

MANAGING PERFORMANCE POLICY

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Approving Body	Executive Committee
Date of Approval	4 th October 2017
Date of Implementation	4 th October 2017
Next Review Date	September 2020
Review Responsibility	Associate Director of HR & Corporate Services
Version	0.3

REVISIONS/AMENDMENTS SINCE LAST VERSION

Date of Review	Amendment Details
December 2013	<p>The original PCT document has been revised to:</p> <ul style="list-style-type: none"> • Reflect the Clinical Commissioning Group Establishment • Reflect the Clinical Commissioning Group structure • Align to the Clinical Commissioning Group Human Resources and Organisational Development Policies and procedures
February 2017	<ul style="list-style-type: none"> • Reference to behaviours and employee values incorporated
September 2017	<ul style="list-style-type: none"> • Amended to reflect new organisational structure

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SECTION A – POLICY

1. Policy Statement, Aims and Objectives

- 1.1. NHS Doncaster Clinical Commissioning Group (CCG) values its employees and recognises that the collective, effective performance of its employees is crucial to achieve organisational objectives.
- 1.2. Effective performance can only be achieved through the capability and willingness of achieve on behalf of the employee and with the support and guidance of the manager/supervisor.
- 1.1. This policy aims to support managers and supervisors with the management of the performance of employees. It is the intention of this policy to ensure there is a consistent approach to managing performance across NHS Doncaster Clinical Commissioning Group (CCG).
- 1.2. This policy is a guide to managers and supervisors in relation to how they support individual employees to achieve the requirements of their role within the CCG through supervision where appropriate, regular one to one meetings, annual performance and development reviews (PDR's) and developing personal objectives and personal development plans (PDP's). It also provides guidance on the procedure for dealing with poor and/or diminishing work performance on the part of an individual employee.
- 1.3. The development of this policy:
 - Ensures that arrangements are in place for the CCG to provide employees with clear expectations about their role and to support them appropriately in this respect.
 - Ensures that arrangements for regular dialogue and feedback between managers/supervisors and their employees are in place.
 - Provides support for an individual to overcome poor performance and to be safe and effective in their practice, irrespective of their occupation and enable them to meet the required competencies applicable to their role.
 - Ensures concerns are resolved as close to their point of origin and as soon as reasonably practicable after they have been identified to enable pay progression.
 - Ensures that the implementation of formal action within the policy is concerned with setting and monitoring of realistic standards and expectations of the individual within an achievable timeframe.

- Ensures a problem solving approach using best endeavours to prevent, where possible, an escalation of formal action.
- Ensures fair and consistent management of employees.

2. Legislation and Guidance

- 2.1. Guidance from the NHS Terms and Conditions of Service Handbook has been taken into account for the development of this policy and procedure.

3. Scope

- 3.1 This policy applies to those members of staff that are directly employed by NHS Doncaster CCG and for whom NHS Doncaster CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Doncaster CCG or working on NHS Doncaster CCG premises and forms part of their arrangements with NHS Doncaster CCG. As part of good employment practice, agency workers are also required to abide by NHS Doncaster CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Doncaster CCG.

4. Accountabilities and Responsibilities

- 4.1 Overall accountability for the performance of the workforce lies with the Chief Officer. Responsibility is delegated to the following:

<p><i>Associate Director of HR & Corporate Services</i></p>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Maintaining an overview of the corporate ratification and governance process associated with the policy. • Leading the development, implementation and review of the policy. • Providing advice and guidance to managers and employees in relation to this policy particularly when issues may warrant consideration of the Disciplinary Policy. • Assisting in the identification of relevant training/development opportunities to
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	<p>assist with the completion of action plans.</p> <ul style="list-style-type: none"> • Ensuring managers/supervisors are reminded of and implement relevant policies and procedures to support employees with work performance issues including access to Occupational Health Services and Staff Counselling. • To assist with relevant assessments of performance to support the decision making process.
<i>Appointing Officers</i>	<p>Have delegated responsibility for:</p> <ul style="list-style-type: none"> • Understanding their duties and responsibilities in relation to this policy. • Communicating effectively the standards to which work should be completed, the speed of completion required and the attitude and behaviour expected whilst employees are at work. • Identifying and responding effectively to issues of poor/diminishing performance. • Providing regular one to one meetings with individual employees. • Conducting a PDR annually and setting Personal Objectives.
<i>Staff Side</i>	<p>Have responsibility for:</p> <ul style="list-style-type: none"> • Providing advice/representation to employees who are members of a recognised Trade Union.
<i>All Staff</i>	<p>Have delegated responsibility for:</p> <ul style="list-style-type: none"> • Being familiar and compliant with this policy and procedure. • Attaining and maintaining continued professional development including, where applicable clinical supervision.

5. Dissemination, Training and Review

5.1. Dissemination

5.1.1. The effective implementation of this procedural document will support openness and transparency. NHS Doncaster CCG will ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.

5.1.2. This procedural document is located in the Employment Policy Manual. A set of hard copy Procedural Document Manuals are held by the Governance Team for business continuity purposes and all procedural documents are available via the organisation's website. Staff are notified by email of new or updated procedural documents.

5.1.3. A number of policies are related to this policy and should be read in conjunction as follows:

- Disciplinary Policy
- Appraisal Policy
- Pay Progression Policy
- Sickness Absence Policy
- Management of Occupational Stress Policy
- Workplace Wellbeing Policy
- Induction, Mandatory and Statutory Training Policy

5.2. Training

5.2.1. All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

5.3. Review

5.3.1. As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Doncaster CCG's Equality Duties. The purpose of the assessment (refer to Appendix 3) is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

5.3.2. The procedural document will be reviewed every three years, and in accordance with the following on an as and when required basis:

- Legislative changes

- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

5.3.3. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Governance Reports.

SECTION B – PROCEDURE

1. Induction, Mandatory and Statutory Training & On the Job Training

- 1.1. On commencement of employment the new employee should receive an induction programme which will ensure they are fully aware of the duties of the post and the general expectations associated with it. Details of the CCG Induction Programme are contained with the Induction, Mandatory and Statutory Training Policy.
- 1.2. New employees should ensure they complete their mandatory and statutory training within the first three months of employment during their induction period. Any additional training required for specific roles should be identified and the employee will be responsible for completion of the training. A period of on the job training will also be provided to the new employee

2. Supervision

- 2.1. It is the responsibility of the manager/supervisor to ensure that regular supervision, clinical or non-clinical, is available to all employees and that it is timely and effective. This supervision may or may not be carried out by the immediate line manager but could be from a variety of sources. It is for the employee and the line manager to agree the form that supervision will take.
- 2.2. In addition some employees will have day to day supervision available whilst others may work more autonomously with peer support available and access to more senior support as required.

3. One to One Meetings

- 3.1. It is recommended that the line manager and the employee meet at least once per month on a one to one basis. It is recognised that the frequency of one to one meetings may be less than once per month for employees who work on a very part time basis.
- 3.2. The one to one meeting is for the benefit of both the employee and the line manager and focusses on how the employee is in general and provides an opportunity for the employee to say how they are feeling. This may include any issues with their personal life that may be affecting them, relationships with colleagues and discussing any support that the employee may need. It is the employee's decision as to what they choose to share with their line manager in relation to their personal life but one to one meetings can provide the opportunity for the line manager to offer support, where applicable, at the earliest opportunity which can prevent issues affecting an employee's performance at work.
- 3.3. In addition, the one to one meeting should focus on work issues. This should include workload, priorities, forthcoming work, progress with current workload

and performance against objectives should be discussed. Any problems, training needs or difficulties can be identified and the relevant support can be put in place, if appropriate, to prevent escalation of problems.

- 3.4. The one to one meeting provides the line manager with the opportunity to provide the employee with feedback in their performance, give praise for work well done and offer guidance on how they should be moving forward with their work. It should also be used to discuss progress against development and training plans in place.
- 3.5. It is recommended that notes are taken of the one to one meetings and that any actions agreed are clear. Both the line manager and the employee should sign the one to one notes to state that they are an accurate reflection of the meeting. A template for the suggested format for a one to one meeting is contained in Appendix 1.

4. Staff/Team Briefings

- 4.1. Regular staff briefings will be held which will be purely work focussed. The staff briefing is an opportunity for the senior team to cascade organisational issues and raise awareness of the wider NHS agenda.
- 4.2. The staff brief ensures open channels of communication to all employees and aims to ensure that employees are aware of what is happening in the CCG and how their contribution fits in. It also ensures that clear and consistent information is disseminated to all employees in a timely manner.
- 4.3. Additionally it is recommended that teams meeting regularly to discuss generic work issues.

5. Personal Development Review (PDR) & Personal Development Plan (PDP)

- 5.1. The PDR is a formal, annual, face to face meeting between the line manager and the employee. The purpose of the PDR is for the line manager to acknowledge the success and progress of the employee, to discuss any areas of concern or areas for improvement and to review the job description to ensure it is up to date.
- 5.2. There will be a review of the employee's performance against the last set of objectives given to the employee. In addition a review will be undertaken of the employee's behaviour against the CCG's employee values. The employee will have the opportunity to feedback any concerns or issues relating to the CCG as a whole and to share ideas and talk openly about their job and their performance.
- 5.3. The meeting is designed to be structured, consistent and documented. There should be no surprises either for the employee or the line manager as any issues should have been previously addressed through the one to one meetings.

- 5.4. At the end of the PDR the line manager and the employee will agree objectives for the forthcoming year and identify any training or development needs and put together a PDP. Further details of this process and the associated documentation are contained within the Appraisal Policy.

6. Identifying Poor or Diminishing Performance

- 6.1. There may be occasions when a line manager has to speak to an employee regarding their performance, standard of work or behaviour. Where such incidents are isolated this does not constitute poor performance.
- 6.2. Where such occurrences become more frequent or more significant and it becomes apparent that this is a cause for concern the line manager should commence the process identified in the following paragraphs for managing poor performance.
- 6.3. Work performance issues may be identified by the individual employee who is experiencing difficulty, colleagues and/or the line manager. Where the individual recognises that they are having problems they should discuss with their line manager as soon as possible. Likewise where a colleague notices there are problems this should be referred on to the individual's line manager. In this case, and where the problems are identified by the line manager, the first, and the most important step is to make the employee aware of the concerns.
- 6.4. To inform any discussion with an employee concerning their poor performance it is essential that evidence in the form of examples, e.g. specific pieces of work or situations, can be shared with them. Such information should be illustrative of concerns.

7. Informal Counselling

- 7.1. An informal meeting should be held with the employee to try and establish the reason for the poor performance. This type of meeting is known as informal counselling and is in keeping with the principles of support and encouragement. Some of the potential reasons for the performance issues and the possible courses of action are as follows:

Reason for Poor Performance	Possible Outcome
Worries or problems at home or work.	Counselling or practical help may resolve the issue.
Difficulty with one particular aspect of the role.	Constructive supervision, training, education or secondment, either singularly or in combination may overcome the difficulty. Expectations in relation to performance and personal objectives should be

	reviewed.
An underlying medical condition or illness.	Advice may be sought from Occupational Health Services in accordance with the Sickness Absence Policy.
Unsuitability of working pattern.	Flexible Working options can be explored in accordance with the Flexible Working Policy.
Feelings of being bullied or harassed.	Advice should be sought from Human Resources in accordance with the Harassment and Bullying Policy and the appropriate support mechanism put in place.
Work Related Stress.	<p>A stress risk assessment should be undertaken and advice sought from Human Resources in accordance with the Managing Occupational Stress Policy and may include advice from Occupational Health Services.</p> <p>Expectations in relation to performance and personal objectives should be reviewed.</p>
Workload – either too much or too little.	A review of the working pattern should be undertaken and the levels of autonomy/delegation reviewed.
Alcohol/Drug/Substance Misuse.	Immediate advice should be sought from Human Resources in accordance with the Alcohol/Drug/Substance Misuse Policy. This will include advice from Occupational Health Services and may result in disciplinary proceedings.

7.2. The issue of whether the poor performance is a consequence of capability or conduct may not be capable of separation. Where it is clearly evident that the issue of poor performance is a matter of conduct, i.e. within the individual's ability to address through wilful action on their part, then consideration should be given to whether or not the appropriate policy to utilise is the Disciplinary Policy.

- 7.3. If the poor performance arises from an evident lack of capability in functioning, e.g. lack of knowledge, ability or skills, then this policy should be applied and the steps within the procedure for supporting, encouraging and resolving the poor performance should be considered.
- 7.4. It is important that the performance is being measured against reasonable expectations commensurate with the post, band and experience of the employee. The employee should be clear of the standards of performance required, the area(s) of shortfall and what development they will need to undertake to meet the desired standard of performance along with a clear understanding of the time period in which this must be achieved.

8. Formal Action

- 8.1. This mode of action pre-supposes that either the informal counselling has failed to address the poor performance or that the nature and severity of the poor performance warrants the formal level of action being initiated at the outset. The process is outlined in the following paragraphs.

8.2. First Stage Meeting

- 8.1.1. A formal meeting will be arranged which sets out the nature of the continuing problem/problem. The employee will be informed of this in writing and will be advised of their right to be accompanied by a Trade Union Representative or colleague. The purpose of the meeting will be to:

- Make the employee aware of the shortfall(s) in performance
- Remind the employee of the standards which are required
- Identify the reasons for the problem
- Obtain the commitment of the employee to achieve the required standard
- Explore ways of improving performance to achieve the required standard and agree an action plan
- Set an appropriate period of time for the employee to improve and agree how this will be measured and monitored. The timescales that are allowed for performance to improve will vary from case to case depending upon the nature of the problem and the solutions chosen
- Inform the employee what the consequences of not meeting the standard will be, i.e. the Disciplinary Procedure may be invoked

- 8.1.2. A letter should be sent to the employee setting out what was discussed at the meeting and what the agreed actions were.

- 8.1.3. If at the end of the review period the required standard has been met the employee should be notified of this and advised to maintain this standard.

- 8.1.4. If the required standard has not been met any mitigating circumstances should be taken into account, e.g. sickness absence, maternity leave, personal issues, and the review period may be extended if appropriate. Alternatively it will be necessary to move to the next stage of the process.
- 8.1.5. If in between review meetings the employees performance is not improving as expected or is worsening the review period should be brought forward.

8.2. Second Stage Meeting

- 8.2.1. This meeting should be convened in accordance with paragraph 8.1.1. At this meeting the discussion is likely to centre on performance during the review period.
- 8.2.2. If at the end of the review period the standard has been met the employee will be informed of this and will be encouraged to maintain this standard. Records should be kept on an employee's personal file in relation to the performance issues. Managers may keep their own records for reference purposes.
- 8.2.3. If the standard has not been met the disciplinary procedure will be invoked and a formal warning will be issued.
- 8.2.4. A final review meeting will be scheduled and the employee should be informed in writing that failure to achieve the required standard may result in dismissal.

8.3. Final Review Meeting

- 8.3.1. This meeting will be convened in accordance with paragraph 8.1.1.
- 8.3.2. If the required standard has been achieved the employee should be advised that this should be maintained and that failure to do so during the 'live' period of time the formal warning is in place for, a further sanction under the Disciplinary Procedure will be issued which may include dismissal.
- 8.3.3. If the required standard has not been met and all the relevant support and options including suitable alternative employment have been exhausted the employee must be advised that a recommendation will be made to dismiss them from employment in accordance with the Disciplinary Procedure.
- 8.3.4. The outcomes above should not be unexpected to the employee as previous discussions regarding process against the action plan should take place through regular one to one meetings/supervision.

9. Right of Appeal

- 9.1. If at any stage of this procedure an employee or their representative is aggrieved as to how the matter is being dealt with, they will have the right of appeal to the next level of management not previously involved
- 9.2. Where it is necessary to take action of a formal nature, e.g. the issue of formal warnings or dismissal, the matter must be dealt with in accordance with the Disciplinary Procedure and as such employees have the right of appeal in accordance with that procedure.

10. Records, Discussions and Action Plans

- 10.1. The content of any records collated during the management of performance issues should include the date, content, who was present and the outcome and should be kept on file. Copies should be provided to the employee irrespective of whether the issues have been handled informally or formally. In the formal mode however the appropriate record may be constructed through the letter issued to the employee as part of that process.
- 10.2. At any stage of the process, but essential at the formal stage, an action plan will be developed to identify what that employee is expected to achieve, how this will be monitored/reviewed and how the manager proposes to assist the employee in achieving the objectives of the action plan. The action plan must be relevant, factual, realistic and easily understood.

11. Referral to External Agencies and Regulatory Bodies

- 11.1 In all probability the question of whether or not the concerns of poor performance should be referred to an external agency or regulatory body is unlikely to be an issue until the final stages of this process have been entered into and either the performance has become recurrent or habitual or the severity of the poor performance is of a magnitude to warrant consideration of very serious action.
- 11.2. Guidance on this issue will be provided by Human Resources in conjunction with the Chief Nurse.

MONTHLY ONE TO ONE TEMPLATE

Employee:..... Line Manager:.....

Department:..... Date:.....

Part 1
Personal Issues:
Colleague Relationships:
Support Required:

Part 2
Workload, i.e. issues, priorities, forthcoming work, progress to date:
Performance Against Objectives:
Training Needs:
Feedback:
Progress against development/training objectives:

This document is signed to confirm that this is an accurate reflection of the discussions held within this meeting;

Signed (Employee):..... **Date:**.....

Signed (Line Manager):..... **Date:**.....

NHS DONCASTER CLINICAL COMMISISONING GROUP

SCHEME OF DELEGATION AND AUTHORITY IN REALTION TO MANAGING POOR PERFORMANCE

The following scheme of delegation has been developed pertaining to the management of performance issues. The following chart indicates the lowest grade of officer who will normally have the delegated authority to take performance management action. However these may be changed in light of revised managerial arrangements.

CATEGORY OF STAFF	WRITTEN WARNING	FINAL WRITTEN WARNING	DISMISSAL
Clinical Chair	In accordance with the Constitution and in consultation with NHS England	In accordance with the Constitution and in consultation with NHS England	In accordance with the Constitution and in consultation with NHS England
Chief Officer	Clinical Chair in consultation with NHS England	Clinical Chair in consultation with NHS England	Clinical Chair in consultation with NHS England
Governing Body (Lay Members)	Chief Officer	Chief Officer	Sub Committee of Governing Body in accordance with the Constitution
Governing Body (Locality Leads)	Clinical Chair	Clinical Chair	Clinical Chair in accordance with the Constitution
Chief Finance Officer, Chief Nurse, Director of Strategy & Delivery, Associate Director of HR & Corporate Services	Chief Officer	Chief Officer	Sub Committee of Governing Body

CATEGORY OF STAFF	WRITTEN WARNING	FINAL WRITTEN WARNING	DISMISSAL
Employees directly reporting to Chief Finance Officer, Chief Nurse, Director of Strategy & Delivery, Associate Director of HR & Corporate Services	Chief Finance Officer, Chief Nurse, Director of Strategy & Delivery, Associate Director of HR & Corporate Services	Chief Finance Officer, Chief Nurse, Director of Strategy & Delivery, Associate Director of HR & Corporate Services	Chief Officer
All other staff	Line Manager (Band 4 and above)	Line Manager (Band 4 and above)	Chief Finance Officer, Chief Nurse, Director of Strategy & Delivery, Associate Director of HR & Corporate Services

Equality Impact Assessment

Title of policy or service contract:	Managing Concerns with Performance At Work	
Name and role of officer/s completing the assessment:	Andrea Richards, HR Manager	
Date of assessment:	February 2018	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
Give a brief summary of your policy or service <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>This policy has been implemented to outline a consistent procedure for managing concerns with the performance of employees.</p> <p>The policy is applicable to all employees and adheres to NHSLA Standards, statutory requirements and best practice and makes all reasonable provision to ensure equity of process for all employees.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as

possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No anticipated detrimental impact has been identified.	There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic – therefore there is no required action identified	Policy will be monitored in line with changes in legislation and amended as necessary	In line with CCG Policy Review timetable.	HR Manager

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Associate Director of HR & Corporate Services.	Date of next Review:	September 2020

Once completed, this form **must** be emailed to Gareth Jones Equality Lead for sign off @

gareth.jones22@nhs.net.

Equality Lead Name:	
Signature	
Date	