

# **RECRUITMENT & SELECTION POLICY**

**A policy designed to outline the principles and responsibilities for recruitment & selection within Tameside and Glossop Integrated Care NHS Foundation Trust**

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**Document author: Eleanor Devlin**

## RECRUITMENT & SELECTION POLICY

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## **RECRUITMENT & SELECTION POLICY**

### **TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST**

#### **1. INTRODUCTION**

- 1.1. This Recruitment and Selection Policy is designed to ensure that the Trust applies standards of best practice in the recruitment and selection of staff, undertakes the relevant pre-employment checks and that those involved in the recruitment process operate in a fair, open and equitable manner, free from bias and discrimination.

#### **2. PURPOSE**

- 2.1. This policy sets out the criteria and procedures for fair, timely and cost effective recruitment of staff and takes account of current legislation relating to employment, equality and diversity, data protection, rehabilitation of offenders, safeguarding children and vulnerable adults, and Department of Health guidelines.
- 2.2. It is the responsibility of all staff involved in recruitment and selection processes to become familiar with this policy and the associated policies and procedures.

#### **3. SCOPE OF THE POLICY**

- 3.1. This policy applies to the recruitment and selection of all staff groups within the Trust including permanent staff, staff on fixed term or temporary contracts, students and trainees. Certain staff groups have been identified as having additional NHS guidance in relation to recruitment procedures, most notably Medical and Dental staff.
- 3.2. Terms relating to honorary contracts or 'contract for services' are included in Appendix 4

#### **4. POLICY STATEMENT**

- 4.1. Tameside and Glossop Integrated Care NHS Foundation Trust has a primary duty to meet its responsibilities in providing the highest standard of health care to its patients. To achieve this the Trust has to attract and retain a highly skilled and productive workforce. Successful recruitment relies on finding people with the necessary skills, expertise, qualifications and personal attributes to enable them to make a positive contribution towards the values and behaviours of the Trust.

4.2. This policy and procedure defines the expected standards of good practice in recruitment and the supporting flowchart provides practical guidance for recruiting managers to ensure a consistent approach ensuring that the best people are appointed regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex or sexual orientation.

4.3. Throughout this policy the Trust aims to:

- Attract and retain a diverse workforce which is representative, throughout the organisational levels, of the community it serves;
- Promote its vision by enabling those involved in recruitment to attract, develop and retain the best people across disciplines, putting patients at the centre of everything that we do;
- Ensure that recruitment and selection processes are efficient, consistent, fair and transparent, within agreed timescales and committed to provide equality of opportunity for all;
- Ensure that recruitment decisions are fair, transparent and based on objective and justifiable criteria;
- Set standards of best practice and ensure adherence to these across the Trust, including the use of the Values based recruitment interview templates;
- Set a corporate style for advertising to ensure consistency and recognisable branding;
- Follow efficient and effective recruitment practices ensuring new recruits are in post in the right timescales;
- Ensure legislative requirements are met

## **5. ROLES AND RESPONSIBILITIES**

### **Responsibility of the Human Resources Directorate**

- 5.1.1. The Human Resources team is responsible for the introduction, application and monitoring of this policy, including providing formal and informal training where required.
- 5.1.2. The Human Resources team is responsible for ensuring that day to day recruitment processes are non-discriminatory, legally and nationally compliant and efficient, and are responsible for the provision of advice, guidance and support in recruitment, selection and redeployment.
- 5.1.3. The Human Resources Team are responsible for providing a front-line recruitment service, including advising on the recruitment process, providing recruitment administration, coordinating pre-employment checks in line with the NHS Employers Pre-Employment check standards and in a timely manner.

#### **5.1.4. Responsibility of Recruiting Managers**

- 5.2.1. Recruiting managers are responsible for ensuring that all vacancies have had appropriate approval before commencing recruitment. This is usually completed through the TRAC Recruitment system.
- 5.2.2. The recruiting manager's prime responsibility is selecting candidates of the right calibre by establishing the required standards of qualifications, skills and experience.
- 5.2.3. The responsibility lies with the recruiting manager to ensure appropriate and effective selection methods are utilised in order to achieve 5.2.2, seeking advice from HR where necessary. A number of options are available; multiple techniques can be used at any one time;
- Face to face values and competency based interview.
  - Presentation
  - Assessment centre
  - Psychometric test
- 5.2.4. Recruiting managers are required to use at least 3 of the mandatory Values Based Questions within their interview process. These questions are designed to test values rather than competency. Examples are available on the Trust Values Based Recruitment question template.
- 5.2.5. Recruiting managers will be responsible for ensuring that they adhere to the principles and practice of all employment legislation.
- 5.2.6. Recruiting managers should ensure, with the support of the HR team, that all pre-employment checks that are necessary are completed prior to individuals commencing in post.
- 5.2.7. Recruiting managers are to fully utilise TRAC in the shortlisting process.
- 5.2.8. Recruiting managers are responsible for giving appropriate feedback to both successful and unsuccessful candidates, taking responsibility for their decision.

## **6. ADVERTISING VACANCIES**

- 6.1. All vacancies regardless of grade/band, will go through an Authorisation process through TRAC. The vacancy should be raised through the TRAC recruitment system. The manager will be responsible for added the authorisers in to the system, which

for most vacancies is the Finance Business Partner and the relevant Executive Director. More information on raising a vacancy through TRAC is available on TIS via [TRAC Guidance for Managers – Raising a Vacancy](#).

- 6.2. The recruiting manager is responsible for reviewing the Job Description and Person Specification and writing the job advertisement. These will be uploaded into TRAC through the Vacancy Request process.
- 6.3. Prior to the advertisement of posts, consideration will be given to position that maybe suitable for redeployment opportunities. This screening process will be undertaken via the HR department. Should a post be identified as a suitable redeployment opportunity, the Recruiting Manager will be informed by the HR Advisor/HR Business Partner, who must ensure (either by telephone or email exchange) that the individual has received these details. The identified redeployee/s will have 3 working days<sup>1</sup> from receipt of the job description to consider the job opportunity and express their interest by email to the Human Resources department. If the individual has limited email access, they may express their interest verbally to the Human Resources contact and follow up in writing. The recruiting manager and the redeployee will then meet to discuss the applicant's suitability to the post. If the redeployee is suitable for the post, it will be offered on a 4 week trial basis<sup>2</sup>.
- 6.4. All vacancies to be advertised externally will be placed onto TRAC and the NHS e-recruitment website [www.jobs.nhs.uk](http://www.jobs.nhs.uk) (NHS Jobs) by the Recruitment Team. Printed advertising media will only be used in exceptional circumstances where the tested market has failed to provide a pool of suitable candidates. Where advertisements are placed in external publications, they should be brief, containing the job title, grade/band, hours of work and salary, and signpost applicants to TRAC for further information and to apply online.
- 6.5. The standard time-frame for advertising a role on NHS Jobs and TRAC is 2 weeks, with the exception of medical posts which are usually advertised for 28 days to meet visa requirements. Recruiting managers may request a shorter timeframe than 2 weeks; which they should indicate on the TRAC system.
- 6.6. . Internal fixed term roles, maternity leave covers, acting up arrangements or additional hours may be offered out to internal staff. Where this is the case and to ensure transparency for all, the posts would be advertised via TRAC website, which is accessible via the Trust Intranet and/ or via expressions of interest. Through this process, any Trust employee can apply and be considered for the role.

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<sup>1</sup> An extension to the 3 working days maybe requested.

<sup>2</sup> If reasonable adjustments are required for the individual to undertake the role, these should be put in place prior to the trial starting. For further information on redeployment and reasonable adjustments, see the Attendance Management Policy



6.7. It is good practice to plan the timetable for the whole recruitment process at the outset, to ensure it is as efficient and timely as possible. The Recruiting Manager must give consideration in advance to any selection tools such as a presentation topic, psychometric testing, in tray exercises etc and also identify a recruitment timeline which incorporates:

- The closing date
- Time taken to shortlist – 3 working days
- Notification to shortlisted candidates – 2 working days
- Interview date – at least 7 working days from notification to shortlisted candidates.

6.6. It's best practice for the interview date to be stated in the advert to ensure that prospective candidates are given as much notice as possible.

## **7. SHORTLIST AND INTERVIEW PANELS**

7.1. It is the responsibility of the Recruiting Manager to make appropriate arrangements for the shortlisting. This should involve as many of the interviewing panel as possible, a minimum of 2 people – although these people can shortlist together and submit one set of scoring if preferred.

7.2. The shortlisting should be completed online using TRAC, the Human Resources department can provide guidance. The TRAC system requires for shortlisting criteria to be entered into the system when the vacancy request is raised through TRAC, and for scores to be added. This should be taken from the person specification, and should include any essential or desirable criteria that would normally be used within shortlisting. More detailed guidance is available in the TRAC Guidance for Managers – Raising a Vacancy document.

7.3. Shortlisting should be carried out as soon as reasonably possible (ideally within 3 working days) after the vacancy closes.

7.4. Shortlisting should be based on both the essential and desirable requirements as detailed in the person specification, and should be consistent for all applicants.

7.5. The Trust actively encourages applications from people with disabilities. Those who demonstrate meeting the minimum essential criteria for the job applied for will be guaranteed an interview, under the Guaranteed Interview Scheme. The TRAC system will highlight to Recruiting Manager if they do not shortlist someone who has declared a disability under the Guaranteed Interview Scheme.

7.6. The Recruiting Manager is responsible for deciding the most appropriate selection process for the position. A competency and values based interview is the minimum selection method; however it is recommended that consideration be given to incorporating multiple selection methods into the recruitment process. This can help

make a more rounded and fuller assessment of the candidates. If there are to be multiple selection methods the invite to interview email will inform the shortlisted candidates in advance of the interview and enquire if any reasonable adjustments and provision/s are required.

7.7. HR are available for advice on recruitment and selection techniques. Other possible methods may include:

- Skills tests/in tray exercises
- Group exercises
- Focus Groups
- Assessment Centre
- Formal presentations
- Practical simulated exercises/case studies
- Psychometric tests

7.8. All parties involved in the recruitment process must ensure appropriate competency and values based questions are asked at interview to ensure the candidate selected is qualified and competent to carry out the role. All competency interview questions must be based on the person specification to ensure that each of the essential criteria for the role is assessed.

7.9. All parties involved in the recruitment process must make accurate notes and record timely decisions adhering to the policy, procedures and guidance, seeking advice where necessary from the Recruitment Team. The recruiting manager is responsible for justifying their decision in the event of a challenge. After the interview all notes and information should be sent to the Recruitment Team and will be stored for 6 months, these notes are disclosable.

7.10. Outcomes of exercises and interviews should be scored (usually out of 5, although this is at the discretion of the Panel) with the highest scoring candidate/s being successful at interview.

7.11. The Recruiting Manager has responsibility for notifying the candidates of the outcome, both successful and unsuccessful and offer feedback where requested, within a maximum of 1 working day.

## **8. PRE EMPLOYMENT CHECKS**

8.1. Every new starter recruited into the Trust must undergo the following pre-employment/document checks. These are designed to ensure that any new employee to the Trust is qualified, safe and physically able to work in a healthcare environment with vulnerable adults and children. Failure to comply with these standards could put the safety and even the lives of patients, staff and the public at

risk. All the Trust standards adhere to the NHS Employer Pre-Employment Check standards.

## **8.2. Employment History and Reference Checks.**

- 8.2.1. References enable checks on the accuracy of a prospective employee's previous employment and training history and provide assurance of an individual's qualifications, integrity and track record.
- 8.2.2. The NHS Employment Check standards requires that references are obtained to cover at least three years of continuous employment and/or training, including details of any gaps in service for new starter currently employed outside the NHS. The number of references may differ for each applicant, depending on how many episodes of employment/training they may have had in the last three years prior to making their application. Candidates currently employed within the NHS will only require one reference from their current NHS employer.
- 8.2.3. Any gaps in employment history will need to carefully explored with the applicant at interview by the recruiting manager. Information obtained through references should only be used to confirm a recruitment decision. References will be cross checked with the application form to confirm previous employment dates before an unconditional offer of employment is made.

## **8.3. Occupational Health Clearance**

- 8.3.1 All NHS staff must have a work health assessment (sometimes referred to as a pre-placement health assessment), that adheres to equal opportunities legislation and good occupational health practice. The purpose of a health assessment is to assess whether new employees:
  - have a health condition or disability that requires adjustments in the workplace to enable them to undertake the post offered; or
  - have a health condition or disability that requires restrictions to their role (e.g. Exposure Prone Procedures (EPP) workers with a blood-borne virus).
- 8.3.2 The checks will include a health questionnaire completed by the prospective employee upon conditional offer of employment. If further clarification is needed an interview with the Occupational Health Nurse will be arranged and an onward referral to an Occupational Health Physician, where appropriate.
- 8.3.3 All health questionnaires are confidential; the form is only available to Human Resources and Occupational Health employees.

**8.3.4** Staff can refuse to complete a work health assessment but this may result in an offer of employment being withdrawn.

**8.3.5** Occupational health checks should be undertaken when a member of staff:

- Takes up their first post including any training.
- Transfers to a new employer in the NHS.
- Changes jobs with the same employer, where this involves a significant change of duties, or where the individual is moving into an Exposure Prone Procedure area (e.g. A&E, Theatres or Respiratory).

#### **8.4. Disclosure Barring Service check (previously known as a CRB check)**

**8.4.1.** The Disclosure & Barring Service Check (DBS – formally the Criminal Records Bureau) provides access to information across England and Wales about criminal convictions and other police records to help employers make an informed decision when recruiting staff. Possession of a criminal conviction does not automatically make an applicant unsuitable for employment in the NHS. However, the Independent Safeguarding Authority (ISA) holds the power to bar people who have committed serious offences from working or engaging in regulated activity with children and/or vulnerable adults.

**8.4.2.** Not all staff working within the Trust will require a DBS check, but checks are mandatory for staff who work in regulated and controlled activities and who have contact with children and/or vulnerable adults. It is illegal to carry out a DBS check where the position has not been identified as exempt under the Exceptions Order.

**8.4.3.** Existing staff may be subject to disciplinary action and dismissal if they have failed to disclose relevant information in relation to their pre-employment checks.

**8.4.4.** A disclosure will only be applied for once a decision to offer the post has been taken and a conditional offer made. Prospective employees will be advised that as the position being applied for is exempt from the Rehabilitation of Offenders Act 1974 they are required to complete a self-declaration providing details of any criminal records and information about both spent and unspent convictions as part of the application process.

- 8.4.5.** All prospective employees will be required to complete self-declaration providing information about unspent (current) convictions.
- 8.4.6.** Any offer of employment made will be confirmed in writing by the Recruitment Team and will confirm that the offer is provisional and conditional on the satisfactory outcome of DBS and other pre-employment checks. During the recruitment process, should it be identified that the applicant knowingly withheld information, or provided false or misleading information within their application, a decision may be taken to withdraw the offer of employment.
- 8.4.7.** Applicants will only be allowed to commence in post upon receipt of a full satisfactory DBS Disclosure, except in exceptional circumstances i.e. where there is an urgent need to appoint because of an identified risk to patient safety, or for induction purposes, subject to carrying out an appropriate risk based assessment. In this situation, approval must be obtained from a Senior HR Business Partner and an appropriate DBS check must have been applied for and evidence of tough safeguards in place to manage that individual –such as restricted duties with no access to children or vulnerable adults, or access with full supervision – until the disclosure has been obtained.
- 8.4.8.** All candidates from overseas, who are coming into a regulated role, will still be required to undertake a DBS. In addition, candidates who have lived in another country for more than 12 months in the past 10 years may be asked to provide a police check/certificate of good standing from that country.
- 8.4.9.** If the candidate requires a Tier 2 visa, we are required by immigration legislation to request that the candidate provides a police/criminal record check from every country that they have lived in for over 12 months in the last 10 years.

## **8.5. Verification of Identity Checks**

- 8.5.1.** Verification of identity should be checked at interview by the Recruiting Manager. This is an essential part of the verification process. An application should not progress until the Recruiting Manager is satisfied that the person's identity is proven.
- 8.5.2.** Verification of identity checks are designed to determine that the identity is genuine and relates to a real person and establish that the individual owns and is rightfully using that identity. Applicants must provide acceptable documents containing their photograph, such as a passport or UK driving license, and acceptable documents providing their current address. Obtaining sight of original documents enables the recruiting manager to check:
  - Full name – forenames and last name

- Signature
- Date of birth
- Full permanent address.

**8.5.3.** Further checks will be made on original documents by the Recruitment Team as part of the pre-employment check process, with copies placed on both the applicants electronic and paper personal file.

**8.5.4.** In line with the NHS Employers Pre Employment checks, the Recruitment Team must see original documents (with the candidate present), take copies and date and sign these copies.

**8.5.5.** On occasions where the individual is overseas and will not be attending the country until they commence in role, scanned copies may be seen and originals then verified at a later date (prior to start date).

## **8.6. Right to Work Checks**

**8.6.1.** In accordance with the requirements of the Immigration legislation, proof is required of a prospective employee's eligibility to work in the UK. This is asked of all applicants regardless of Nationality and checked by the Recruitment Team as part of the pre-employment check process.

**8.6.2.** We reserve the right to withdraw a job offer if an individual cannot produce sufficient evidence of right to work in the UK (existing citizenship, unlimited or limited right to work, or a Tier 2 visa) within a reasonable timeframe. This time frame will be discussed and agreed with the individual.

## **8.7. Professional Registration and Qualifications Checks**

**8.7.1.** The registration and qualifications must be checked by the Recruiting Manager at interview stage and recorded on the interview assessment form. The Recruitment Team will then take copies for the recruitment file as part of the pre-employment check process.

**8.7.2.** Any offer of employment may be withdrawn if applicants knowingly withhold information, or provide false or misleading information, and employment may be terminated should any subsequent information come to light once they have been appointed. Once in employment, it is the responsibility of the individual to maintain their registration in accordance with the Trust's Professional Registration Policy.

**8.7.3.** In addition the Recruitment Team will check the Alert Notices Register on receipt of the successful candidate form from the Recruiting Manager. An alert notice is a way of notifying all NHS Trust's about registered health

professionals whose performance or conduct could pose a significant risk or harm to patients, staff or the public.

## **8.8. Revalidation Checks (Medical and Dental Staff only)**

- 8.8.1.** In addition to the above Trust Medical and Dental staff require a Revalidation check completed by the Responsible Officer (normally the Medical Director) from the previous Trust/Employer. The MPIT (Medical Practice Information Transfer) Form will be sent out to current employers to obtain confirmation that there are no outstanding issues.

## **8.9. Fit and Proper Persons Requirement**

- 8.9.1.** The Fit and Proper Persons requirement came into effect in November 2014 for NHS bodies. People wishing to hold NHS Directorships (executive and non-executive directors) must satisfy the test. Where they do not the CQC may take action against those directors, which may include insistence upon their removal from office.

- 8.9.2.** The fit and proper person requirements focus on assessing the applicant's honesty, integrity, suitability and fitness for the role. For example that they have the right level of qualifications, skills and experience and, with all reasonable adjustments, are able to undertake the roles and responsibilities of the position being offered.

- 8.9.3.** Regulation 5 sets out the criteria that a director must meet. They must:

- Be of good character;
- Have the qualifications, skills and experience necessary for the relevant position;
- Be capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010;
- Not have been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider;
- Not be prohibited from holding the relevant position under any other law. e.g. under the Companies Act or the Charities Act.

- 8.9.4.** Schedule 4, introduces the good character and unfit persons test. Under Schedule 4 Part 1, a director will be deemed unfit if they:

- Have been sentenced to imprisonment for three months or more within the last five years, although CQC could remove this bar on application;
- Are an un discharged bankrupt;
- Are the subject of a bankruptcy order or an interim bankruptcy order;
- Have an un discharged arrangement with creditors;

- Are included on any barring list preventing them from working with children or vulnerable adults.

**8.9.5.** Under Schedule 4 Part 2, a director will fail the 'good character' test, should they fall under one of the following criteria:

- Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence;
- Have been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social care.

**8.9.5.** The majority of the requirements are already satisfied by existing employment checking arrangements i.e. references, occupational health and DBS. The Trust secretary will undertake additional checks in relation to fraud, credit checks and bankruptcy.

**8.9.6.** Candidate for roles covered by the Fit and Proper Person requirement should declare upfront anything that may impact on the good character/unfit person test. Should a candidate be deemed unfit or fail the "good character" test then the role offer is likely to be withdrawn from them.

**8.9.7.** Appointees will also be asked to complete a Fit and Proper Persons self-declaration form and to send to the Company Secretary. (See appendix 2). This declaration and associated checks will need to be completed annually once in post.

## **9. INTERNAL APPLICANTS**

**9.1.** Where applicants move internally within the Trust to a new job role it is usually not be necessary to undertake all of the above six employment checks again. The Trust has an [Internal Transfer Scheme](#) (available on the Intranet for more information) which allows employees to move into other roles of the same Band without the need for a full recruitment process. Candidates on the Internal Transfer Scheme waiting list will have access to potentially suitable vacancies prior to this being advertised, and will have the option to speak to the recruiting manager and/or be interviewed for the role, if the manager believes they could be suitable. However, it should be noted that those on the formal redeployment register will take priority.

**9.2.** The Recruitment Team will check the current electronic personal file and will confirm via ESR that the right to work and any professional registration is up to date.



- 9.3.** If a DBS check is not recorded on ESR or is over 3 years old, then another check will be undertaken, although this should not delay an internal move where the level of risk is no greater than in the present role.
- 9.4.** A reference can be obtained from the current Trust line manager. Should the current manager be internal within the Trust, it is expectation that this will be provided in a timely manner, i.e. no longer than 1 week.
- 9.5.** A new Occupational Health screen would only be required where the role involves a significant change of duties, such as an individual moving into an Exposure Prone Procedure area, such as Theatres or the Emergency Department-

## **10. WITHDRAWAL OF A CONDITIONAL OFFER OF EMPLOYMENT**

- 10.1.** Any offer of employment will be made in writing by the Recruitment Team and will confirm that the offer is provisional and conditional on the satisfactory outcome of the DBS disclosure, Occupational Health, Professional Registration and Qualifications, References, Right to Work and Identity checks. The offer may be withdrawn, or employment terminated, if it becomes apparent that the applicant knowing withheld information, or provided false or misleading information.
- 10.2.** Where this relates to the DBS disclosure advice must be sought from a Senior HR Business Partner in conjunction with the DBS guidance and NHS Employers DBS Check Document.
- 10.3.** Where this relates to Occupational health clearance, no prospective employee should be refused employment on health grounds unless:
- expert occupational medical advice has been sought
  - the applicant has had the opportunity to discuss issues raised with an occupational health professional
  - the employing manager has discussed the reasons with HR and given full consideration to all of the facts.
- 10.4.** An offer may be withdrawn where information provided within the reference brings to question the suitability of the applicant for the position. In this situation the recruiting manager should contact the referee to discuss the concerns raised and where appropriate this should also be discussed with the applicant before a final decision is made.
- 10.5.** An offer may be withdrawn where it becomes evident that information cannot be provided by the applicant to prove either their identity, right to work or essential qualifications. A reasonable period of time, such as two weeks, will be granted at the

recruiting manager's discretion for the applicant to provide the relevant documentary evidence before the offer is withdrawn.

## **11. MEDICAL APPOINTMENTS**

### **11.1. Medical Appointments – Consultants**

**11.1.1.** The NHS (Appointment of Consultants) Regulations Good Practice Guidance provides useful information to follow when making appointments to Consultant posts and details the roles and responsibilities of the interview panel members. Prior to commencing recruitment for a Medical Consultant, the job description will be sent to the relevant Royal College. The ideal situation is to obtain agreement on this job description, but if the Royal College are not in agreement, the relevant clinical director may take a decision to continue recruitment without this.

**11.1.2.** It is a legal requirement for all doctors to be on the GMC's specialist register before being able to take up a consultant appointment. However, trainees may explore the possibility of post-CCT careers as soon as it is apparent that a CCT will be awarded in the near future. Consequently, doctors will be able to apply for a consultant appointment provided the expected date of award of their CCT (or recognised equivalent, if outside the UK) falls no more than 6 months after the date of interview for the consultant post.

**11.1.3.** All posts must be advertised on NHS Jobs, the advert should include the date of the interview.

**11.1.4.** All consultants must be appointed via an Advisory Appointments Committee. The core membership of Advisory Appointments Committees (AACs), is set out below:

- The Chair or a non-executive director
- the Chief Executive of the Trust (or a Board level Executive or Associate Director);
- the Medical Director of the Trust or a nominated deputy;
- Two Consultants from the relevant specialty;
- A HR representative
- A Royal College representative.

**11.1.5.** An AAC may not proceed if any core member (or their appointed deputy) is not present. The exception to this is a Royal College representative – if one is not available then the AAC will continue without them.

## **11.2. Medical Appointments – Specialty Doctors/Trust Grades/Trust Junior Doctors**

**11.2.1.** The interview panel will usually include the following members, however, this list is not prescriptive:

- Two Consultant representative(s);
- Management representative from the relevant specialty and HR

The Panel will continue as long as there are at least 2 individuals, plus a HR representative.

## **11.3. Medical Appointments – Doctors in Training/ LAS/LAT**

**11.3.1.** All core, GP and higher trainees are employed by the Lead Employer, Pennine Acute Hospitals NHS Trust. The Lead Employer conducts all pre-employment checks prior to the trainees joining the Trust for each rotation period. The employees are placed within the Trust for a fixed period covering the duration of the rotation;

**11.3.2.** In the event of any vacancies arising on the rotation, the Trust may employ either a Locum Appointment for Service (LAS) or a Locum Appointment for Training (LAT);

**11.3.3.** In order to appoint a LAT the standard Trust recruitment procedure is followed however there are some additional steps to be followed as below:

- Deanery approval must be given for all LAT appointments;
- The appointment may be from 1-12 months in duration;
- The post must be advertised using a national person specification;
- The post must have a clinical supervisor and an educational supervisor;

**11.3.4.** A LAS is normally recruited to cover a shorter period than a LAT as the appointment is for service and not training. To recruit LAS, approval must initially be sought from the Deanery and the post must have a clinical supervisor.

**11.3.5.** The appointment panel must comprise of:

- Consultant representative(s);
- HR
- Management representative.

**11.3.6.** Practitioners shall on appointment be paid at the minimum point of the scale for a post in the grade to which they are appointed; and their incremental date shall be the date of taking up their appointment.

## **12. CONTRACT OF EMPLOYMENT**

- 12.1. The Recruitment Team will ensure that all new employees joining the Trust for the first time will have a full written contract of employment before they commence employment.
- 12.2. Employees are required to sign the contract to denote acceptance of all its provisions. Completed contracts are held on an employee's personal file. (Kept by the Recruiting Manager)

## **13. INDUCTION**

### **Corporate Induction**

- 13.1.1. All newly appointed staff will attend Corporate Induction, which is held every month. It is mandatory that staff attend Corporate Induction. It is designed to give them an opportunity to learn more about the Trust and to welcome them to the Trust.
- 13.1.2. All new starters will be advised of the date of their Corporate Induction in their welcome letter which will also detail any additional mandatory training they are required to complete. This detail will go out with the contract.

### **Local Induction**

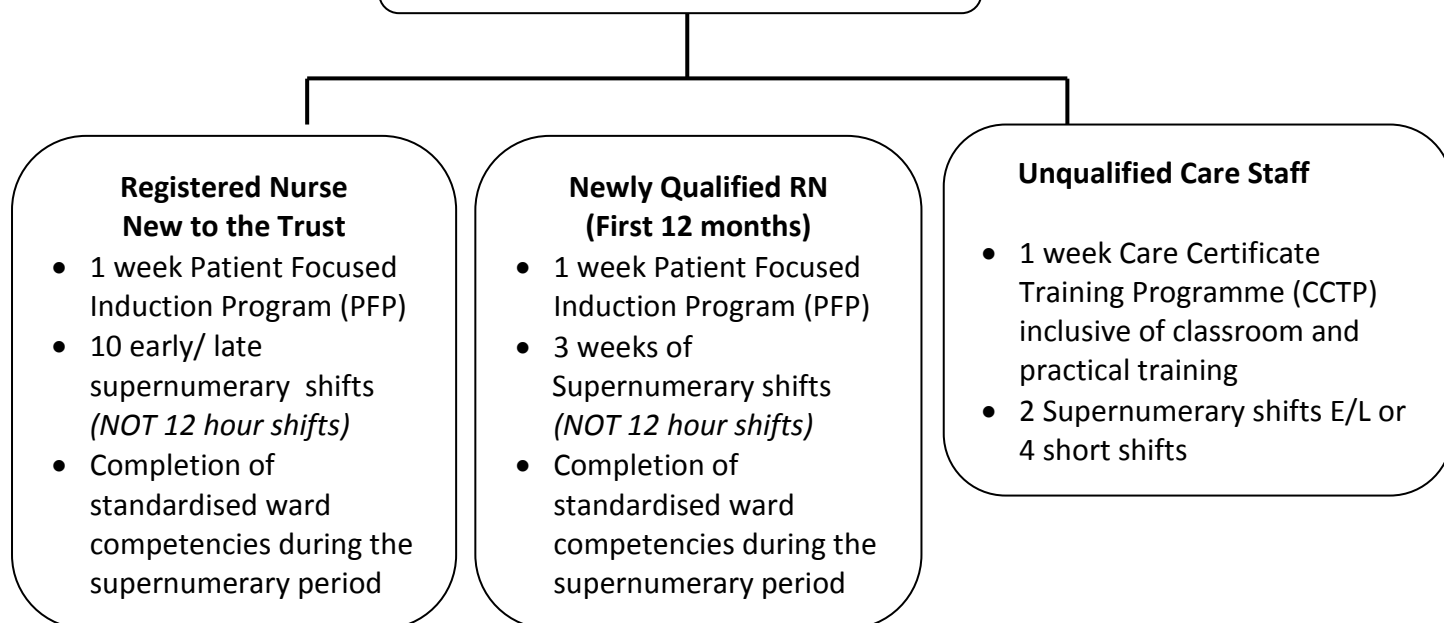
- 13.2.1. Line managers are responsible for ensuring all newly appointed staff receive a full local induction and complete the local induction checklist.
- 13.2.2. Once the local induction has been completed, line managers must submit an e-form to confirm that this has been carried out on the intranet.

## **14. SUPERNUMERARY PERIODS (NURSING STAFF ONLY)**

- 14.1. All newly qualified nursing staff on commencing at Tameside & Glossop Integrated Care NHS FT will spend a period of one week participating in the Patient Focused Induction Programme\* Following this they will be entitled to a 3 week supernumerary period of time on their ward. During this time they will complete the ward based competencies supported by the Ward Manager and Matron. At the end of the 3 weeks an assessment as to whether the competencies have been completed will be undertaken by the Ward Manager. Where it is identified that an extension is required, then adjustment to supernumerary time should be discussed/ agreed with the Matron and adjusted according to individual needs, although any extension should not exceed a further week, without discussion with the Assistant Chief Nurse.

- 14.2. Health Care Assistants or Assistant Practitioners who commence new in post at Tameside & Glossop Integrated Care NHS FT will spend one week undertaking the classroom based Care Certificate Training Programme (CCTP). On completion of this week they will have 2 days supernumerary on their ward for local induction.

**Newly Qualified Nursing and New to the Trust Staff commencing in post**



- 14.3. Staff who move to work on another ward within the same division will not be eligible for any Supernumerary time. The Ward Manager must ensure a Local induction is completed.

- 14.4. Qualified staff who transfer to a ward in another Division e.g. Surgery to Medicine will be entitled to a maximum of 1 week supernumerary, all local ward competencies and a full induction to the role must be completed within this time

- 14.4. Supernumerary periods for other staff groups will be by local agreement.

## 15. POLICY DEVELOPMENT AND CONSULTATION

15.1. The policy has been approved by the Staff Partnership Forum and the Executive Management Team (EMT).

15.2. The final policy will be published on the Trust intranet site and a training package will be created to support and promote it via the Core Skills for Managers programme.

15.3. The HR Advisors/Business Partners will provide a briefing to their respective Divisional Team Meetings

## **16. POLICY REVIEW**

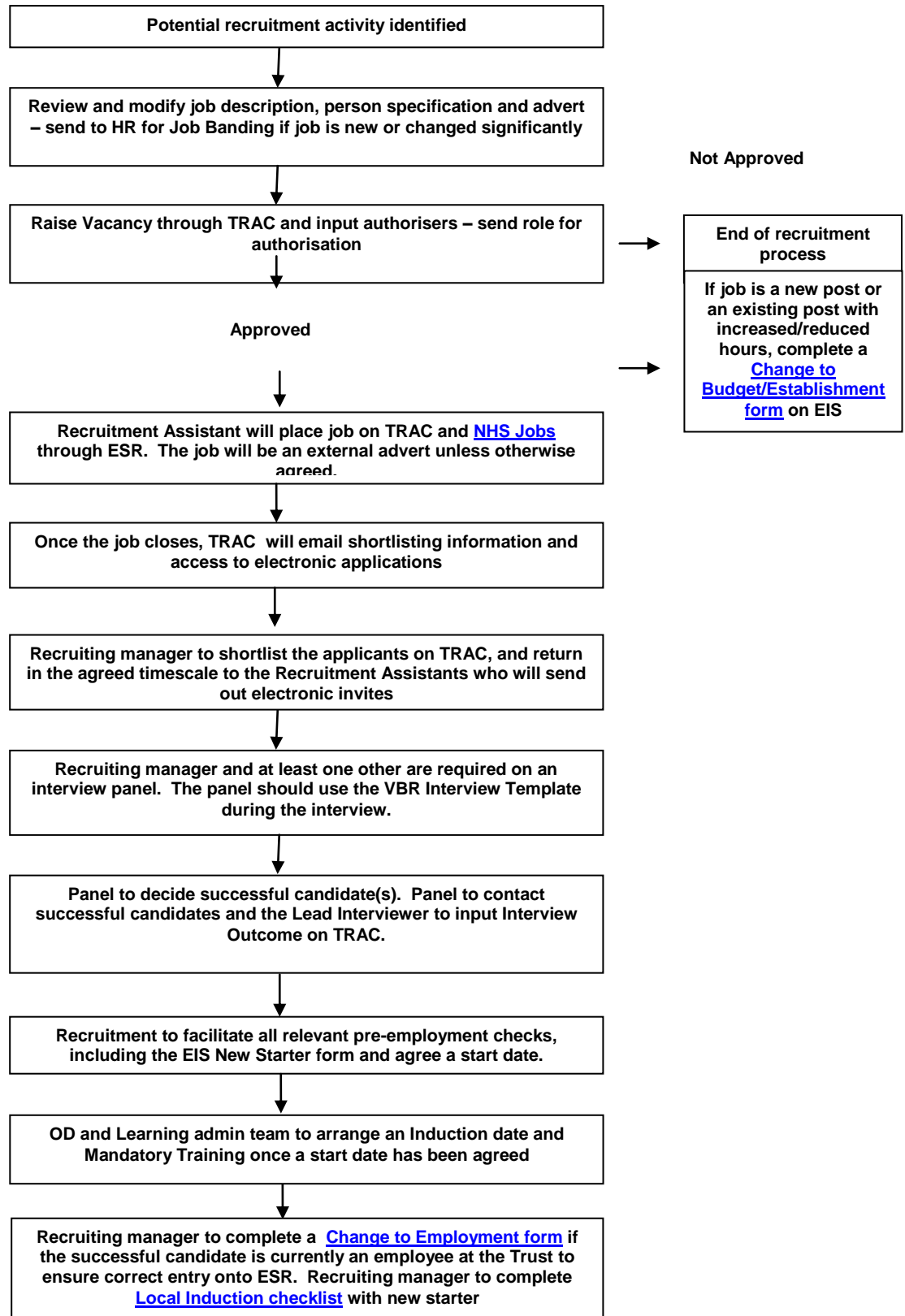
16.1. This policy will be reviewed on a 3 year basis, subject to earlier changes in legislation or national/regional guidance.

## **17. REFERENCES AND BIBLIOGRAPHY**

- (i) Professional Registration Policy
- (ii) Standard Operating Procedure for Junior Doctors and SAS
- (iii) TRAC Guidance for Managers
- (iv) Internal Transfer Protocol

NHS Employers pre-employment checks – [www.nhsemployers.gov.uk](http://www.nhsemployers.gov.uk)

## Appendix 1 - Recruitment & Selection Flowchart



## Appendix 2 - Fit and Proper Person Declaration

In line with the requirement for Directors of an NHS Foundation trust to be a fit and proper person, I hereby declare

| Declaration  | Confirmed (Yes/No) |
|--|--------------------|
| I am of good character by virtue of the following:   |                    |
| <ul style="list-style-type: none"> <li>I have not been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence</li> </ul> |                    |
| <ul style="list-style-type: none"> <li>I have not been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care.</li> </ul>  |                    |
| <ul style="list-style-type: none"> <li>I have not been sentenced to imprisonment for three months or more within the last five years</li> </ul>  |                    |
| <ul style="list-style-type: none"> <li>I am not an undischarged bankrupt</li> </ul>  |                    |
| <ul style="list-style-type: none"> <li>I am not subject of a bankruptcy order or an interim bankruptcy order.</li> </ul>   |                    |
| <ul style="list-style-type: none"> <li>I do not have an undischarged arrangement with creditors</li> </ul>   |                    |
| <ul style="list-style-type: none"> <li>I am not included on any barring list preventing me from working with children or vulnerable adults.</li> </ul>   |                    |
| I have the qualifications, skills and experience necessary for the position I hold on the Board  |                    |
| I am capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010  |                    |
| I have not been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider   |                    |
| I am not prohibited from holding the relevant position under any law e.g. under the Companies Act or the Charities Act   |                    |
| <b>Signed:</b>   |                    |
| <b>Name:</b>   |                    |
| <b>Position:</b>   |                    |
| <b>Date:</b>   |                    |



### Appendix 3 - DBS RISK ASSESSMENT FORM

This form must be completed and authorised by the Recruiting Manager and HR Business Partner prior to commencement of employment

Risk: The concern that a serious incident may occur by allowing individuals to commence employment prior to the receipt of a satisfactory DBS clearance.

Note to manager: Please complete this form as thoroughly as possible, detailing the precautions you will take to reduce the risk of allowing them to commence work before receipt of the DBS clearance. This may include who will be supervising them etc. Please note that individuals may not start employment until written authorisation is given from the Human Resources Team.

|                       |                    |
|-----------------------|--------------------|
| Division:             | Ward/Dept:         |
| Prospective Employee: | Job Title:         |
| Start Date:           | Ward/Dept Manager: |

#### Expected Standards

Please note that usual practice is that an individual should not start in post without the Trust receiving their Disclosure and barring clearance, if they are due to work with children or vulnerable adults.

The Trust may on exceptional occasion consider allowing someone to commence in post without their DBS, if there are mitigating factors. Examples include:

The individual is professionally registered (e.g. with the NMC) and has a DBS dated from the last 3 years.

The individual is not professionally registered but has a DBS dated within the last 12 months.

The individual can work non-clinically or wholly supervised whilst their DBS is in process.

#### Risk Assessment

| LIKELIHOOD OF THE RISK HAPPENING   | Score |
|--|-------|
| Rare – Not expected to occur. Will only occur in exceptional circumstances | 1     |
| Unlikely – Expected to occur at least annually. Unlikely to occur          | 2     |
| Possible – Expected to occur occasionally. Reasonable chance of occurring  | 3     |
| Probable – Expected to occur regularly. Is quite likely to occur           | 4     |
| Almost Certain – Expected to occur daily. Is highly likely to occur        | 5     |

| POTENTIAL SCALE/MAGNITUDE OF THE RISK   | Score |
|---|-------|
| Insignificant – Minimal damage/nuisance value   | 1     |
| Minor – Would cause a small problem   | 2     |
| Moderate – A definite problem   | 3     |
| Major – Significant problems would result   | 4     |
| Catastrophic – Major impact or dire consequences or organisational operations brought to a standstill | 5     |



|               |             |   |                 |   |  |
|---------------|-------------|---|-----------------|---|--|
| Total Risk: - | Likelihood: | X | Potential Risk: | = |  |
|---------------|-------------|---|-----------------|---|--|

**DETAILS OF RISK REDUCTION / MEASUREMENTS IN PLACE (Please refer to list)**

(provide on separate sheet if required)

**Manager Commitment**

I (supervisor) ..... confirm that .....(name)

Will not be left unsupervised at any time.

will adhere to the risk reductions/measures outlined above

In the event of an unsuccessful Criminal Records Disclosure, employment will be terminated immediately.

Signature ..... Date: .....

Department .....

**Employee Commitment**

I (employee) .....confirm that, in the absence of a Criminal Records Disclosure, the following conditions apply. I will not work unsupervised at any time.

In the event of an unsatisfactory Criminal Records Disclosure, I understand that my employment will be terminated immediately.

Signature: ..... Date: .....

Department: .....

For HR use only:

Date received by Recruitment Team: \_\_\_\_\_

|              |  |           |  |
|--------------|--|-----------|--|
| Approved:    |  | Rejected: |  |
| Signed By:   |  | Date:     |  |
| Designation: |  | Site:     |  |

## Appendix 4 – Standard Operating Procedure for Honorary contracts and contracts for service

### STANDARD OPERATING PROCEDURE

#### HONORARY CONTRACTS & CONTRACT FOR SERVICES

##### *Individuals undertaking work at Tameside Hospital without employment*

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## 1.0 INTRODUCTION

- 1.1 It is important to ensure that any individual who is undertaking work at the Trust without having either a substantive contract or an agency contract in place is issued with an appropriate non-employment contract/agreement. This process is designed to safeguard patients and our services. It is not appropriate to allow individuals access to the site, patients or patient information without the relevant checks being in place.
- 1.2 The issuing of a non-employment contract/agreement is to ensure that all individuals who are undertaking work for the Trust are bound to take proper account of the NHS 'duty of care'; and that the Trust in turn discharges its own 'duty of care' for the individual. This also ensures that whilst the individual is undertaking work for the Trust, they are bound by all Trust policies and procedures.

## 2.0 SCOPE

- 2.1 The organisation recognises the following circumstances where a non-employment contract/agreement must be in place:
  - **Honorary Contracts:** Individuals who are not employees of the Trust undertaking care of patients of the Trust and/or undertaking work within the premises of the Trust on a paid/unpaid basis; e.g. research students, clinical attachments, visiting consultants. There may be instances where the individual receives payment for work done however, this is paid via their employer and the cost is re-charged to the Trust
  - **Contract for Services:** Self-employed contractors who are undertaking care of patients of the Trust and/or undertaking work within the premises of the Trust on a paid basis. Payment is usually via invoice.
- 2.2 For the avoidance of doubt, this process will not apply to workers who are placed at the Trust to undertake work via an agency (for example, locum doctors, NHSP or agency managers). It is important that areas have their own assurance processes in place in terms of checking the suitability of locum/agency workers.
- 2.3 This process also does not apply to secondments<sup>3</sup>.

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<sup>3</sup> This will be covered by the Secondment Policy (currently under development)

### **3.0 RESPONSIBILITIES OF MANAGERS/SPONSORS OF PLACEMENT**

- 3.1 Where there is any cost implication (for example, payment for services or backfill costs) managers are required to ensure that they have the necessary approval in place prior to agreeing to a placement under this process. This will usually be via the Establishment Control Panel.
- 3.2 The sponsoring manager is responsible for ensuring that the individual is competent to undertake the work required. This would usually be by holding a post placement interview to assess suitability.
- 3.2 The Recruitment Team must be notified of the placement in advance of the start date. In normal circumstances, this will be at least 4 weeks' to allow for the necessary checks to take place.
- 3.3 Managers are required to ensure that individuals do not commence a placement without all necessary checks being in place.
- 3.4 The sponsoring manager will be responsible for completing a local induction, booking the individual on the Corporate Induction (where the contract is for 8 weeks or more) and for identifying any on-going training needs.
- 3.5 The sponsoring manager will provide the individual with the relevant documentation in order to obtain an ID badge.
- 3.4 A failure to comply with this process may result in an individual gaining access to the site, patients, patient and Trust information without the necessary checks being in place. This will place patients and services at risk and individuals may be subject to formal action.

### **4.0 RESPONSIBILITIES OF HUMAN RESOURCES**

- 4.1 The Recruitment Team are responsible for acting upon a request for an honorary contract/contract for services in a timely fashion. This will include obtaining clearances, liaising with the individual and issuing of the relevant contract/agreement.
- 4.2 The Recruitment Team will maintain a register of all Honorary Contract/Contract for Services. This will include details of the sponsoring manager.

### **5.0 RESPONSIBILITIES OF HONORARY CONTRACT/CONTRACT FOR SERVICES HOLDERS**

- 5.1 Individuals are required to cooperate fully with all aspects of this process. They will obtain and wear a Trust identification badge.
- 5.2 Individuals must comply with all relevant organisational Policies and Procedures throughout the duration of their contract. They must behave in accordance with the Trust Values & Behaviours. Individuals are bound by the terms laid out in their contract. A breach of these terms may result in the arrangement being terminated with immediate effect.

- 5.3 The Trust has full Public and Employers Liability in place for all contract holders activities (under this procedure) while working with Tameside Hospital. If they are undertaking any clinical work, they must secure and pay for their own medical malpractice insurance either through a defence union or commercial insurance company.
- 5.3 Where professional registration is required as part of the placement, contract holders must ensure that their registration is up to date and are responsible for notifying the organisation immediately of any issue which may impact upon their ability to practice.
- 5.4 The individual will pay for a DBS clearance where this is required. Payment is made via telephone to the Finance Department.
- 5.5 Where the individual is undertaking a placement on a “Contract for Services” basis, a clause will be included in the contract to confirm that they are responsible for taxation and national insurance and as such, they will indemnify the Trust against all liability for the same and any costs, claims or expenses including interest and penalties. Likewise, the individual will be required to declare whether they are a limited company.
- 5.6 Any concerns relating to the conduct or performance of an individual on an honorary contract or contract for service will be dealt in accordance with the procedure *“Managing concerns or incidents in relation to agency workers”*.

## **6.0 VERIFICATION OF CLEARANCES**

- 6.1 In most circumstances under this process, the individual will be employed by an NHS Organisation. In these circumstances the recruitment team will request the employing HR team to complete a “Certificate of Current Employment Details” form (appendix 5). This is to verify that the individual has all the necessary employment checks in place.
- 6.2 In instances where the employing HR department is unable to confirm the necessary employment checks (or where the individual is not currently in employment – for example where they are self-employed), the HR team will request the information directly from the individual.
- 6.3 Where a DBS clearance is required, the cost is incurred by the individual due to be placed with the organisation as per the existing recruitment process.
- 6.4 An individual will not be permitted to commence a placement at the hospital without all the necessary clearances (or risk assessment) being in place.

## **7.0 ISSUING AN HONORARY CONTRACT**

- 7.1 Once the necessary clearances have been confirmed, the relevant contract will be issued. The individual will also be sent a copy of the Trust’s Values and Behaviours.
- 7.2 There are varying templates as follows:
- Honorary Contract

- Contract for Services

7.3 The individual will be required to sign and return their contract in advance of commencing work at the Trust.

## **8.0 VERIFICATION OF IDENTITY**

8.1 All individuals due to be covered by a contract under this process will be asked to present themselves at the HR department on their first day. They will be asked to bring 1 piece of photographic ID which will be photocopied and placed on file.

## **9.0 STORING OF CONTRACTS**

9.1. The HR department are responsible for the safe storage of all contracts included in this process. Signed copies will be scanned and saved electronically along with all the necessary documentation obtained during the verification process

**Appendix 5 – Certificate of current employment details**

**CERTIFICATE OF CURRENT EMPLOYMENT DETAILS**

**Section 1:**

|   |  |
|---|--|
| <b>Applicant's Name</b>                 |  |
| <b>Date of Birth</b>                    |  |
| <b>Post Title</b>                       |  |
| <b>Department</b>                       |  |
| <b>Date Employment Commenced</b>        |  |
| <b>Contract Status (e.g. Perm/Temp)</b> |  |

**Section 2:**

I can confirm that pre-employment clearances on the above named have been carried out in line with NHS Employment Check Standards: (please tick)

- The individual as named in Section 1 is a current employee at your Trust
- Two verified/satisfactory references
- Identity checked(ID with photograph and verification of permission to work in the UK
- to the best of your knowledge, is the individual suitable and qualified to undertake the role
- Evidence of professional registration and qualifications (if applicable to role)
- Occupational Health clearance
- Enhanced DBS disclosure undertaken 
  - Disclosure Number: \_\_\_\_\_
  - Date of Issue: \_\_\_\_\_
- There are no capability issues that Tameside & Glossop Integrated Care NHS Foundation Trust should be aware of
- The details within Section 1 are correct

**Section 3:**

|                    |                        |
|--------------------|------------------------|
| <b>Print Name:</b> | <b>Position Held:</b>  |
| <b>Sign:</b>       | <b>Organisation:</b>   |
| <b>Date:</b>       | <b>Contact Number:</b> |



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|--|--|



Appendix 6 - Analysis of Effects Assessment (AoE)



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be assessed:

Title of Policy /Procedure / Project / Strategy / Service to Recruitment & Selection Policy

**Short description of Policy / Procedure / Project / Strategy / Service (aims, objectives and purpose)**

*Give a short description of the policy/proposal including its overall aims, objectives and purpose, including who it is going to impact upon eg: staff, public, patients, community, volunteers etc*

The policy is designed to outline the principles and responsibilities for recruitment and selection within Tameside and Glossop Integrated Care NHS Foundation Trust.

|   |  |
|---|--|
| <b>Date of assessment:</b>                              | 10 October 2017                            |
| <b>Person responsible for assessment:</b>               | Eleanor Devlin, Senior HR Business Partner |
| <b>Is this a proposed new policy/proposal?</b>          | No   |
| <b>Is this a review of an existing policy/proposal?</b> | Yes  |

|  |   |
|--|---|
| <p><b>1. Who is responsible for the policy/proposal?</b></p> <p><i>(Consider the following;</i><br/> <i>i. Who is accountable?</i><br/> <i>ii. Who implements it?</i><br/> <i>iii. Who is responsible for policing/monitoring?</i><br/> <i>iv. Who enforces the policy?)</i></p> | <p>The Trust/ HR department</p>   |
| <p><b>2. Who are the main stakeholders in relation to the policy/proposal?</b></p> <p><i>(Consider the following;</i><br/> <i>i. Who needs to be consulted / informed about the policy/proposal?</i><br/> <i>ii. Who is the policy/proposal</i></p>                              | <p>This policy is to agreed in partnership with HR department, Staff side representatives and management via the Trust's Staff Partnership Forum.</p> |



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|  |   |  |
|--|---|--|
| <p><i>intended to involve in the wider sense? For example; Staff/professionals, the public/community</i></p>   |   |  |
| <p><b>3. What outcomes are expected / desired from this policy/proposal?</b></p> <p><i>(Consider the following;</i></p> <p><i>i. Who will benefit from this policy/proposal and in what way will they benefit?</i></p> <p><i>ii. Does the policy/proposal explicitly involve the elimination of inequality, or the promotion of equality?)</i></p> | <p>This policy provides the framework regarding Recruitment and Selection within the Hospital, and the process the Trust will follow to welcome new starters into the organisation.</p> <p>The policy details the process regarding selection and the use of values based recruitment as a means to eliminate any inequality and ensure that selection is based on values which are aligned with the Trust.</p> |  |
| <p><b>4. The following section requires you to assess the likely <a href="#">negative impact</a> and <a href="#">positive impact</a> of your policy/proposal on the nine Protected Characteristics as defined by the Equality Act as follows. Please support any answers with evidence.</b></p>  |   |  |
| <p><b>Protected Characteristics</b></p>  | <p><b>Answers to:</b><br/><b>What likely adverse impact will this Policy / Service have on the public or staff, giving particular regard to potential impacts <a href="#">negative</a> and <a href="#">positive</a> in relation to:</b></p>   | <p><b>Evidence:</b><br/><i>(What is your evidence for this answer? Consider; both quantitative and qualitative existing data.)</i></p> |



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|                               |                                    |  |
|-------------------------------|------------------------------------|--|
| <b>a. Race</b>                | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>b. Disability</b>          | <b>There is no adverse impact.</b> | Candidates that have declared a disability as part of their application process they will automatically be selected for an interview, should they meet the essential criteria for the post. This in turn will increase the opportunities available to individuals. |
| <b>c. Sex</b>                 | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>d. Religion and belief</b> | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>e. Sexual orientation</b>  | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>f. Age</b>                 | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>g. Carers</b>              | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |
| <b>h. Gender Reassignment</b> | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic.  |



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|   |                                    |   |
|---|------------------------------------|---|
| <b>i. Marriage &amp; Civil Partnership</b>  | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic. |
| <b>j. Pregnancy &amp; Maternity</b>   | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic. |
| <b><u>K. Human Rights</u></b>   | <b>There is no adverse impact.</b> | The policy outlines a framework to follow for all new starters irrespective of this protected characteristic. |
| <b>5. Is there any further evidence / data that you would consider relevant or necessary in order to answer the above question?<br/>If so, please detail. *</b> | None                               |   |

*\* If you require a significant amount of additional data, have identified a high and medium risk associated with the policy/service would you consider;*

- i. adjusting the policy/proposal and completing the screening again?  
or*
- ii. automatically carrying out further investigation through an full impact assessment?*

|  |     |
|--|-----|
| <b>6. Are any of the above impacts (detailed in 4a – K) justifiable, valid or legal?<br/>Please explain?</b> | N/A |
|--|-----|



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|   |   |           |
|---|---|-----------|
| <b>7. Is this policy/proposal missing a valid opportunity to promote equality of opportunity for one or more of the groups (see 4a) concerned? Please expand.</b> | No  |           |
| <b>8. Does this policy/ proposal promote the Trusts Values and Behaviors (see below) for all of the protected characteristics:</b>                                | Yes – The Trust adverts/ NHS Jobs page and interview process details the Trust’s Values and Behaviours. These V&B are tested through the interview process. |           |
| <b>8a. Respect:</b> Does your policy promote treating everyone with dignity and respect at all times?   | Yes.  |           |
| <b>8b. Learning: Does your policy</b> promote and encourage learning?   | Yes   |           |
| <b>8c. Care:</b> Does your policy offer support and understanding and promote understanding of privacy and confidentiality?                                       | Yes   |           |
| <b>8d. Communication:</b> Does your policy encourage listening and welcome feedback (engagement)?   | Yes   |           |
| <b>8e. Safety:</b> Does your policy outline responsibilities and improve quality for all.   | Yes   |           |
| <b>9. Based on the above, do you consider that this policy/proposal now requires a full impact assessment?</b>  |   | <b>NO</b> |

Signed (Responsible Manager for Policy/proposal) *Ahsheya*



*Razzaq, HR*