

# **Appraisal and Performance Review Policy**

**NHS West Essex Clinical Commissioning Group Policy Reference Number:  
WECCG106**

## DOCUMENT CONTROL SHEET

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| Version | Date | Reviewer(s) | Revision Description                          |
|---------|------|-------------|---|
| V1.0    |      |             | Adapted for use as the Shared Service Policy. |
|         |      |             |   |
|         |      |             |   |

### Implementation Plan:

|                                     |  |
|-------------------------------------|--|
| <b>Development and Consultation</b> | Developed in conjunction with the joint 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>                     | HR Masterclasses will be made available to all managers on Appraisal Skills. Managers will also be able to access advice from the HR and ODL Shared Service on the implementation and interpretation of this policy.   |
| <b>Monitoring and Review</b>        | The CCG proactively monitors and reports on appraisal rates. The data identified from monitoring will be used to update the policy and ensure best practice as necessary.  |
| <b>Equality and Diversity</b>       | 17/05/2017 - Equality Impact Assessment  |
| <b>Associated Documents</b>         | <ul style="list-style-type: none"> <li>• Appraisal and Performance Review Guidance for Staff and Managers</li> <li>• CCG Vision and Values</li> <li>• Education, Training and Development Policy</li> <li>• Recruitment and Selection Policy</li> <li>• Equality and Diversity Policy</li> </ul> |

|                   |  |
|-------------------|--|
|                   | <ul style="list-style-type: none"><li>• Managing work performance policy</li></ul> |
| <b>References</b> | <ul style="list-style-type: none"><li>▪</li><li>▪</li></ul>                        |

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## 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') is committed to supporting staff in their development and ensuring that they are clear on their objectives and priorities. A well planned and consistently implemented staff appraisal ensures that all employees are aware of the objectives and values of the organisation and how they, as a member of staff can support these. This assists in :

- The creation of an organisation which is clear on its current talent which enables it to develop succession planning.
- A focus on the organisational strategic priorities and values, thus ensuring a high performing CCG.

1.2 Appraisal is not a substitute for good day to day management and managers should provide their staff with regular and ongoing opportunities for discussion, coaching and feedback to encourage and enable them to improve their development and/or performance.

1.3 The CCG formal appraisal documentation must be completed and shared with the Organisational Development and Learning (ODL) team as well as a copy kept in the employee's personal file.

## 2.0 Scope

2.1 This policy applies to all CCG staff members, whether permanent or temporary.

2.2 All interim consultants and agency staff are excluded from this policy.

## 3.0 Definitions

### 3.1 Appraisal

Appraisal involves a twelve monthly cycle of performance review and personal development which culminates in a 1-to-1 structured appraisal discussion. This cycle also incorporates a six month review and any other local arrangements appropriate for individuals e.g. monthly 1-to-1 or informal meetings to discuss progress on objectives. Therefore the process of appraisal begins on appointment as the staff

member undertakes their Induction (both organisational and local) then continues throughout their employment with the CCG.

The overall objective of an effective appraisal process should be to help staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

All staff must have an appraisal discussion at least once every 12 months and reviewed on a 6 monthly basis.

These meetings should be held annually during April – June and should enable CCG employees to feel supported and valued for their on-going work and contribution to the CCG.

### **3.2 Appraisee**

The staff member or office holder undertaking their appraisal and being appraised.

### **3.3 Appraiser**

Normally the line manager (or it may be a supervisor or designated deputy) who is responsible for conducting a member of staff's appraisal.

## **4.0 Policy Statement**

**4.1** The CCG appraisal and performance review policy has been designed to ensure that we can support staff in the realisation of the business objectives and values, by helping them to contextualise these in line with their day-to-day roles. This in turn will allow employees of the CCG to feel motivated, committed and satisfied in helping the organisation to achieve its business goals and live its values.

**4.2** The CCG has developed a set of key competencies for all staff which can be related to any role at any level. It is the line managers' responsibility to define how these competencies relate to each role/level and the expectations set. The appraisal and performance review will allow for open discussions between line managers and the job holder in identifying where both competencies and the organisation's values/objectives have been met and displayed in day to day work and dealings with customers, colleagues, peers and other stakeholders.

**4.3** First appraisals should normally happen during the appraisal window following successful completion of the probation review.

## **5.0 Responsibilities**

### **5.0 Roles and Responsibilities**

#### **5.1 Appraisee**

The appraisee will:

- Participate fully in the appraisal process. Refusal to participate in the appraisal process may be considered a misconduct issue. Incomplete appraisals or mandatory training could result in the employee's increment being withheld;
- Complete the appraisal document (appraisee) in preparation for the appraisal meeting;
- Keep him or herself informed about what is expected in relation to the appraisal process;
- Ensure they keep up to date with their mandatory training and actively pursue the development identified within the PDP;
- Work proactively to meet the objectives identified in the appraisal and flag to their manager as soon as is practicable any obstacles to satisfactory completion;
- Work to support the CCG's values and strategic objectives in all they do.

#### **5.2 Appraiser**

The Appraiser will:

- Ensure that each employee has an individual appraisal at least once every 12 months and reviewed on a 6 monthly basis;
- Ensure that each employee has an up to date job description and person specification or role description appropriate to an office holder;
- Ensure a two way conversation and congratulate and praise the appraisee as well as support with further suggestions to improve performance;
- Check that the appraisee's mandatory training record is up to date and take appropriate action should mandatory training need to be completed. If the job

holder fails to remedy this **within 28 days** of the appraisal date, this may result in incremental progression being withheld;

- Provide the Organisational Development and Learning team a completed copy of the appraisal document which has been signed by all parties (Appraiser & Appraisee);
- Meet regularly with individuals or as a team in between appraisal meetings.

If a member of staff is on long term sick leave, maternity leave or a career break it may not be possible to carry out their regular annual appraisal. In this case, a formal review should take place within an appropriate timeframe following their return.

### 5.3 Organisational Development and Learning will:

- Keep this policy and the associated paperwork up to date and be responsive to feedback from the annual staff survey in relation to appraisals;
- Provide appraisal advice, support and training to managers and staff;
- Ensure that the necessary training is available for Appraisers and Appraisee to access to ensure that they understand their responsibilities in relation to the appraisal process;
- Support managers to identify and overcome the barriers which prevent appraisals taking place;
- Provide an independent review of all submitted appraisals to ensure consistent compliance and equality;
- Record appraisal completion dates as reported by the appraisers on ESR; and updating the Executive Management Team;
- Produce an appraisal report, training needs analysis, talent and succession plan reports.

### 5.4 Executives Directors

- Are accountable to the Accountable Officer/Chief Executive for ensuring that, within their areas of responsibility, appraisals are managed and completed in a timely manner;



- Will ensure appraisals are conducted consistently and fairly in accordance with the CCG equal opportunities policies and procedures.

## 6.0 Procedure

### 6.1 Training

Annual Appraisal and Performance Management briefing sessions will be made available for appraising managers and staff to access.

### 6.2 Objectives

Annual corporate appraisal objectives will be set and should appear alongside our values as an integral part of all appraisals. Individual objectives must be specific, measurable, achievable, relevant/realistic and time bound (SMART) and within the individual's sphere of accountability and influence (See appraisal guidance on full brief on SMART objective setting).

### 6.3 6-month progress reviews and Monthly one to one meetings

These occur six months into the performance review period during November - December. They allow the job holder and line manager to review progress against objectives, receive feedback on performance, identify key issues for the next review period and revise training and development plans as required.

The importance of monthly one to one meetings are paramount to the appraisal process and should be used as an on-going cycle of development and support throughout the year prior to and after the 6 month progress review meeting. All employees should have the opportunity to have regular monthly one to one meetings to discuss performance and development which are built in with their line manager in order to monitor and review the following:

- Monitoring and reviewing of delivery of objectives set at appraisal or 6 month review meeting;
- Check to see how learning and development and training plan is progressing and to ensure identified training has been booked for completion;
- To review and to give feedback around on-going performance within the job role and objectives;
- To provide a forum for on-going support to all CCG employees.

#### **6.4 Transfer of Line Management**

When an individual changes manager within the CCG during a review period there will be a handover process in which the previous manager will hold an interim meeting by rating the individual's performance to date. This will enable the new manager to set expectations for the remainder of the review period. This will ensure continuity in the appraisee personal development and that outstanding responsibilities in the original role are transferred to others so that business objectives continue to be achieved, where they remain relevant to the role.

## **6.5 Timescales for completion**

The CCG performance appraisal scheme is to be completed and returned to the ODL Team between April – June with a review after six months.

## **6.6 Incremental pay progression and appraisal**

In accordance with the NHS 'Agenda for Change' Terms and Conditions handbook (Amendments on 31 March 2013), incremental pay progression for all pay points, within each pay band, will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery during the appraisal review period.

Provided the appropriate level of performance and delivery has been achieved during the appraisal review period, individuals will progress from pay point to pay point on an annual basis. For pay bands 1 to 7, 8A and 8B this will apply to all the pay points in each pay Band. For pay bands 8C, 8D and 9 this will apply for the first 4 pay points in the band.

For annually earned increments (pay bands 8C, 8D and 9), pay progression beyond the first four pay points in pay bands 8C, 8D and 9 will be dependent upon the achievement of locally determined levels of performance as set out in appraisal objectives. Staff will progress through the last two pay points in these pay bands only when they are assessed as having met the required level of performance.

## **6.7 Completing the paperwork**

- The performance appraisal scheme has a standard template and a set of guidance to be followed, both of which are appended to this policy.
- All documents, forms and guidance relating to the performance appraisal scheme can be found on the Learning and Development pages of the CCG intranet.
- Appraisal data will be collated to provide an overall picture of performance levels across and between teams, services and for the CCG as a whole. It can also be used to inform other employment processes. This may include using data on an individual basis where evidence of performance is required to inform the effective, fair and consistent application of other employment policies and procedures e.g. probation; secondment; acting up or internal promotion.

- The performance appraisal form completion is the responsibility of the appraiser.
- The written appraisal record, including the reporting of individual scores and historical records will be processed in accordance with Data Protection principles and on completion, will form part of the employment record. Processing of appraisal information and viewing data may be carried out by the line manager, both current and previous, managers' business support and ODL staff.

## 6.8 Monitoring Compliance

- Appraisal compliance rates are reported monthly at Executive team meeting during the appraisal cycle;
- Each Director is responsible for monitoring compliance with the CCG's appraisal target of 100% compliance;

## 6.9 Appeals Process

In the event that there is disagreement between the appraiser's rating of the individual's performance and the appraisee's rating of performance, this will be escalated to the next in line manager. If the individual remains dissatisfied with the outcome and all efforts to resolve the matter informally have failed, the matter should be escalated to the formal stage of the Grievance Procedure. HR advice should be sought at an early stage where there is any disagreement.

## 6.10 Talent Mapping

A talent map position should be completed for each appraisee as part of the appraisal process (see talent mapping grid below).

Talent mapping will enable:

- The managers to identify talent within the workforce for future development;
- All staff to be able to access appropriate development activities;
- Identification of staff in the system who are performing at a very high level; however, do not aspire to move to a more senior position or their personal circumstances would not allow it at the time. These staff still remain part of the talent pipeline of the CCG;
- Identification of those staff who are at level 3 within the pipeline, that will be required to improve their performance/behaviour. A detailed development plan

should be agreed for this staff. It is more likely that this plan have been agreed before the appraisal as a result of a performance management process as there should be no surprises at the appraisal.

The talent mapping grid overleaf will help you with this conversation and identify where to map an individual based on their performance.

|  |             |  |  |   |
|--|-------------|--|--|---|
| <p><b>Exceeds expectations</b><br/>Outstanding performance against objectives and behaviours required at level</p> <p><b>Meets Expectations</b><br/>Meets the expectations for performance against objectives and behaviours required at level</p> <p><b>Partially Met Expectations</b><br/>Below “met expectations” against performance objectives and behaviours required at level</p> | Performance | <p><b>Expert in field (PT1)</b><br/>High performance in own field</p>  | <p><b>Generalist (DT1)</b><br/>High performance with consistency of results</p>  | <p><b>Role Model (RN)</b><br/>A role model with the highest level of performance</p>  |
|  |             | <p><b>Future Expert in Field (PT2)</b><br/>Good reliable performance</p>   | <p><b>Solid Generalist (DT2)</b><br/>Good rounded performance</p>  | <p><b>Future Emergent Potential (RN2)</b><br/>Individual with high potential</p>  |
|  |             | <p><b>Developing Expertise (PT3)</b><br/>Current low demonstration of performance</p>  | <p><b>Developing Generalist (DT3)</b><br/>Low performance but showing moderate potential</p>   | <p><b>Transition Employee</b><br/>New to post or assignment</p>   |
|  |             | Potential  |  |   |
|  |             | <p><b>Professional Talent</b><br/>Shows promise to continue to advance in their professional field or into a wider leadership role within 3-5 years if they have the capacity and ambition to do so, but equally valuable where they are</p> | <p><b>Developing Talent/ Ready Soon</b><br/>Demonstrates the potential, ambition and motivation to develop at their current level and potentially progress in their career within 1-3 years into new and wider</p> | <p><b>Ready Now</b><br/>Demonstrates the potential, ambition, motivation and experience to perform at the next level now or within the next 12 months into new and wider challenges</p> |

Adapted from NHS Leadership Academy Talent Management Conversation Tool  
<http://www.twleadershipacademy.nhs.uk/sites/default/files/TalentManagement%20Conversation-Guide.pdf>

## Appendix 1

### The Appraisal Process

#### Prior to the appraisal discussion

- Agree the time and date of the appraisal;
- Ensure that both have the relevant documentation:
  - Job description/person specification;
  - Objectives for the previous 12 months;
  - Proposed objectives for discussion for the next 12 months;
  - Record of statutory/mandatory training;
  - Demonstrated evidence of CCG desired behaviours/values;
  - Training and Development plan complete and to be agreed.
- Undertake 360 degree appraisal where appropriate.
- Both parties should reflect on the questions in Part 1 of the appraisal document and consider their thoughts on each of the following sections, so that both parties have already given some thought to the topics for discussion.

#### The appraisal discussion

- Discuss performance against objectives for the previous year – there should be no surprises at the appraisal meeting;
- Discuss how the CCG values and behaviours have been met during the previous year;
- Discuss the individual's contribution to the CCG in the last 12 months and how this has supported CCG and team objectives;
- Discuss where the individual and manager would map the appraisee in relation to the talent map;
- Agree objectives for the 12 months ahead. Ensure that the appraisee understands their job and how their role contributes to the work of the team and the CCG;
- Discuss training and development needs from the previous year;
- For registered professionals i.e.: Nurses etc. to discuss requirements for maintaining professional registration;
- Agree a new training and development plan for the next 12 months;
- Complete the appraisal documentation.

#### Following the appraisal discussion

- Appraisee to complete any final comments in the appraisee's summary of the appraisal document;
- Appraiser to provide a signed copy of the completed appraisal document for HR;

- Document to be held on the employee's HR file;
- Appraiser to advise HR of any changes which may impact payroll.

### **Sign Off and Completion of Appraisal Documentation**

Completed documentation from Appraisal Meetings will be reviewed, agreed and signed off by the appraisee and the appraiser to ensure consistency in performance bandings awarded and expectations set. These should then be sent to the Learning and Development Team as per the instructions in the Appraisal Documentation by the end of June and for 6 month reviews by the end of December.

## Appendix 2 Talent Map

The talent map position should clearly reflect the performance of the individual during the entire review period and must be a combination of all three aspects of performance – objectives, competencies and CCG Values.

There are four performance bands:

### Exceeded

- All expectations in terms of objectives, competencies and values have been met and some will have been exceeded
- The appraisee will have demonstrated a consistent positive, flexible and proactive approach to their work
- The appraisee takes responsibility for their own performance and development.

### Met:

- Consistently meets most expectations and some may have been exceeded.
- Where expectations have not been met this has been marginal. Reasons have been identified and addressed.
- The appraiser demonstrates a positive and flexible approach to their work and their development.

### Partially Met:

- Some expectations will have been met or exceeded.
- Some expectations will not have been met and improvement is needed. Appraisee recognises and understands the reasons for this and is developing. (This may reflect an individual getting to grips with a new role.)
- The appraisee demonstrates a positive approach to their work and development.



# HR and ODL Shared Service

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Bedfordshire & Luton  
CCGs

## **Not Met:**

- Consistently fails to meet some expectations. Immediate improvement is required.
- A formal development plan will have been agreed with the appraiser to achieve a minimum standard of performance to enable the appraiser to achieve in their role.

## Appendix 3 Equality Impact Assessment Stage 1 Screening

|   |
|---|
| <b>Title of policy, service, proposal etc being assessed:</b> |
|---|

|   |
|---|
| Appraisal and Performance Review Policy |
|---|

|   |
|---|
| <b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims |
|---|

The CCG appraisal and performance review policy has been designed to ensure that we can support staff in the realisation of the business objectives and values, by helping them to contextualise these in line with their day-to-day roles. This in turn will allow employees of the CCG to feel motivated, committed and satisfied in helping the organisation to achieve its business goals and live its values.

|  |
|--|
| <b>How will these outcomes be achieved?</b> What is it that will actually be done? |
|--|

The CCG has developed a set of key competencies for all staff which can be related to any role at any level. It is the line managers' responsibility to define how these competencies relate to each role/level and the expectations set. The appraisal and performance review will allow for open discussions between line managers and the job holder in identifying where both competencies and the organisation's values/objectives have been met and displayed in day to day work and dealings with customers, colleagues, peers and other stakeholders.

|   |
|---|
| <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 staff |
|---|

|                   |
|-------------------|
| <h3>Evidence</h3> |
|-------------------|

|  |
|--|
| <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). |
|--|

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.

If you are submitting no evidence against a protected characteristic, please explain why.

**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

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 considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton

CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

**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 considered were there Knowledge and Skills Framework and Agenda for Change

**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 considered were there Knowledge and Skills Framework and Agenda for Change

**Other identified groups** Detail and consider 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 considered were there Knowledge and Skills Framework and Agenda for Change

## 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?

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

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 considered were there Knowledge and Skills Framework and Agenda for Change

## 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 considered were there Knowledge and Skills Framework and Agenda for Change

## 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 considered were there Knowledge and Skills Framework and Agenda for Change

## 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 considered were there Knowledge and Skills Framework and Agenda for Change

### 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?

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

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

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered were there Knowledge and Skills Framework and Agenda for Change

### 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 Experience?</b>     | Positive <input type="checkbox"/> | Negative <input type="checkbox"/> | Neutral <input checked="" type="checkbox"/> |
| <b>Clinical Effectiveness?</b> | Positive <input type="checkbox"/> | Negative <input type="checkbox"/> | Neutral <input checked="" type="checkbox"/> |

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.



# HR and ODL Shared Service

Hertfordshire, West Essex,  
Bedfordshire & Luton  
CCGs

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