human Resources Department will obtain an "estimate of benefits" to include (i) redundancy payment, (ii) superannuation benefits.
3. Having received the details, the employee will indicate if they wish to pursue their application for Voluntary Redundancy.
4. The relevant Director(s) (i.e. both Service and Clinical Directors where both posts exist), in conjunction with the Human Resources Department, will consider their request.

Voluntary redundancy will not generally be granted unless the following criteria are met:

The post will be permanently deleted thereby generating continuous annual savings and that these can be recouped within an acceptable timeframe.

That the appropriate Director(s) are satisfied that the deletion of the post and the employee's redundancy will not, arising from the loss of any specialist skills or abilities, impact on the Trust's ability to deliver its services.

6.5 Suitable Alternative Employment and Trial Periods

The Trust will do all that is reasonably practicable to redeploy employees "at risk" of redundancy into suitable alternative employment. This will continue throughout the period of an individual's notice.

Any suitable alternative posts will be identified and a guaranteed interview will be provided in accordance with the Redeployment Policy.

A range of factors and the employee's individual circumstances may be relevant to whether a post is suitable alternative employment. The considerations are set out in the Redeployment Policy.

Where there is a risk of redundancy, any suitable alternative employment must be brought to the employee's notice in writing before the date of termination of contract and with reasonable time for the employee to consider it. The employment should be available not later than four weeks from that date. Where this is done, but the employee fails to make any necessary application, the employee shall be deemed to have refused suitable alternative employment.

Advice should be taken from the Human Resources Department in relation to any individuals who are pregnant or on maternity leave at the time that they are placed "at risk" in order to ensure that appropriate support is put in place and that any legal implications are understood.

Where an offer of suitable alternative employment had been accepted, the employee is entitled to a statutory trial period of a minimum of four weeks. Trial periods, along with the specific objectives of the trial, should always be agreed in writing, specifying the employee's terms and conditions and the date on which the trial period ends.

The manager must ensure that there is on-going supervision and support for the employee during the trial period, and a review of the success of the trial period will be undertaken in consultation with the employee concerned and his/her staff representative towards the end of the trial period. The review should take account of the job description and the objectives applying during the trial period.

Where the employee requires training for the new post, the trial period may be extended up to a total of twelve weeks by agreement. In addition to the "on-going supervision and support" mentioned above, the employee's progress will be continuously assessed against a pre-set training plan and/or objectives. Trial periods may also be extended at management discretion to take account of factors such as pre-arranged annual leave.

If during the trial period it is clear that the employee is not going to meet the standards required, the trial period may be terminated early (but not before the statutory minimum period has been completed i.e. 4 weeks).

Trial periods will not affect any subsequent claim for redundancy unless the new post is unreasonably refused. Should someone "at risk" who would otherwise be eligible for a redundancy payment unreasonably refuse an offer of suitable alternative employment; they may forfeit entitlement to redundancy pay. Where redundancy pay is refused on these grounds, the employee may lodge an appeal with the relevant Executive Director via the Grievance procedure.

6.6 Time-Off to seek Alternative Employment

An employee who is “at risk” of redundancy or under notice of redundancy will be allowed reasonable time off with pay during the “at risk” and notice period to look for alternative employment or to undertake training.

6.7 Clearing House Arrangements

The Trust will make employees aware of any arrangements which exist to assist with securing employment with another health service provider under regional and/or local clearing house arrangements.

6.8 Dismissal

Any employee who is identified for potential compulsory redundancy will be invited to a meeting with the appropriate line manager and a representative of Human Resources. The employee will have a right to be accompanied by a work colleague or recognised trade union representative.

The purpose of the meeting will be to inform the employee of the reason why they have been identified and to consider any representations as to why a compulsory redundancy should not be implemented. If the decision is to proceed with the redundancy then dismissal with notice will be given.

Notice of dismissal can only be given by an Executive Director / HR Director.

6.9 Appeal

An employee who is given notice of dismissal for reasons of redundancy may appeal against the decision. The appeal shall be in writing to the Executive Director within 7 working days of written confirmation of the decision being issued to the member of staff.

The appeal process shall be in line with relevant employment legislation and shall include a meeting between the member of staff and the Trust to consider the appeal. The member of staff shall be entitled to be accompanied by a work colleague or recognised trade union representative if they so wish. Any appeal will normally be held within 21 days of receiving notification of the request for an appeal. The manager hearing the appeal will be the Chief Executive or another manager as authorised by the Chief Executive.

6.10 Redundancy Payments

Redundancy payments will be based upon the contractual entitlements as set out in the relevant terms and conditions of service.

Individuals shall be provided with details in writing of the redundancy pay which would apply in their case.

In cases of compulsory redundancy where staff are eligible to retire with a pension, and subject to the rules of the Superannuation Scheme, the Trust shall consider the possibilities of early retirement within the prevailing financial situation.

6.11 Equal Opportunities

All parties involved in the operation of the Redundancy Policy shall ensure that the application of this Policy is in line with the Trust’s Equal Opportunities and Dignity at Work Policy and relevant legislation.

The impact of any Redundancy process agreed under this Policy will be assessed for any potential adverse or disproportionate impact on any particular groups of staff and these will be addressed.

7. Dissemination, storage and archiving (Control)

A copy of the policy will be placed on the SHSC intranet within 5 working days of finalisation and the previous version removed by Corporate Governance team. A communication will be sent out via the Communications Digest to all SHSC employees informing them of the revised policy.

Managers are responsible for ensuring the hard copies of the previous versions are removed from any policy/procedure manually or files stored locally. Clinical and Service directors are responsible for ensuring that all their staff are aware of and know how to access all policies.

The Corporate Governance team will maintain an archive of previous versions of this policy, and make sure that the latest version is the one that is posted on the Trust intranet.

Where paper policy files or archives are maintained within teams or services it is the responsibility of the team manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Older versions should be destroyed to avoid confusion. It is the responsibility of the team manager to make sure the latest version of a policy is available to all staff in the team.

8. Training and other resource implications

Training needs will be assessed by HR Directorate Partners and will be met in formal or informal training events as appropriate.

Application of the redundancy policy will feature in the Organisational Change Toolkit and Development sessions.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Legal Compliance	Number of ETs Consultation plans / documents	Changes will be agreed through HR Policy Group	Monthly	SMT	HR / JCF	HR/JCF
B) Staff experience	Staff survey Appraisals Grievance	Any changes discussed through HR policy Group	Annually	HR	HR/JCF	HR/JCF
C) Consultation	Staff side JCF	Any changes necessary will be discussed at JCF	Monthly	HR	HR/JCF	HR/JCF
D) Avoidance of redundancy	Redundancy procedure Redeployment procedure	Any changes necessary will be discussed at JCF	Monthly	HR	HR/JCF	HR/JCF

10. Implementation plan

The implementation of this policy will be from time to time as required and as such will be tailored to meet the particular circumstances. The HRDP with responsibility for change will support coaching, training and briefing as required.

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website. Archive old policy	Director of Corporate Governance	Within 5 working days of finalisation	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

Other points of reference are:

Redeployment Policy Retirement Policy

Protection of Pay and Conditions of Service

Location Flexibility Allowance Organisational Change Policy

12. Contact details

The Human Resources Directorate HR Advisory team is available for support and advice on this policy. Guidance on Change can be sought from.

Title	Name	Phone	Email
HR Directorate Partners	Sarah Bawden Bo Ogunleye Ian Hall Louise Robson	0114 2263277	Sarah.bawden@shsc.nhs.uk Ian.hall@shsc.nhs.uk Louise.Hall@shsc.nhs.uk Bo.ogunleye@shsc.nhs.uk

13. References

This policy takes account of:

- relevant employment legislation as set out in the Introduction to the policy.
- relevant national terms and conditions of service
- Health Service Circular, HSC 1999/140

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
V2 D0.1	Revisions to existing policy	September 2016	Update to notification to Secretary of State rules in line with employment legislation.
V2	Ratified / issued	November 2016	
V3 D0.1	Revisions to existing policy	May 2017	Clarification of process and decision making.
	Extension to Review Date	June 2021	PGG approved Extension to July 2021

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
2.0	November 2016	November 2016 via Communications Digest	
3.0	October 2017	October 2017	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

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Stage 3 – Policy Screening - Public authorities are legally required to have „due regard" to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain „protected characteristics" and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	No	No
DISABILITY	No	No	No
GENDER REASSIGNMENT	No	No	No
PREGNANCY AND MATERNITY	No	No	No
RACE	No	No	No
RELIGION OR BELIEF	No	No	No
SEX	No	No	No
SEXUAL ORIENTATION	No	No	No

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section). Please delete as appropriate: No changes made.

Impact Assessment Completed by (insert name and date)

Sarah Bawden July 2017

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

X Yes. No further action needed.

D No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

D No, no further action needed.

D Yes, go to question 3

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Appendix E – Development, Consultation and Verification

The revisions to this policy have been agreed through the Joint Policy group and verified at the Joint Consultation Forum on 21 September 2016. It was ratified by EDG on 29 September 2016 and placed on the Trust Intranet.

This Policy has been further reviewed in June 2017 via the HR Policy Governance Process (Joint Policy Group 28th June 2017). It was verified by the Joint Consultative Forum on 24th May 2017 and 28th July 2017.

Minor changes have been made and the addition of governance flowchart and clarification of terms and definitions.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

13. Implementation plan

14. Links to other policies (associated documents)

15. Contact details

16. References

17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)

