



Policy:

HR 014 Engagement and Deployment of Short-Term Staffing

Executive or Associate Director lead	Director of Human Resources
Policy author/ lead	Corporate Transformation Lead
Feedback on implementation to	Corporate Transformation Lead

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Target audience	All managers and staff who engage staff (including agency staff) on a temporary basis
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Keywords	Temporary Staffing, Agency, Bank, Self Employed, IR35
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<p>Policy Version and advice on document history, availability, and storage</p> <p>Extension to review date was approved/ratified in January 2021. This is Version 1.1 which replaces the previous version.</p> <p>Extension to review date was approved/ratified in June 2021. This is Version 1.1 which replaces the previous version.</p> <p>This policy replaces a previous policy - Engaging Individual Self-Employed Contractors (Off-Payroll)</p> <p>This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the</p>

Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

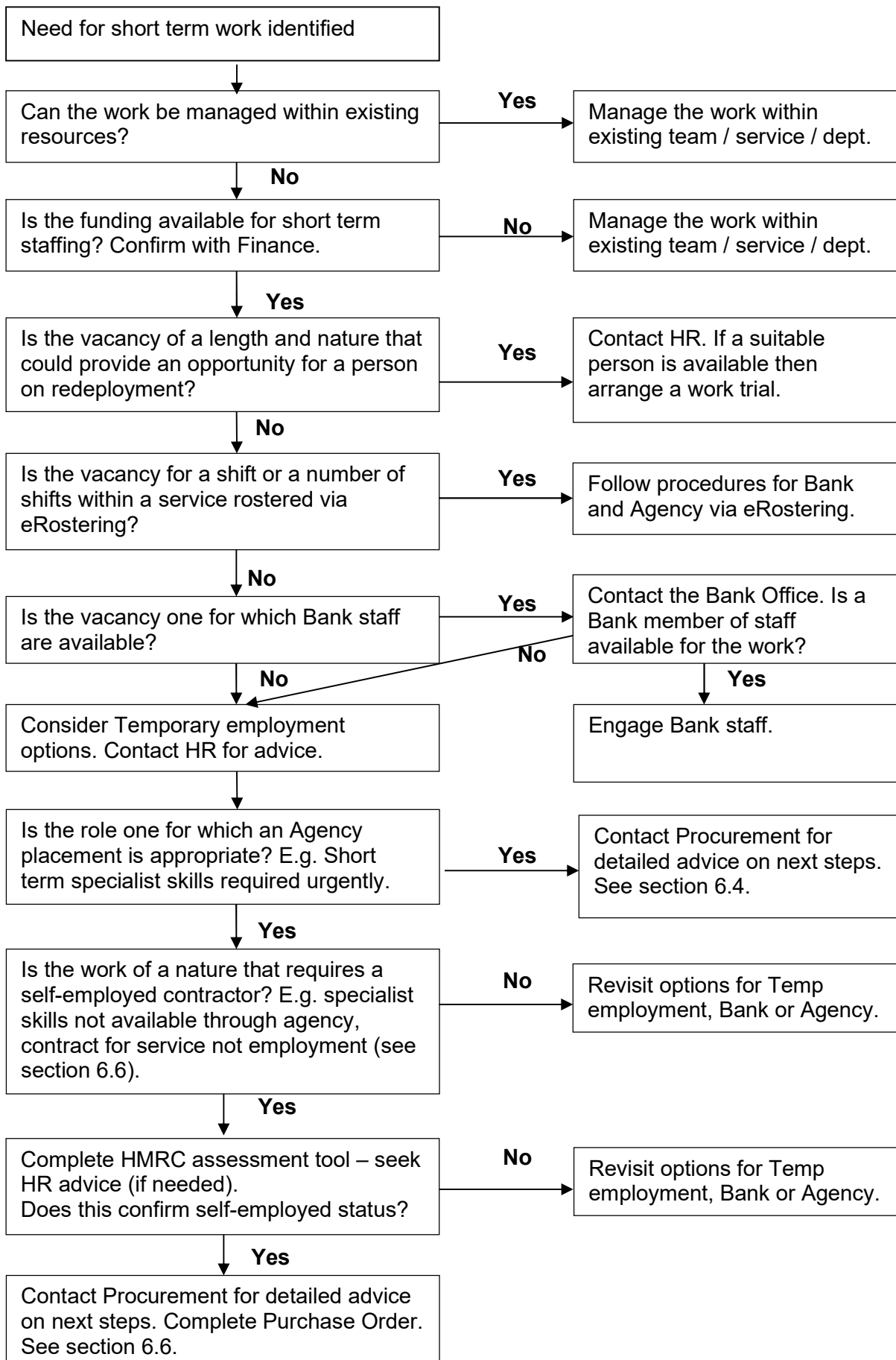
It also links to related HR Policies (e.g. Recruitment Policy)

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DETAILED FLOWCHART FOR ENGAGEMENT OF SHORT TERM STAFFING



1. Introduction

This policy provides guidance to managers and other staff on the options to follow when there is an identified need to engage short term staffing.

2. Scope

This policy is Trust wide. It applies to all employees of SHSC, any staff who are seconded to SHSC, contract and agency staff and any other individual working on SHSC premises.

3. Definitions

FTC	Fixed Term Contract
Bank Staff	Staff who are employed by the Trust on a Bank contract. This may be staff who are “Bank only” or staff who have a Bank contract as well as a substantive contract.
Off Payroll	Staff engaged by the Trust on a self employed basis and paid by invoice rather than a payroll process.
On Payroll for Tax purposes	where Self-employed staff are engaged by the Trust but paid via a payroll process.
HMRC	Her Majesty’s Revenue and Customs. Responsible for the collection of Tax and National Insurance.
NHSI	NHSI (NHS Improvement).. This agency has a range of functions that includes the setting of rules for agency engagement and agency capped rates.
VCP	Vacancy Control Panel. Trust Executive Group that makes decisions in relation to recruitment and Agency use.
PGME	Post Graduate Medical Education. The team in the Trust that oversees the recruitment and training of junior medical staff.

4. Purpose

The purpose of this policy is to guide managers and other staff on the options to choose when engaging staff on a short term basis.

The definition of short term in this context will vary dependent on the circumstances and includes;

- the need to cover a vacant shift.
- The need to cover a temporary staffing gap.
- The need for staff for a short term piece of work.

Short term employment (Fixed Term Contract, FTC) or the use of Bank should always be the first consideration prior to the use of Agency staff.

The engagement of staff on a self employed basis can only be considered when employment, Bank and agency options are not available.

Any engagement of self employed staff must be consistent with HMRC tax rules.

5. Duties

5.1 Executive Directors

- To ensure that an overall policy and framework is in place to guide managers in the engagement of short term staffing.
- To ensure that the a higher level process for authorisation is in place (via the Vacancy Control Panel) and that advice on this is disseminated to Managers.
- To ensure there is a framework in place for the approval of any longer term agency placements (Vacancy Control Panel).
- To regularly update and disseminate guidance in relation to authorisation levels for Agency placements that breach capped rates.

5.2 Service Directors / Senior Managers

- To ensure that staff within their area are aware of and comply with this policy and any related guidance and procedures.
- To work to reduce the use of Agency staff wherever possible.
- To ensure that any decisions on expenditure are authorised correctly in line with procedures.
- To ensure that any engagements of agency staff that are in breach of national approved capped rates are authorised at the correct level in accordance with current guidance.

5.3 Managers

- To follow this policy and any related guidance and procedures in relation to the engagement of short term staffing.
- To reduce the use of Agency staff wherever possible.
- To seek the most cost effective solution for all short term staffing gaps.
- To ensure that all temporary staffing arrangements are within allocated budget resources.
- To ensure that the Trust's Standing Financial Instructions are followed at all times and that any decisions on expenditure are made within limits of the Scheme of Delegation.

5.4 Staff in charge of Shifts

- To follow correct procedures when needing to cover immediate staffing gaps with Bank or Agency staff.

5.5 Finance Department

- To provide regular reports to senior managers on the cost of Agency and Bank staff in their service area.

5.6 Human Resources Department

- To advise managers on, and assist with;
 - Recruitment process.
 - Fixed Term contracts (FTCs).
 - HMRC assessment on Employment status.
 - Pre-employment checks.
- To ensure that there is a process in place for responding to concerns raised by managers in relation to Bank and Agency staff. This duty is in conjunction with the deputy Chef Nurse in relation to nursing staff, the Medical Director in relation to medical staff and the Procurement Team in relation to non medical non clinical staff groups.

5.7 Procurement Team

- To advise managers on Agencies that are approved under agreed frameworks.
- To monitor and process Purchase Orders and Invoices for Agency and off payroll staff.
- To regularly update and disseminate guidance on approved frameworks and Agency capped rates.
- To ensure that the Trust has contracts in place with approved framework agencies that support the provision of suitably qualified, trained and approved staff.

5.8 Bank Office

- To recruit Bank staff and ensure a supply of Bank staff.
- To advise managers on the availability of Bank staff and processes for deploying Bank staff.
- To maintain an up to date list on the intranet of staff roles that are available via Bank.
- To advise substantive staff on the process for applying for a Bank contract.
- To regularly update and disseminate guidance on the deployment of Bank staff.

5.9 eRostering Team

- To develop and maintain the eRostering system to support the effective deployment of Bank staff in services rostered via eRostering.
- To develop and maintain the eRostering system to monitor the deployment of Agency staff in services rostered via eRostering.
- To report on Agency and Bank usage within services rostered via eRostering.
- To regularly update and disseminate guidance on the use of the eRostering system.

5.10 PGME Office

- To maintain a Bank system for junior medical staff whereby existing substantive junior medical staff can also cover additional shifts on Bank.
- To seek the most cost effective use of Agency staff where Bank staff are not available.

6. Process

6.1 General Requirements

There will be a range of circumstances that give rise for the need for services to engage temporary staffing. These include;

- Gaps in staffing arising from vacancies and pending permanent recruitment.
- Staffing gaps for staff arising for a number of reasons (including parental leave).
- A requirement to undertake short term pieces of work.
- The need for specialist skills for a finite period of time.
- Particular circumstances dictate that someone outside the Trust should be engaged (eg certain investigations).

Managers must ensure that in the management of temporary staff they follow this policy and any related guidance.

Managers must seek the most cost effective solution.

Managers are responsible for ensuring that they act within agreed financial limits and in line with the Authorised Signatory List (ASL).

Before undertaking the engagement of any short term staffing managers must ensure that agreed funding is available.

Where a need for short term work arises the manager must first consider if this can be covered within existing staffing arrangements. Eg;

- Prioritisation of tasks within existing staffing.
- Reallocation of tasks within existing staffing in line with existing Job Descriptions.
- Temporary deployment of staff from one area to another.

Where there remains a need for temporary staffing then, as laid out in the above flow chart and in section 4, options for temporary staffing engagement must be considered in the following order;

- Suitability for a person from the redeployment register.
- Temporary Employment options or Use of Bank Staff.
- Engagement of Staff from an Agency.
- Engagement of staff on a self employed basis for the delivery of a defined outcome.

6.2 Temporary Employment Options

The advantages of employment include an established process including formal checks (references, DBS checks etc.), a robust selection process, formal accounting for the individuals Tax and NI liabilities and consistency and stability in the make-up of the workplace.

It is also recognized that there is the potential for termination costs (e.g. redundancy) and this needs to be factored into the consideration.

Temporary Employment options include;

- Additional hours for part time staff on a time limited basis
- Fixed Tem Contract (FTC)
- Secondment
- Act up Arrangements.

Managers should seek advice from HR and follow the Trust's Recruitment Policy.

Approval from the Vacancy Control Panel (VCP) is required for any recruitment above a certain grade - whether permanent or temporary. The level is set by the VCP. HR and Procurement team can advise on the current VCP process.

6.3 Use of Bank – general requirements

SHSC has Bank staff available for certain staff groups. An up to date list of staff groups where Bank staff may be available is maintained on the Trust's Intranet (see Bank Staffing under HR Page).

Bank staff may be substantive staff who also have a Bank contract and "Bank Only" staff.

Where Bank staff are potentially available (ie the staff group required is one in which Bank staff are available) then this option must be considered prior to the engagement of Agency.

The process for the engagement of Bank staff will vary dependent on the staff group concerned and the nature of the vacancy (eg shift or longer term booking).

Where managers have a concern in relation to the performance of a Bank member of staff they must report this to the Bank Office.

6.3.1 Use of Bank to cover vacant slots in services that are managed via eRostering

Managers must use the eRostering system to record required Bank shifts and make these available to Bank staff. Shifts must be made available to Bank staff before engaging agency staff.

Detailed Guidance in relation to Bank and Agency via eRostering will be updated regularly and is available from the Bank Office, the eRostering Team and via the Bank Pages (under HR pages) on the Intranet. Managers must follow this guidance.

6.3.2 Use of Bank staff to cover vacancy in services not managed via eRostering.

Bank arrangements must be considered prior to the use of Agency for any of the staff groups currently available via Bank. A list of staff roles that are available via Bank is maintained on the Intranet. Advice should be sought from the Bank Office.

6.4 Use of Agency staff - general requirements.

Where neither an employment option nor the use of Bank staff is available then Managers can consider the engagement of Agency staff.

All Agency staff engaged to work at the Trust must come from an Agency approved under one of the relevant NHS frameworks. Managers must seek advice from the Procurement Team.

All engagements for Non-Medical Non Clinical Agency staff will be contracted for by the Procurement Dept. Managers must not enter into any engagement of agency staff for this staff group directly.

Where a manager is considering the use of Agency staff for any role that could be filled by a person on the redeployment register then they must consult with HR to see if a suitable skilled redeployee is available.

The Trust is part of the North of England Commercial Procurement Collaborative (NoE CPC) and will abide by the arrangements agreed between the North of England Commercial Procurement Collaborative and framework agencies.

All agency staff engaged to work at the Trust must be within the rates of pay authorised by NHSI. These are referred to as capped rates. Information on current capped rates is available from the Procurement Team and via this link;

<https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps/#h2-rules-and-price-caps>

(NB copy and paste this link into your web browser.)

Additional approval by a Director is required for any agency placement that breaches NHSI caps.

All ongoing agency placements must be reviewed regularly. Wherever possible placements should be transferred to a fixed term contract. HR can provide guidance on the process.

Managers should also be aware that once an agency worker has completed a 12-week qualifying period in the same role, under Regulation 5 of the Agency Worker Regulations, they would be entitled to the same basic working and employment conditions as they would have received had they been recruited directly.

Approval from the Vacancy Control Panel (VCP) is required for any agency placement that extends beyond a set number of weeks. This duration is set by the VCP. HR and Procurement team can advise on the current process.

The requirement for VCP approval applies both to Agency placements planned to last longer than the set period or an Agency placement that is subsequently extended beyond this set period.

Where managers have a concern in relation to the performance of an Agency member of staff then they must report this as follows;

- Nursing qualified and unqualified, to the Bank office – who will liaise with senior nursing staff.
- Junior Medical staff, to the PGME Office.
- Senior Medical staff, to the Medical Director, Deputy Medical Director or Clinical Director.
- Non-Medical Non Clinical staff, to the Procurement Team.

6.4.1 Agency placements in units that use eRostering.

Requests for agencies to fill vacant shifts can only be made after the vacant shifts have been made available to Bank staff.

In exceptional circumstances (eg hard to fill staff groups) and at short notice (as defined by the current guidance) shift requests can be made concurrently to Bank and Agency.

Request to Agencies to fill vacant shifts must be managed through the eRostering system and in line with current guidance.

Once Agency staff have been requested the vacant shift must still remain open to Bank staff. This applies even if the shift has been filled by an Agency member of staff – up until 24 hours before the commencement of the shift.

Request to Agency for block bookings outside of the eRostering system can only be authorised at a higher management level (as determined by current guidance).

6.5 Medical Staff

The principles and details outlined in this policy also apply in relation to Medical Staffing. In addition the following applies;

6.5.1 Junior Medical Staff

Short-term gaps in staffing should be covered through Bank arrangements wherever possible. Bank arrangements for junior medical staff are managed via the PGME Office.

Only where Bank / Internal Locum cover is not available should Agency use be authorised.

Engagement of short term agency Junior Medical staff will be coordinated via the PGME Office.

Longer term gaps in junior medical staffing should be filled by recruitment wherever possible. Only where recruitment is not possible should agency use be considered.

The Trust regularly issues guidance on the Approval routes for engagement of agency medical staff. This also outlines the higher level of approval required for a placement that breaches the NHSI capped rates.

The Trust has arrangement with a 3rd party supplier to reduce the cost of agency Medical staff and this system must be used for both short term and longer term agency Medical staff.

6.5.2 Senior Medical staff.

This section also covers GP roles where these are in secondary care services.

Longer term gaps in senior medical staffing should be filled by recruitment wherever possible, including the use of the Locum Consultant role. Only where recruitment is not possible should agency use be considered.

The Trust regularly issues guidance on the Approval routes for engagement of agency medical staff. This also outlines the higher level of approval required for a placement that breaches the NHSI capped rates.

The Trust is working with a 3rd party supplier to reduce the cost of agency Medical staff and this system must be used for both short term and longer term agency Medical staff.

6.5.3 GP roles in Primary Care (GP surgeries)

Short term gaps for GPs in Primary Care (GP Surgeries) should be covered by internal locums wherever possible.

Only when an internal locum is not available can agency use or a self employed locum be considered.

Any engagement of a self employed locum must fall within HMRC rules in relation to self employment status. The HMRC Employment Status assessment tool must be completed to confirm this and kept on file (see section 6.5).

Longer term temporary roles in Primary Care must be filled by either a fixed term contact or via an Agency.

6.6 Engagement of Self Employed Contractors

Engagement of Self Employed Contractors should only be considered where employment, Bank and Agency options are not available or are not viable. (eg if Agency arrangements are not specialist enough to meet the resourcing requirements.)

The Trust cannot enter into any engagement with a self employed contractor (including via a Personal Service Company (PSC)) in circumstances where the HMRC Employment Status assessment tool has confirmed that Tax and National Insurance deductions are required as for an employee.

Engagement of Self Employed Contractors should be limited to circumstances where the Trust is engaging an individual to provide a defined service rather than engaging a person in a work role. This will mean that the contract with the person is for a set of defined outcomes and is not on the basis of a range of tasks akin to a job description. Payment may be calculated on an hourly rate but this on the basis of the expected hours to complete the task and not an agreed amount of hours per week.

A manager intending to engage a self employed contractor should initially consult with HR to ensure that this is not a de facto employment situation. This will include the completion of the HMRC Employment Status assessment tool, which can be accessed via the following link.

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

If the outcome of the HMRC Employment Status assessment tool is that the engagement should be classed as Employed for Tax purposes then Tax then the engagement of a self employed contractor via procurement cannot continue. The manager should revisit options for temporary employment, Bank, or Agency use.

The outcome of the HMRC Employment Status assessment tool should be kept on file. Only if the outcome of this tool confirms that the nature of the engagement is a self employed one for tax purposes should the engagement proceed via a procurement route. The manager should liaise with the Procurement Team to ensure that procurement procedures are followed.

No engagement or commitment to make an engagement (whether verbal or in writing) should be made prior to the completion of all the necessary procedures referred to in this policy.

Any engagement of a self-employed contractor must be requisitioned in advance of an engagement as per standard procurement processes. The requisition should be appropriately authorised in line with the Trust's Scheme of Delegation.

Additionally, engagements of this type must also have the Directorate's Executive Director approval on the requisition to confirm that he/she is assured that other avenues have been explored.

Engagements will be subject to appropriate pre-engagement checks (references/DBS checks etc.) This will vary according to situation where the person will be located. The manager undertaking the engagement will be responsible for ensuring that these checks take place.

Independent references must be obtained wherever possible.

A Disclosure and Barring certificate will be required where this would apply to an employee.

In any circumstances where there is a connection between the person being engaged and a senior manager in the Trust then the requirements regarding registering an interest would also apply as per Paragraph 8 of the Trust's Standing Orders "Interest of Officers in Contracts, Canvassing of, and Recommendations by, Directors in relation to Appointments, and Relatives of Directors and Officers.

The Procurement team will issue a contract for services to the contractor on receipt of an appropriately approved requisition.

The contractor is required to quote the Trust's official order number on their invoice. Failure to quote an order number will result in the invoice being returned to sender per usual procurement process.

Standard payment terms of 30 days apply to all contractors.

6.7 Training for short term staff

For temporary employees (eg staff on Fixed Term contracts) - it is the responsibility of the manager to ensure that they undertake required training (inc mandatory training).

For Bank staff - The Bank Office is responsible for ensuring that staff undertake the Mandatory Training required for Bank staff. Should there be additional training specific to the role being undertaken then this will be the responsibility of the manager.

For Agency staff – the Agency is responsible for ensuring that their staff are adequately trained for the roles for which they are provided.. For Agency staff on longer term placements it is for the manager to determine if they should also attend further internal training.

For Self Employed engagements – the manager is responsible for ensuring that the person engaged has had the training necessary for the provision of the service that they are contracted to provide.

The Trusts Mandatory Training policy and related documents on the Training section of the Intranet are available for reference.

6.8 Induction for short term staff

Please refer to the Trust's Induction Policy (section 6.14 and Appendix H – Local Employee Induction Checklist) for requirements on Induction for short term staff.

6.9 Disputes

All employees will operate under a contract of employment with the Trust.

Agency staff will operate under a contract with the Agency.

Self-employed contractors will sign a contract for service drawn up by Procurement. This will be a standard NHS Terms and Conditions of Contract for the Provision of Services.

All disputes should refer to the contract in place in the first instance. Actions will depend on the type of contract. Employment contract disputes will be covered by employment law; whilst procurement contracts are covered by commercial laws.

7. Dissemination, storage and archiving (Control)

Once ratified this Policy will be placed on the Trust's intranet as both an HR and a Finance policy.

Responsibility for disseminating this policy rests with the Agency and Off Payroll Management Group.

Notification of the new policy will be included in the weekly Connect and disseminated to managers via email.

Staff with particular roles in the policy (eg staff in HR, Procurement, Bank, eRostering) will be individually alerted to the new policy.

8. Training and other resource implications

There are no specific training needs arising from this Policy.

This policy makes reference to the eRostering system. Training on the eRostering system is provided by the eRostering team. This is provided directly to relevant staff in teams that use eRostering.

Recruitment training for managers is delivered by the HR dept and provided through the Training Dept. Details are available on Training pages of the intranet.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Monitoring of expenditure on Agency and Bank	Monthly Finance Reports	Bank Agency eRostering Steering Group	Monthly	Bank Agency eRostering Steering Group And Service Senior Management teams	Bank Agency eRostering Steering Group	Effective Staffing Group
B) Monitoring of Bank Fill Rates	Reports from eRostering System	Bank Agency eRostering Steering Group	Monthly	Bank Agency eRostering Steering Group	Bank Agency eRostering Steering Group	Effective Staffing Group

This Policy will be reviewed by 31 July 2021.

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Develop related guidance on Bank and Agency via eRostering system	Liz Johnson (HR Manager Bank and eRostering)	May 18	
Upload new policy onto intranet and remove previous related policy Engaging Individual Self Employed Contractors Policy	Guy Hollingsworth - Chair of Bank Agency eRostering Steering Group	Within 5 days of ratification	
Email via Service Directors to be cascaded to all managers advising them of the new policy	Guy Hollingsworth - Chair of Bank Agency eRostering Steering Group	Within 5 days of ratification	

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

Recruitment and Selection Policy - an HR Policy

Redeployment Policy - an HR Policy

Induction Policy – an HR Policy

Mandatory Training Policy – an HR Policy

NHSI documents on agency use and capped rates. Use the following link ((NB copy and paste this link into your web browser)

<https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps/#h2-rules-and-price-caps>

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Bank Staffing Manager	Angela Hinchsliff	2263056	angela.hinchsliff@shsc.nhs.uk
Procurement Team Leader	Nathan Kelly	2716147	Nathan.kelly@shsc.nhs.uk
Corporate Transformation Lead	Guy Hollingsworth	3050760	Guy.hollingsworth@shsc.nhs.uk
eRostering Systems Administrator	Amanda Harris	2261781	Amanda.harris@shsc.nhs.uk
HR Manager (Bank and eRostering)	Liz Johnson	2716703	Liz.johnson@shsc.nhs.uk
HR Directorate Partner	Ian Hall	2263973	ian.hall2@shsc.nhs.uk
HR Directorate Partner	Sarah Bawden	2716292	Sarah.bawden@shsc.nhs.uk

13. References

NHSI Agency Rules

A – Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	21 st Oct 17	New policy commissioned by EDG on approval of a Case for Need (Aug 17). First draft completed by Guy Hollingsworth –Chair of Agency and Off Payroll Management Group.
0.2	Revised after comments from other members of the Agency and Off Payroll Management Group. Circulated for wider consultation	24 th Nov 17	A number of small changes. Reduction in length of section re self employed contractors as some of the detail is more for a guidance note
0.3	Revised after comments received Submitted to Joint Policy Group	8 th Dec 17	Including more detail on duties' and revised flowchart
0.4	Revised after discussion at Joint Policy Group	20 th Dec 17	Small addition to section 6.1
0.5	Small revisions after PGG mtg in Jan	31 st Jan 18	
0.6	Small revisions after PGG mtg in Feb	15 th Feb 18	Change to title of external organisation. Link to external HMRC website added. Section on training added
0.7	Changes made following comments from Care standards	26 th March	Formatting and spelling changes . New section (6.8) on Induction
1.0	Ratification and issue		
1.1	Extension to review date	11/01/2021 28/06/2021	PGG approved an extension to review date. New review date 31/05/2021 PGG approved an extension to review date. New review date 31/07/2021.

Appendix B – Dissemination Record (Example)

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
1.0	April 2018	April 2018	And disseminated via SHSC Directors email
1.1	19/01/2021 July 2021	Not necessary as an administrative amendment only. Not necessary as an administrative amendment only.	

Appendix C – Stage One Equality Impact Assessment Form

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

Stage 1 – Complete draft policy

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

YES

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

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

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

RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: no changes made.

Impact Assessment Completed by (insert name and Guy Hollingsworth 6th Oct 2017)

Appendix D - Human Rights Act Assessment Form and Flowchart

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

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

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

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

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

Yes. No further action needed.

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

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

No, no further action needed.

Yes, go to question 3

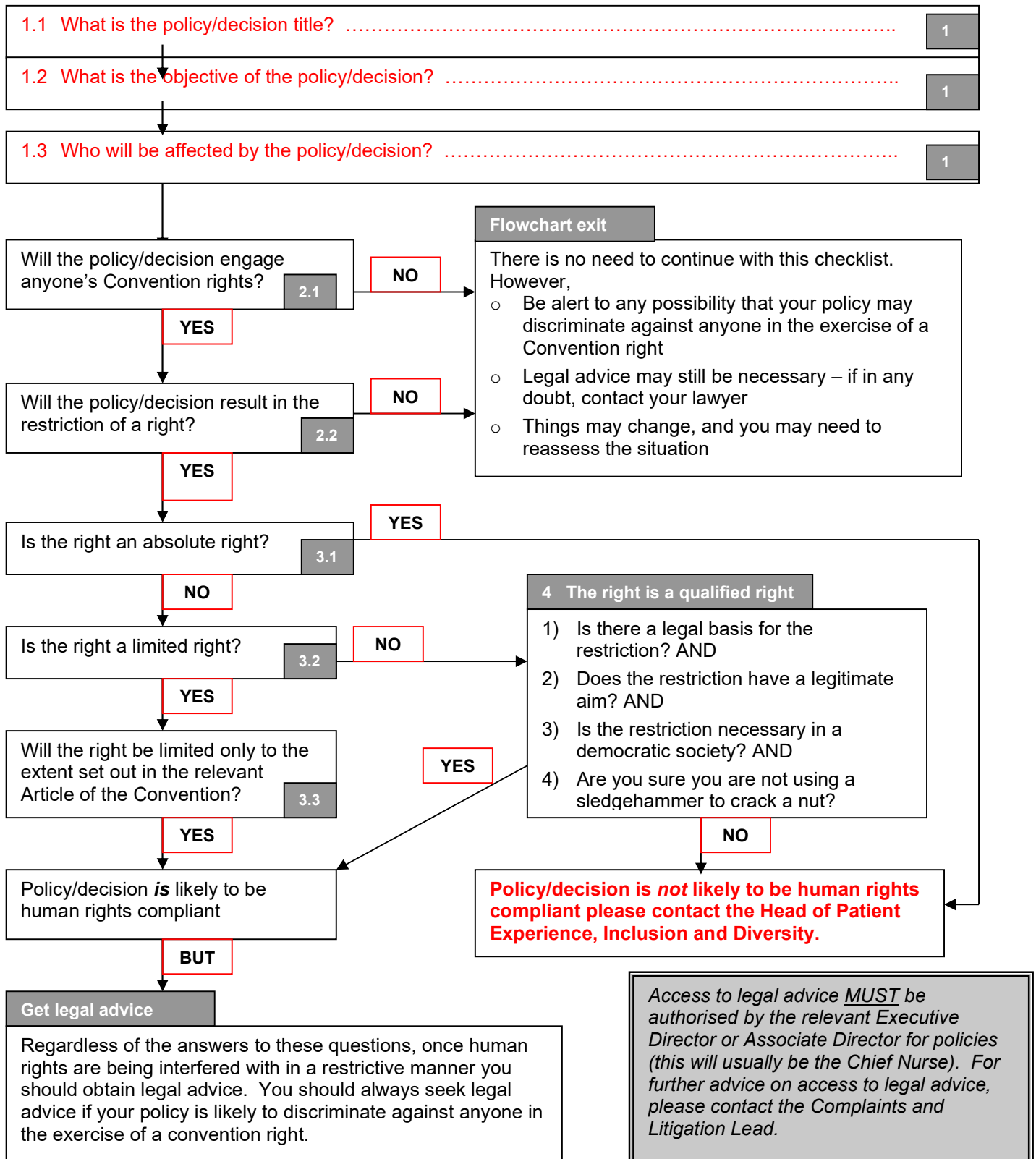
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

Initial Draft

Initial draft completed by Guy Hollingsworth –Chair of Agency and Off Payroll Management Group. 21st Oct 17

Other members of the Agency and Off Payroll Management Group then contributed in order to draw up the first draft for consultation
21st Oct – 21st Nov 17

Circulated (24th Nov) for wider consultation to

Managers via SHSC directors email and cascade

Clinical Services Management team (inc In-patents, Specialist and LD within current structure

TMG

Bank Steering Group

Agency and off Payroll Management Group

Safer Staffing Group

Effective Staffing Group

Medical Workforce Planning Group

HR SMT

Some comments received and changes made (inc more detailed flowchart). Version 0.3 then issued to staff side and submitted to Joint Policy Group (JPG). 8th Dec 17

Some amendments made (version 0.4) after Joint Policy Group (21st Dec 17) and then submitted to Policy Governance Group

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet

All policies must have a cover sheet which includes:

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

2. Contents page

3. Flowchart

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group / committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

- 13. Implementation plan
- 14. Links to other policies (associated documents)
- 15. Contact details
- 16. References
- 17. Version control and amendment log (Appendix A)
- 18. Dissemination Record (Appendix B)
- 19. Equality Impact Assessment Form (Appendix C)
- 20. Human Rights Act Assessment Checklist (Appendix D)
- 21. Policy development and consultation process (Appendix E)
- 22. Policy Checklist (Appendix F)