

# Agency and Interim Use Policy

**NHS West Essex Clinical Commissioning Group Policy Reference:  
WECCG104**

**DOCUMENT CONTROL SHEET**

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**Change History:**

Version	Date	Reviewer(s)	Revision Description
V1.0	April 2017	Louise Thomas	Adapted for use as the Shared Service Policy.

**Implementation Plan:**

<b>Development and Consultation</b>	Developed in conjunction with the joint policy forum and ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.
<b>Dissemination</b>	This policy will communicate to staff representatives. It will be communicated electronically to all staff and managers and will be published on the CCG's intranet.
<b>Training</b>	There are no specific training requirements in order to implement this policy. However, managers will be able to access advice from the HR Department on the implementation and interpretation of this policy.
<b>Monitoring</b>	The HR and ODL Shared Service proactively reports to managers all agency and interim use and compliance with the policy.
<b>Review</b>	Every 2 years
<b>Equality and Diversity</b>	17/05/2017 - Equality Impact Assessment
<b>Associated Documents</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>▪</li> </ul>

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**Document Status:**

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## Table of Contents

<b>Section No.</b>	<b>Section Name</b>	<b>Page No.</b>
1.0	Introduction	5
2.0	Scope	5
3.0	Definitions	5
4.0	Policy Statement	6
5.0	Responsibilities	7
6.0	Procedure	8
6.1	Identify Need for Agency/Interim	8
6.2	Identify Agency/Interim Workers	8
6.3	Approved Agency Frameworks	8
<b>Appendix 1</b>	<b>Employment Status Service Tool</b>	<b>14</b>
<b>Appendix 2</b>	<b>Authority to Engage Agency/Interim Worker Request Form</b>	<b>15</b>
<b>Appendix 3</b>	<b>Equality Impact Assessment Stage 1 Screening</b>	<b>18</b>

## **1.0 Introduction**

- 1.1 NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as 'the CCG'), recognises that the use of temporary workers may be required to cover vacancies, projects or other urgent needs in order to sustain high standards of performance, or to provide skills not readily available from within the CCG's workforce. However, it is the CCG's position that temporary workers should not be used as a long term solution.
- 1.2 Managers should consider alternative options before using temporary workers, for example:
- whether the use of temporary workers is essential in the circumstances in meeting service needs/statutory requirements;
  - whether fixed term contracts/acting up/secondments could be considered;
  - whether work can be allocated to other staff temporarily to meet short term needs; and
  - whether there is budget provision available.
- 1.3 All requests for agency workers and interims, including independent contractors, should be made via the Authority to Engage (ATE) Form (Appendix 2) and following the agreed process at section 6 of this policy.

## **2.0 Scope**

- 2.1 This policy applies to all CCG staff members, including Governing Body Members and Practice Representatives, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).

## **3.0 Definitions**

- 3.1 Agency workers refer to workers paid directly by an employment agency, where the CCG is invoiced by the employment agency and enters into a contract with the agency rather than the worker.
- 3.2 Interims or independent contractors refer to self-employed workers engaged by the CCG to undertake work for which they directly invoice the CCG.
- 3.3 IR35 or off payroll working refers to tax rules which apply to people who work in the public sector through a Personal Services Company (PSC) or other intermediary. Changes to IR35 rules means that those workers who are not on a payroll (either the CCG's or an agencies) and therefore do not pay employment taxes but are considered an employee for tax purposes must now pay employment taxes in a

similar way to employees. The CCG has decided that these individuals must be placed on the CCG, agency or umbrella company's payroll to achieve this.

#### **4.0 Policy Statement**

- 4.1 This policy has been developed to strengthen and bring together existing protocols and guidance on the use of agency and interim workers.
- 4.2 The CCG's policy is to encourage where possible that agency workers are used only from employment agencies procured via a NHS Improvement (NHSI) approved agency framework. The frameworks provide assurance that the agencies have undergone the appropriate pre-employment checks, in line with the NHS Employers employment standard checks. A copy of the most up-to-date NHS Employers Employment Check Standards can be downloaded from the NHS Employers website [www.nhsemployers.org](http://www.nhsemployers.org).
- 4.3 NHSI has published rules for NHS provider trusts, which state that only agency workers via approved frameworks can be used and that framework rates and NHSI rate caps must be adhered to. The NHSI rules act as best practice guidance for CCGs.
- 4.4 Her Majesty's Revenue and Customs (HMRC) has published rules on off payroll interim use in the public sector, known as IR35.
- 4.5 NHS England (NHSE) has also set out a number of rules for CCGs in relation to interim/agency use.
- 4.6 This policy is designed to ensure compliance with the above rules and guidance. The CCG will therefore:
- Encourage where possible the use of agencies that are on an NHSI approved framework only;
  - Encourage where possible the use of agency workers paid at or lower than the NHSI and/or NHSE capped wage rates and approved framework rates;
  - Ban the use of interims who fall under the scope of IR35 rules from being paid off payroll, ensuring that these interims are paid via payroll and that they are taxed as employees for tax purposes;
  - Interims and agency workers should not be engaged for periods of more than 6 months; and
  - Obtain advance approval from NHSE before engaging an agency/interim worker:
    - at a cost of £600+ per day (excluding VAT and expenses, but including agency costs);
    - for more than 6 months;
    - in a role of significant influence (e.g. Board/Governing Body level).

- 4.7 It is the CCG's policy to comply with the NHSI guidance where possible and to comply in all cases with the rules published by HMRC and NHSE.

## **5.0 Responsibilities**

- 5.1 CCG Executive** is responsible for considering all requests to use agency/interim workers and ensuring compliance with this policy, legislation and national rules. The Executive will monitor agency and interim spend and ensure value for money is achieved.
- 5.2 HR and ODL** is responsible for reviewing and updating this policy to ensure compliance with national/legal requirements and best practice guidelines and providing advice and support to managers in consistently applying this policy. The HR and ODL Shared Service will report periodically on agency and interim use to the relevant committee/s in conjunction with Finance teams, sign off agency/interim requests and support managers in developing robust workforce plans to minimise agency/interim spend.
- 5.3 Accountable Officer/Chief Executive** –has ultimate responsibility for ensuring that mechanisms are in place for the overall implementation, monitoring and revision of policy.
- 5.4 Line Managers** are responsible for implementation of the policy within their own spheres of control and must ensure that:
- spend on agency and interim staffing is kept minimal and managed in line with available budget;
  - the use of agency/interims is appropriate, necessary and follows the correct protocols to obtain authorisation in advance of using agency/interim workers
  - ensure that use of agency workers/interims complies with the CCG's policy position on agency and interim use and national/legal requirements/best practice;
  - arrangements are in place for local induction of agency/interim workers;
  - performance or conduct issues relating to agency/interim workers are addressed appropriately and in a timely manner;
  - health and safety and information governance considerations are fully addressed in line with the relevant policies and legislation;
  - compliance with the procurement rules as set out in the Detailed Financial Policies/Standing Financial Instructions;
  - time sheets and invoices are authorised in a timely manner and anomalies flagged immediately; and
  - robust plans are developed to avoid the use or continued use of agency/interim workers.
- 5.5 The Finance Department** is responsible for sharing with HR and management details of agency spend and use, signing off agency/interim requests and communicating rules such as the Detailed Financial Policies/Standing Financial Instructions.



# HR and ODL Shared Service

Hertfordshire, West Essex,  
Bedfordshire & Luton  
CCGs

## **6.0 Procedure**

### **6.1 Identify Need for Agency/Interim**

The manager should identify the need for an agency/interim worker and explore all alternatives to avoid incurring these costs, for example, by advertising internally/externally a fixed term contract, secondment or acting up or temporarily reallocating work.

### **6.2 Identifying Agency/Interim Workers**

Managers must obtain authority to engage an agency/interim worker via the Authority to Engage Agency/Interim (ATE) process prior to entering any agreement with an agency/agency worker or interim. However, managers can scope options in advance up to the point of entering any agreement, in order that full details are known when the ATE process is commenced.

### **6.3 Approved Agency Frameworks**

Where managers decide to use an agency, they should use an agency on one of the NHSI approved frameworks to ensure that the agency is carrying out pre-employment checks in accordance with the NHS Employment Check standards: <http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards> and to ensure good use of public money as the framework rates provide some assurance in this regard. The NHSI approved frameworks are currently:

- Crown Commercial Services: RM971 Non-Medical Non-Clinical
- Crown Commercial Services: RM1570 Locum Doctors (including Locum GPs)
- Crown Commercial Services: RM3711 Multidisciplinary Temporary Healthcare Personnel
- Crown Commercial Services: RM970 Agency Nurses and Social Care Workers
- Crown Commercial Services: RM959 Allied Health Professionals, and Health Science and Emergency Services staff
- HealthTrust Europe: Total Workforce Solutions 2016 (Lots 3a, 3b, 3c and 4)
- NHS Collaborative Procurement Partnership: National framework agreement for the supply of clinical staff.

This list is updated from time to time at:

<https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps/#frameworks>

### **6.4 Agency Rates**

Managers should instruct agencies that they are procuring under the appropriate framework and to apply the framework rates.

Whilst the NHSI rules only act as guidance for CCGs, managers should aim to meet the NHSI rate caps to help assure the CCG with regards good use of public money. The current NHSI rate caps are set out here:

<https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps/>

## **6.5 NHS England Rules**

Advance approval from NHS England is required before engaging an agency/interim/off payroll worker in the circumstances described at 4.6.

Approval from the relevant NHS England Director of Commissioning Operations and Director of Finance is required for agency workers costing from £600 up to £800. Where costs are £800 per day or above, additional approval is required from Regional Directors of Finance. Where costs are £900 per day or more, additional approval is required from the NHS England Commercial Executive Group.

Approval from the Director of Commissioning Operations and their Director of Finance is required for expenditure below £600 per day but greater than 6 months in duration or covering areas of significant influence.

The above rules are compulsory for CCGs and managers must therefore complete the required business cases and ensure compliance in all circumstances.

## **6.6 Off Payroll Working and IR35 Compliance**

If a worker is proposed to be engaged directly by the CCG or via an agency, but will not be on the CCG's or the agency's payroll and instead paid through invoices via a PSC or other intermediary, this would mean they would not be taxed as employees. The HMRC rules state that all such workers must be assessed by the fee-payer (i.e. the CCG) to determine if in fact the worker should be taxed as if they were an employee, because they are considered an employee for tax purposes..

HMRC have developed the following Employment Status Service tool to determine whether the worker is considered an employee for tax purpose:

<https://www.tax.service.gov.uk/check-employment-status-for-tax/setup>

The CCG manager completing the tool will need to answer a number of detailed questions around the relationship between the worker and the CCG and will need to know the following in order to complete the tool:

- the worker's responsibilities;
- who decides what work needs doing;

- who decides when, where and how the work's done;
- how the worker will be paid; and
- if the engagement includes any benefits or reimbursement for expenses.

Managers must complete the tool and cannot delegate this responsibility to the agency, interim worker or others. It is critical that answers are honest and if in doubt, a conservative answer is given, because HMRC will not stand by the determination derived through the tool if inaccurate, contrived or misleading information is provided. This would be treated as evidence of deliberate non-compliance with associated higher penalties to the CCG.

The manager completing the tool must take a screen shot of the HMRC decision and take a copy of the questions and answers submitted via the tool and attach this to the ATE form so that evidence of the decision can be held centrally by the CCG. An example decision and the questions and answers submitted appear at Appendix 1.

## **6.7 Agency Workers In Scope of the IR35 Intermediaries Legislation**

If off-payroll working rules apply and the worker is paid by an agency, the manager must tell the agency that it has been determined that the off-payroll working reforms should be applied to the contract with this worker. The agency will be required to calculate and pay the tax and National Insurance Contributions (NICs) and report and pay the deductions to HMRC. Proof of this (e.g. in the form of an email to the agency) should be attached to the ATE form.

If the CCG receives a written request from an agency or other third party asking whether the off-payroll rules apply, the CCG must reply within 31 days.

Failure to comply with both requirements above will render the CCG responsible for accounting for tax and NICs as if it were a fee-payer.

## **6.8 Interims/Independent Contractors In Scope of the IR35 Intermediaries Legislation**

For all payments made on or after 6 April 2017, if off-payroll working rules apply to someone paid directly by the CCG, the CCG will need to:

- calculate the deemed direct payment in respect of the worker's services;
- deduct tax and NICs;
- report and pay those deductions over to HMRC; and
- pay the company's invoice after accounting for tax and NICs deductions. VAT may also be payable if the company is VAT-registered.

This means that workers must be put on to the CCG's payroll. Managers should discuss with their HR Business Partner how to go about doing this and assess any

risks and mitigation of these in relation to equal pay and ensuring equal opportunity in line with the recruitment and selection policy. The potential options include:

- Issuing a fixed term contract on Agenda for Change pay rates and directly employing the individual; or
- Engaging the individual via an employment agency or umbrella company, provided that the individual is on that company's payroll and they are paying taxes via PAYE; or
- Registering the individual on ESR and paying their invoices via the CCG's payroll (please see Section 6 below for details on how to do this).

Interims/independent contractors should only be placed on the payroll without advertising the opportunity for up to 3 months. If it is envisaged that a longer engagement is required, the opportunity should be advertised in the normal way, ideally in advance of engaging a worker, however, if there is an urgent business need to engage a worker, they may be placed on the payroll for up to 3 months and the opportunity advertised in the normal way during this time.

## **6.9 Authority to Engage (ATE) Process**

The ATE form at Appendix 2 must be completed to engage agency workers, interims, or independent contractors. This process is distinct from the authority to recruit substantive staff, which follows a separate process. An overview of the ATE process is set out overleaf and the preceding steps set out above must have been complied with.

Retrospective agency and interim requests will not be permitted. Any such instances or failure to follow this procedure will be reported immediately to the Director of Finance/Chief Financial Officer and Chief Executive/Accountable Officer.

## **6.10 Pre-employment Checks**

For authorised requests to engage an agency worker/interim, the manager should ensure compliance with the NHS Employment Check standards:

<http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards> .

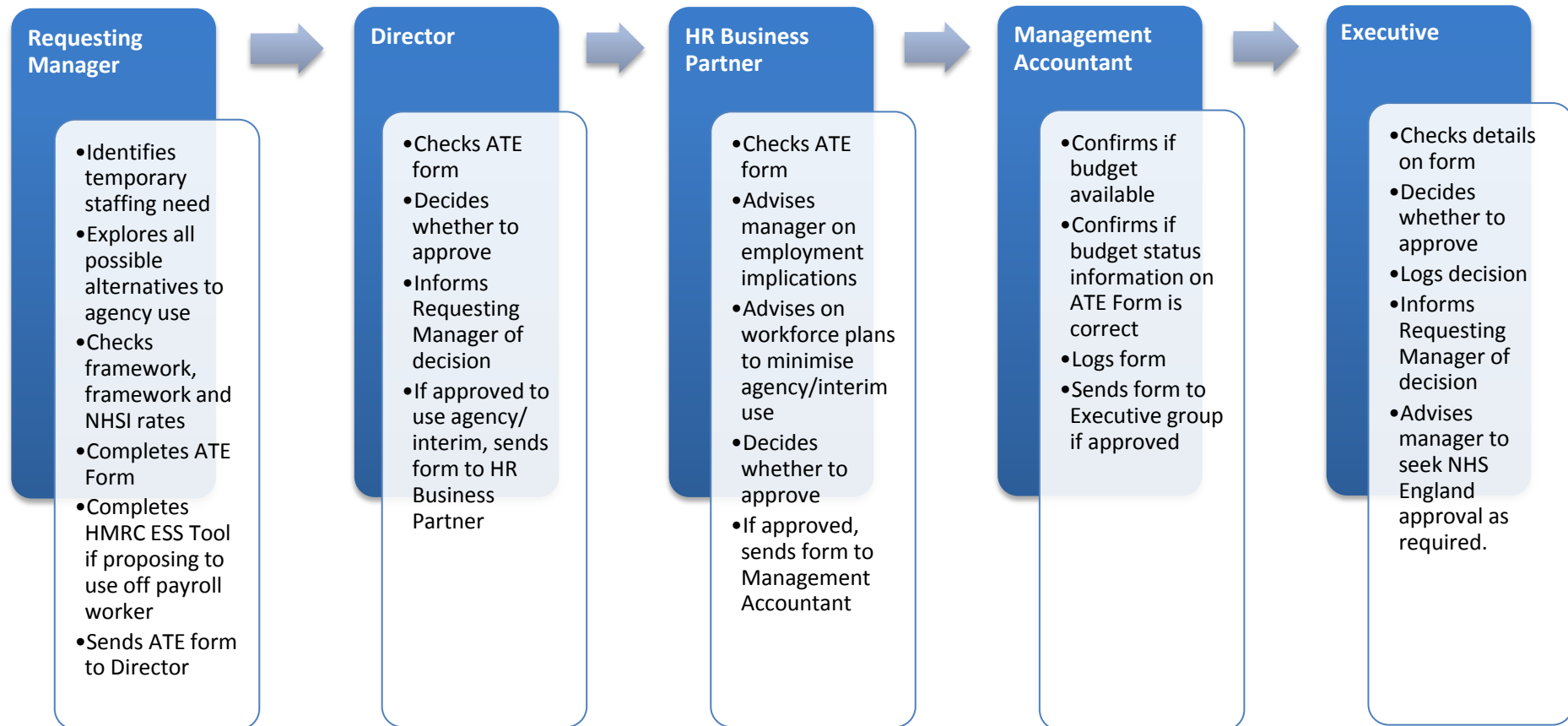
Where an agency is employing a worker, the manager should formally require the agency to comply with these rules. Agencies procured via an NHSI approved framework are required to follow these rules under the terms of the framework and are audited to ensure compliance.

Where an off payroll interim not under scope of the IR35 intermediaries legislation is being engaged, the manager should discuss with their HR Business Partner how best to ensure compliance with the NHS Employment Check standards.

The agency/interim worker must not start work without confirmation that the employment checks are complete.

The NHS Employment Check standards will be complied with in all cases prior to any worker being placed on the CCG's payroll.

6.9 ATE Process



### **6.11 Procedure for Paying Invoices via the CCG's Payroll (ESR)**

Invoices must not be submitted to financial services, but should instead be submitted to the relevant budget holder/manager with delegated budgetary authority.

The following process should be followed to pay invoices via ESR:

- The manager should write "authorised" on the invoice and sign and date it;
- For the first invoice being paid via ESR, the independent contractor will need to be set up on ESR and ensure compliance with the NHS Employment Check standards (please see section 6.10 for details and seek advice from your HR Business Partner).
- The manager should complete the ESR pro-forma which can be obtained from HR and send this together with the authorised invoice to the CCG's Finance Department. Once the contractor is set up on ESR, the manager will only need to send the authorised invoice to Finance and will not be required to use the pro-forma.
- Finance will check that there is valid authority to engage the worker, determine if VAT is recoverable, identify expenses and employers NICs and then complete the finance section of the pro-forma and pass this together with the invoice to the relevant HR Business Partner.
- HR will set the individual up on ESR and send the pro-forma and invoice to Payroll.

The above process can only be followed if there is valid authority to engage the worker.

When the worker is no longer to be used by the CCG, the manager should complete a termination form to remove the individual from the payroll.



## Appendix 1: Example of Employment Status Service Tool

**GOV.UK** Check employment status for tax Home

**BETA** This is a new service - your [feedback](#) will help us to improve it.

HM Revenue & Customs

**The intermediaries legislation applies to this engagement**

HMRC will not keep a record of this transaction for security reasons.

Please [print a copy for your records](#).

Based on the information you've given the working practices of this engagement fall within the scope of the intermediaries legislation.

The worker should pay tax and National Insurance as if they were an employee.

You should reassess the status of the role if there are changes to the engagement or the way the work is done.

**You should now do the following:**

**Public sector**

If you're the worker you should tell the organisation that pays your fees (the fee payer) to deduct tax and National Insurance from your payment.

If you're the fee payer you need to deduct tax and National Insurance from the [worker's deemed employment payment](#)(s) during this engagement.

**Private sector**

If you're the worker you need to follow [this guidance about your taxes](#).

**About this result**

### Your answers

**1. Which of these describes you best?**

The end client

**2. Has the worker already started this particular engagement for the end client?**

Yes

**3. How does the worker provide their services to the end client?**

Through another individual

**4. Is the worker or their business an office holder for the end client?**

No

**5. During this engagement has the worker's business arranged for someone else to do the work instead?**

No - it's never happened

**6. Would the end client accept the worker's business sending someone else to do this work instead?**

No

**7. Has the worker's business needed to pay a helper to do a significant amount of the work?**

No

**8. Can the end client move the worker to a different task or project than they originally agreed to do?**

Yes - without the worker's agreement (if the worker doesn't want to change task or project, the end client would no longer engage them)

**9. Once the worker starts the engagement, can the end client decide how the work is done?**

The worker and other people employed by the end client agree how the work needs to be done

**10. Can the end client decide the schedule of working hours?**

The worker and the end client agree a schedule

**11. Can the worker choose where they work?**

Partly - some work has to be done in an agreed location and some can be done wherever the worker chooses

**12. What items does the worker have to buy for this engagement that they can't claim as an expense from the end client or an agency?**

Other expenses - including meals, accommodation, travel for work tasks (not including commuting)

**13. What's the main way the worker is paid for this engagement?**

An hourly, daily or weekly rate

**14. If the end client isn't satisfied with the worker's output, when would the worker have to put it right?**

In their usual working hours at the usual rate of pay

**15. Is the worker entitled to any of these benefits from the end client?**

No

**16. Is the worker responsible for any of these duties for the end client?**

No

**17. Does the worker interact with the end client's customers, clients, audience or users?**

Yes

**18. When the worker interacts with the end client's customers, clients, audience or users, how do they identify themselves?**

They're an independent worker acting on behalf of the end client

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Not applicable <input type="checkbox"/>	
<b>How have Standing Financial Instructions been complied with (eg 3 written quotes for completion of a project, depending on cost level)?</b>	
<b>Reason for Request:</b>	
<b>What efforts have you made to cover the work without resorting to agency/interim use? (eg through a secondment/fixed term contract/acting up)</b>	
<b>Please set out your recruitment plan and how implementation is progressing, in order that you can cease the use of temporary cover at the earliest possibly opportunity (if applicable):</b>	
<b>Are there any employment or other risks associated with the proposal and how will these be mitigated? (Manager/HR/Finance to complete as appropriate)</b>	
<b>Approved by Director?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Approved by HR Business Partner?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>For Completion by Management Accounts – Is there funding in the budget &amp; above budget information is correct?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Approved by Executive?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Director Name and Signature:</b>	<input style="width: 95%; height: 40px;" type="text"/>
<b>Date of Decision:</b>	<input style="width: 80%; height: 25px;" type="text"/>
<b>HR Business Partner Name and Signature:</b>	<input style="width: 95%; height: 40px;" type="text"/>
<b>Date of Decision:</b>	<input style="width: 80%; height: 25px;" type="text"/>
<b>Management Accountant Name and Signature:</b>	<input style="width: 95%; height: 40px;" type="text"/>
<b>Date of Decision:</b>	<input style="width: 80%; height: 25px;" type="text"/>
<b>Executive Name and Signature:</b>	<input style="width: 95%; height: 40px;" type="text"/>

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		<b>Date of Executive Decision:</b> <input type="text"/>
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**Appendix 3  
Equality Impact Assessment Stage 1 Screening**

<b>Title of policy, service, proposal etc being assessed:</b>
Agency and Interim Use Policy

<p><b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims</p> <p>NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as ‘the CCG’), recognises that the use of temporary workers may be required to cover vacancies, projects or other urgent needs in order to sustain high standards of performance, or to provide skills not readily available from within the CCG’s workforce. However, it is the CCG’s position that temporary workers should not be used as a long term solution. This policy sets out the CCG’s approach to the use of agency and interim workers.</p>
<p><b>How will these outcomes be achieved?</b> What is it that will actually be done?</p> <p>All requests for agency workers and interims, including independent contractors, should be made via the Authority to Engage (ATE) Form (Appendix 2) and following the agreed process at section 6 of this policy.</p>
<p><b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you’ve reached that decision and send the form to the equality and diversity manager for agreement and sign off</p> <p>Staff</p>

<p><b>Evidence</b></p> <p><b>What evidence have you considered?</b> Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).</p> <p>This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.</p> <p>If you are submitting no evidence against a protected characteristic, please explain why.</p>
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**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

No local assessment. Developed in conjunction with the joint policy forum and ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Disability** Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

No local assessment. Developed in conjunction with the joint policy forum and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Gender reassignment (including transgender)** Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Marriage and civil partnership** Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

No local assessment. Developed in conjunction with the joint policy forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Pregnancy and maternity** Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

No local assessment. Developed in conjunction with the joint policy forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Race** Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and



language barriers.

No local assessment. Developed in conjunction with the joint policy forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Religion or belief** Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.

No local assessment. Developed in conjunction with the joint policy forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Sex** Detail and consider evidence on men and women. This could include access to services and employment.

No local assessment. Developed in conjunction with the joint policy forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Sexual orientation** Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Carers** Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Other identified groups** Detail and considers evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

No local assessment. Developed in conjunction with the joint forum, and ratified by,

the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

### **Engagement and involvement**

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Policy Forum established. Members include representatives of CCGs and Trade Unions

How have you engaged stakeholders in testing the policy or programme proposals?

Policy Forum established. Members include representatives of CCGs and Trade Unions

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Policy Forum established. Members include representatives of CCGs and Trade Unions

### **Summary of Analysis**

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

### **Eliminate discrimination, harassment and victimisation**

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden

and Islington NHS Foundation Trust policy

### Advance equality of opportunity

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

### Promote good relations between groups

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

### Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

New HR monitoring system being developed

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

Publication alongside the policy

## Health Inequalities Analysis

### Evidence

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also consulted with Finance Teams. Guidance also taken from NHS England, NHS Improvement current legislation, NHS employment standards checks and Camden and Islington NHS Foundation Trust policy

**Impact**

**2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

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**3. How can you make sure that your work has the best chance of reducing health inequalities?**

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**Monitor and Evaluation**

**4. How will you monitor and evaluate the effect of your work on health inequalities?**

New HR monitoring system being developed

**Quality Impact Initial Assessment.**

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient’s experience will be at the centre of the organisation’s approach to quality.

What is the impact on:

<b>Patient Safety?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
<b>Patient</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>

<b>Experience? Clinical Effectiveness?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
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If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

<b>Name of person(s) who carried out these analyses: Paul Curry</b>
<b>Date analyses were completed: 17 May 2017</b>