

## Recruitment, Selection and Appointment Policy

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Relevant Regulations and Standards	
Links to Organisational/Service Objectives, business plans or strategies	Resourcing and workforce planning
<p><b>Executive Summary</b> This policy describes the processes related to Recruitment, Selection and Appointment</p>	

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## Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	2008	Natalie McMillan	Horizon – Corporate Policies	
2	2010	Lydia Larcum	Horizon	<ul style="list-style-type: none"> <li>• References – flexibility regarding offering a post where the second reference is proving difficult to obtain</li> <li>• Effective and Legal Recruitment and Selection training or equivalent compulsory for those involved in recruitment</li> <li>• The use of generic job descriptions must be considered, if appropriate</li> <li>• Inclusion of guidance on interview expenses</li> <li>• Inclusion of local induction guidance</li> </ul>
3	2013	Will Thornton	Staff Room	<ul style="list-style-type: none"> <li>• Updated to include revised guidance stemming from the introduction of Equality Act 2010 (e.g. in relation to employment checks).</li> <li>• Updated guidance</li> </ul>

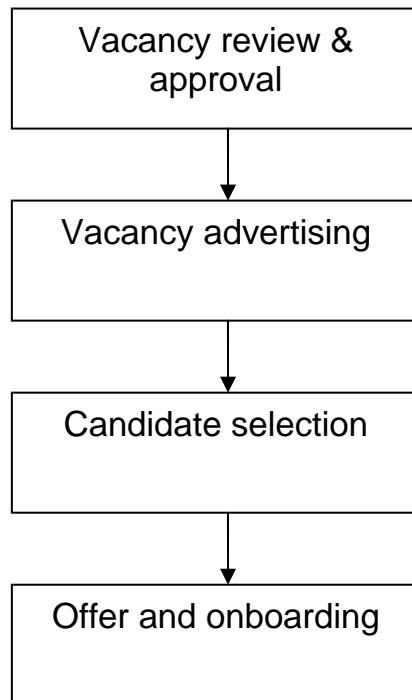
				<p>around pre-employment checks, including making conditional offers before reference checks are completed.</p> <ul style="list-style-type: none"> <li>• Reference to conditional offers being expanded to include probationary periods for agenda for change staff.</li> <li>• Inclusion of notice that the Recruitment Team can mandate their attendance on an interview panel if they have a concern that a recruitment process may place the Trust at risk.</li> <li>• New direction around the appointments process for senior, generic and entry level positions within the Trust.</li> <li>• Guidance around the completion of stages of the recruitment process moved into a separate 'Additional Managers' Guidance' document.</li> <li>• Removal of appendices with new direction that staff should consult the intranet for latest documentation and process.</li> </ul>
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## Process flowchart

For a more detailed flowchart, please refer to the Recruitment, Selection & Appointments Additional Guidance for Recruiting Managers.



## **1 Introduction & Scope**

Recruiting the right person for each post is vital for the smooth running of every team. The Trust depends on its managers to attract and recruit the best possible staff to ensure the consistent provision of high quality patient-centred care.

With so many different organisations competing for employees, the Trust must present a positive and professional image at all times. Managers must also ensure they act in a fair, open and accountable way, adhering to all the various laws and Trust policies that refer to recruitment and selection.

This policy, together with the accompanying Additional Guidance for Recruiting Managers document, has been written to help managers through the entire recruitment process.

In addition to this policy, the Trust offers a training module 'Effective and Legal Recruitment'. Anyone who is involved in making selection decisions, preparing recruitment campaigns or carrying out mandatory pre-employment checks must ensure they attend this course. For further details on this please contact your local Corporate Learning and Development Team.

It is strongly recommended that individuals consult the document templates and guidance on the Recruitment pages on the Trust intranet site, as procedures and employment law can change on a regular basis and it is crucial that practices remain up to date. If you have any comments or questions about this policy, please contact the Recruitment and Resourcing Manager or the Assistant Recruitment Manager in the first instance.

## **2 Definitions / Terms used in policy**

- **Recruitment:** the series of actions where the objective is to place an individual into a position of paid employment
- **Recruiting Manager:** the person in a department whose responsibility it is to manage a vacancy

- **Vacancy Control:** the Trust process for approving recruitment to a vacancy, comprising reviews by a multi-disciplinary corporate panel and Corporate Directors
- **Recruitment Team:** the team responsible for supporting and advising on all recruitment activity at the Trust, from vacancy approval up to the point of the person's commencement in post
- **Recruitment File:** the documentation which records the selection process for a position, the decisions taken through the process and their rationale
- **Equality Act:** the legislation which legally protects people from discrimination in the workplace and wider society. The Act sets out the different ways in which it is unlawful to treat someone
- **Additional Guidance for Recruiting Managers:** a handbook which should be read as an accompaniment to this policy, providing practical guidance to managers on recruitment best practice

### **3 Policy Statement**

The Trust recognises its staff as being fundamental to its success. A strategic and professional approach to recruitment processes help enable the Trust to attract and appoint staff with the necessary skills and attributes to fulfil its strategic aims, while also identifying people with the attitudes and behaviours that are required to support the well-being of our patients. The Trust is committed to ensuring that the recruitment and selection of staff is conducted in a manner that is systematic, efficient and promotes equality of opportunity.

Best practice guidance, which forms the basis for the implementation of this policy, is also provided through the Additional Guidance for Managers document. The Additional Guidance for Managers aims to help Recruiting Managers, and others involved in the recruitment process, to understand the process' detail with the aim of ensuring that each recruitment campaign is as effective as possible. Beyond these documents, professional advice and support is available at all stages of the recruitment process from the Recruitment Team.

Recruitment, Selection & Appointment Policy  
Version 3, July 2014

### **3.1 Trust approach to recruitment in process**

The Trust has a defined process for recruitment, an outline for which is provided in flowchart form as part of the Additional Guidance for Managers (Section I), and in the Recruitment pages of the Trust intranet site. Documents published on the intranet site reflect the most up-to-date process and guidance, and supersede directions in the Additional Guidance for Managers as legislation and practice changes.

#### **3.1.1 Equality and diversity**

The Trust's recruitment and selection procedures have been formulated to take account of its duties under the Equality Act. These duties include the elimination of discrimination, harassment and victimisation, the advancement of equality of opportunity, and the fostering of good relations between people who share a relevant 'protected characteristic' and those who do not. Protected characteristics encompass the following attributes: age, disability (including long-term conditions), gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Where it is alleged that a recruitment process has discriminated against someone on the basis of one of these characteristics, whether directly, indirectly, by association or on the basis of perception, there is a burden of proof on the Recruiting Manager to show that this was not the case. Therefore, the Trust process is formulated to be transparent and equitable at its every stage.

Where this policy talks about discrimination, it is referring to the contravention of the Equality Act.

##### **3.1.1.1 Two Ticks**

The Trust uses the 'Positive About Disabled People' (2 ticks) symbol to signify its commitment to meeting the needs of employees and applicants with impairments. It is the symbol awarded by Jobcentre Plus to employers who are positive about employing disabled people and are committed to employing, retaining and developing disabled staff. As part of a 2 tickets employers' commitments, all applicants who consider themselves to have a disability and wish to have their



application considered under a Guaranteed Interview Scheme will be interviewed if they meet the minimum criteria for a post. All Trust job adverts carry the 2 ticks logo.

### **3.1.1.2 The Access to Work Programme**

The Access to Work Programme provides practical advice and support to disabled people and their employers to help identify and remove disabling barriers in the workplace. Access to work can also pay a grant, through the Employment service, toward any extra employment costs which result from disability. The contact details for Access to Work are available from the Recruitment Team.

### **3.1.2 Values-based recruitment**

In addition to the principles set out in relation to recruitment at the Trust generally, the Trust has a defined 'values-based' approach for the recruitment of all entry level roles in the organisation (Bands 1-4), and senior appointments (See Section 3.1.3), however, it is important to stress that its use is not limited to such roles. Values-based recruitment is the approach whereby candidates' suitability for a role is assessed by looking at the extent to which they share both the organisation's and recruiting department's values. It places value on their motivations and drivers - in particular, their compassion, willingness to put the welfare of others above their own interests and personal accountability - and looks at how these are manifest in their behaviour. Its use prevents disproportionate emphasis being placed on qualifications and experience, both of which fail to take account of the importance an individual places on employment with the Trust, their ability to fit into a team, and most importantly of all, their determination to contribute to a service which delivers compassionate, patient-centred care. All of these elements are pivotal to the success of any given appointment.

Where this approach is used, the values which form the basis for assessment will be specified in the Job Description and Person Specification for the position (See Section 3.2), and should be used throughout the selection stages (See Section 3.3).

### **3.1.3 Senior appointments**

Senior appointments for the organisation are centrally co-ordinated by the Resourcing Team. These are managerial-level positions (Band 7 and above, or equivalent) where the managerial/leadership dimension is the most significant aspect of the role. The Recruitment Team will contact Recruiting Managers when they identify a post which requires an Assessment Centre following its review through the Vacancy Control process (See Section 3.2). With specified exceptions (e.g. Non-Executive Director appointments which follow an alternative but equally rigorous process), the use of an Assessment Centre is mandatory for all such appointments.

Assessment Centres comprise a range of exercises and are co-ordinated by the Recruitment Team, in collaboration with trained assessors from within the Trust. Assessment Centres are used to deselect unsuitable candidates, which means those who are short-listed must attain marks over and above the organisation's pre-defined standard at the Assessment Centre in order for their application to progress to interview. Applications from candidates who do not attain the required standard are discounted after Assessment Centre. The Recruitment Team can be contacted for further information about Assessment Centres.

### **3.1.4 Generic recruitment**

Generic recruitment campaigns are single programmes of recruitment which aim to fill vacancies across different directorates and/or sites within the Trust (e.g. for Health Care Assistants in acute settings). These campaigns are co-ordinated by the Recruitment Team, who act as a central point of administration to ensure the programme is completed efficiently and effectively. Where any recruitment campaign is designated generic by the organisation, any requests to recruit separately must be discussed with the Recruitment and Resourcing Manager or the Assistant Recruitment Manager in the first instance.

### **3.1.5 Medical recruitment**

Appointments to medical posts within the Trust are managed centrally by the Medical Staffing team, who co-ordinate the recruitment campaigns from end-to-end.

Medical Staffing work with the North Yorkshire and East Coast Foundation School and the Yorkshire Deanery to recruit junior doctors in training (Foundation doctors and Specialty Training doctors). Any junior doctors in training staffing gaps that arise are recruited to via Medical Staffing, working with the relevant Consultants and/or managers within the department.

Medical Staffing also co-ordinate the recruitment of all non-training medical posts including posts such as Specialty Doctors working at a junior doctor level, in addition to the recruitment of permanent senior medical posts, including Consultants. The Medical Staffing department refer to The National Health Service (Appointment of Consultants) Regulations, 1996; The National Health Service (Appointment of Consultants) Regulations Good Practice Guide and A Guide to Postgraduate Speciality Training in the UK (The Gold Guide).

Selection procedures for Specialty Doctor and Consultant level medical posts at the Trust include assessment exercises in addition to interviews.

### **3.2 Vacancy Control**

The Trust's Vacancy Control process is imperative to ensure that the organisation takes a consistent and proactive approach to managing its workforce, while also supporting service delivery across the organisation. A vacancy at the Trust is only recognised as such once it has been through the organisation's Vacancy Control process. A position should not be filled by any means until approval has been received through this channel, unless there is a specified exception which has corporate approval (e.g. The Business Case procedure which provides authorisation for medical Consultant recruitment campaigns).

When a manager has reason to consider recruiting to a position, the preparation which supports the Vacancy Control process should be their first consideration. The Additional Guidance for Managers sets

out the detail of the stages involved in obtaining approval to recruit to a position (See Additional Guidance for Managers: Section II).

### **3.3 The Job Description**

A job description is a key recruitment document, as it ensures the interview panel are clear about what a job entails, enabling them to undertake the selection process in an objective way. It also acts as a marketing tool, attracting and informing prospective candidates to the post. The Job Description must be used throughout the entirety of the recruitment process for a position; it should be published with the advert, used to direct selection, provided to the appointed candidate and used to inform their induction.

A number of generic job descriptions are available on the intranet and their use is strongly encouraged and must be considered for all appropriate posts. For further information please contact Operational HR.

A job description is not a legal document but, together with the person specification, it does form part of the evidence that can be taken into account by an employment tribunal if a complaint arises at any stage in the recruitment and selection process. They can sometimes have contractual effect. It is important to ensure gender free language is used throughout the Job Description and Person Specification.

### **3.4 Person Specification**

The person specification must be used in tandem with the job description for a given position throughout the full recruitment process. It describes the essential and desirable skills, knowledge, qualifications, experience, personal attributes and values the ideal candidate for a job would have.

Person specifications provide those involved in the recruitment process with clear, specific and measurable guidance about the criteria they will use when assessing a candidate's suitability, and enable potential candidates to assess how suitable they are for the job in question.

This document is vital to the success of the selection process (See Section 3.7). If it is poorly composed and includes criteria which cannot be measured, are irrelevant or are badly-worded, this will lead to problems later on in the recruitment process as it may exclude good candidates, fail to discount those who do not possess the necessary abilities for the role, or even breach employment legislation. Great care must be taken to ensure the person specification is safe and effective. Advice on this subject is available in the Additional Guidance for Managers (Section II (iii)).

### **3.5 Advertising**

As well as attracting the best candidates for a position in a timely fashion, and in ensuring that its workforce reflects the diversity of the local population, the inclusion of vacancy advertising in the Trust's recruitment process aims to ensure that its recruitment and selection procedures do not discriminate. Advertising ensures that people are given a fair and equal opportunity to apply for a position, and should be used for all vacancies at the Trust, including permanent positions covered by temporary contract-holders. Failure to advertise a vacancy has the effect of denying people the opportunity to apply for a position, and can lead to the decision being challenged under the Equality Act.

All advertisements for vacancies at the Trust are placed by the Recruitment Team. Vacancies are advertised on the national NHS Jobs Web Site, and in a Trust bulletin which is displayed on the intranet, in hard-copy across the Trust's different sites and by selected partner organisations as standard. Where a manager wishes to supplement these mediums with further targeted advertising, they are welcome to contact the Recruitment Team for advice. Any requests for paid advertising must be considered through the Vacancy Control process (See Section 3.2).

Guidance on writing advertisements and advice around their placement (for internal or external candidates) is available in the Additional Guidance for Managers (Section III).

### **3.6 Application process**

Those individuals who are interested in being considered for a vacancy at the Trust should complete the Trust's application form via NHS Jobs. Where an applicant cannot use a computer or does not have access to one, an application in an alternative format – including large print, in Braille or audio format - can be provided by the Recruitment Team. Candidates can also be assisted when filling in the form unless personal completion is a valid test of a skill necessary to effectively perform the job.

All completed application forms must be received by the Recruitment Team prior to the published deadline for receipt in order to be accepted. No applications will be accepted once the published deadline for receipt has passed, unless there is a legislative reason for doing so (e.g. If a candidate requires a reasonable adjustment under Equality Act). Any queries about the Trust's application process should be directed to the Recruitment Team.

### **3.7 Selection**

The selection stage of the recruitment process requires a careful and diligent approach to ensure both its effectiveness and safety. The stage encompasses all techniques employed to reduce the number of applications received to a preferred candidate(s), and spans from short-listing to interview, inclusive of any complimentary measures which are used in between. Selection decisions which cannot be objectively justified may be challenged under the Equality Act, and therefore it is essential that they are:

- Based on consistent assessment of candidates using the criteria specified in the job description and person specification for the role
- Not skewed by any information gathered outside of the recruitment process or through any non-mandatory components of it (e.g. optional pre-interview attendance in the department)
- Appropriately and securely documented to provide a record which can be used to defend the decision

- Reached following assessment by minimum 2 people at each stage
- Undertaken by people accredited following attendance on the Trust 'Effective and Legal Recruitment and Selection' training course

Where the safety of a selection decision may be compromised by a lack of assurance in respect of any of these elements, the Recruitment Team reserve the right to mandate their involvement in the selection process for a position.

Guidance on timescales for completion and methodologies for short-listing and interview is contained in the Additional Guidance for Managers (Section IV).

### **3.7.1 Feedback after selection**

Recruiting Managers must be prepared to provide feedback on their selection decisions when this is requested of them. Feedback must take the form of an accurate and unbiased summary of the reasons for non-appointment and relate to the selection criteria for the post. It must not reference information that did not emerge from the selection process.

Feedback will normally be provided by the Recruiting Manager in writing, with the expectation that where appropriate the professional lead will take this role to ensure the feedback is relevant. In the case of feedback about a candidate's performance at Assessment Centre (See Section 3.1.3), this must be provided by the Recruitment Team. If a candidate requests access to any data held by the Trust in connection with their application (e.g. interview notes or references), guidance should be sought from the Recruitment Team.

### **3.7.2 Short-listing**

The task of short-listing is the responsibility of each department, and should be completed in a timely fashion, in accordance with the principles outlined for selection. The rationale for the short-list must be recorded accurately and in a Trust-approved format, referencing

where candidates have met the selection criteria and (where appropriate) the reason for de-selection.

Candidates who meet the essential criteria and who wish for their application to be considered under the Two Ticks Scheme (See Section 3.1.1.1) must be short-listed even if short-listing has moved to the desirable criteria. Similarly those employed by an NHS organisation in the Yorkshire and Humber region whose employment in a comparable role is at risk must be short-listed where they meet the essential criteria. Candidates in this situation will be identified by the Recruitment Team from 'Restricted NHS Jobs Accounts'. Comparable roles will be positions of commensurate grade. In certain circumstances, a role which is 1 grade lower may be deemed comparable. Please contact the Recruitment Team for further information.

In line with the Trust's Disciplinary Policy, a candidate's application may be de-selected if they have been dismissed by the organisation for misconduct (or gross misconduct) after the equivalent period of a final written warning (i.e. 2-years). Recruiting Managers are advised to refer to the Disciplinary Policy for further details.

### **3.7.3 Informal visits**

Pre-interview visits can be offered at the discretion of the Recruiting Manager. They should not be used to ask questions of candidates for consideration towards a selection decision, and candidates must not be penalised for non-attendance unless the visit forms a mandatory component of the recruitment process. Where a department wishes to mandate pre-interview visits for candidates, the Recruitment Team should be contacted for advice prior to advertising.

### **3.7.4 Selection Tests**

Tests can be an effective way of assessing candidates however applicants must be informed of the purpose of any tests in advance. Outlines for different tests that can be used, together with the principles that underpin them are available in the Additional Guidance for Managers (Section IV (v)).



### 3.7.5 Interviews

To get the most from an interview, proper planning is essential. Guidance around the planning of an interview is available in the Additional Guidance for Managers (Section IV (iv)).

It is also imperative to ensure that interviews are used to progress pre-employment checks as far as is practicably possible in order to facilitate a safe and efficient appointment (see Section 3.8).

As with other stages of selection, interviews and selection decisions must be documented.

Individuals need to be aware that decisions taken in interviews can be influenced by personal bias and preconceptions. To ensure this does not happen interviewers must:

- Use the job description and person specification to plan questions before the interview, focussing on how responses can be measured. This will ensure that candidates are asked broadly the same questions, helping to preserve the fairness of the interview
- Ask questions that relate to the ability to do the job
- Not ask questions about personal circumstances or domestic arrangements. Instead ask all candidates whether they can manage the hours/shift patterns that are necessary.

Questions should not be based on any protected characteristic (See Section 3.1). For example candidates of black and minority ethnic background should not be asked how they get on with white colleagues/patients, openly homosexual candidates must not be asked how they would deal with homophobic comments and male candidates must not be asked how they would feel about working for a woman.

If a candidate is being interviewed for a supervisory or management post, it is legitimate to test their commitment to equal opportunities and their knowledge of Trust policies in this area.

Themes which can be legitimately explored at interview include candidates' attendance records, impairments and criminal

convictions, although in each case, this must be done with care. The Additional Guidance for Managers provides Recruiting Managers with guidance to explore these topics safely (Sections IV (iv.v) – IV (iv.vii)).

When interviewing, Recruiting Managers should note that ‘at risk’ candidates employed by the NHS in the Yorkshire and Humber region in a comparable role (see Section 3.7.2 for a definition) who are deemed appointable must be prioritised for selection over other appointable candidates. The Recruitment Team can be contacted for further guidance.

#### **3.7.5.4 Interview expenses**

By default, the organisation does not reimburse expenses incurred through attending the Trust for interview, except in the case of medical posts. Recruiting Managers may choose to exercise discretion in providing payment to their candidates for reasonable expenses if they feel it is appropriate. Any such payments will be made locally from the relevant departmental budget.

### **3.8 Pre-employment checks**

There are a number of mandatory checks that must be completed before a candidate’s application can be progressed following selection. Some pre-employment checks can be initiated as soon as short-listing is completed, while others cannot be carried out until an offer of employment has been verbally accepted. Due to changes in legislation, both the detail around exactly what needs to be checked and when does change from time-to-time, and therefore Recruiting Managers should always refer to current guidance from the intranet.

Pre-employment checks provide assurance that candidates are suitable for employment in relation to the following 6 standards:

- Identity (Section 3.8.1)
- Right to work in the UK (Section 3.8.2)
- Criminal records (Section 3.8.3)

- Occupational health (Section 3.8.4)
- Professional registration and qualifications\* (Section 3.8.5)
- References (Section 3.8.6)

\*This standard is buttressed by the Department of Health's Alert Notice system for registered healthcare professionals (See Section 3.8.5.1).

With the exception of criminal records checks and professional registration and qualifications checks, these standards are pertinent to every vacancy appointment. Checks should be undertaken consistently to avoid discrimination. It is the responsibility of the Recruiting Manager to ensure that all relevant checks are completed properly.

As part of the pre-employment checking process, it is necessary that copies of any documents obtained in connection with a candidate's application are verified as being taken from original and authentic documents by recording both the checker's signature and the date on which the check was carried out. Care must be taken to ensure the security of all information obtained through the pre-employment checking process. Where a candidate is appointed to a position, the copies must be retained on the individual's personal file to provide a permanent record.

If concerns come to light as a result of any aspect of pre-employment checking, or if there is a problem in complying with the standard required, the Recruiting Manager must contact the Recruitment and Resourcing Manager or the Assistant Recruitment Manager before they make a decision in relation to that application. In some cases where it is proving difficult to complete a check, it may be appropriate to contact the candidate with a deadline for fulfilment of the check. For further guidance on pre-employment check procedures please contact the Recruitment Team.

### **3.8.1 Identity checks**

Nationally, identity is seen as the most fundamental of all pre-employment checks. The purpose of this check is to ensure that

the identity presented belongs to that person, and involves verification of attributable (i.e. identification attributed from birth, such as name and date of birth) and biographical (i.e. personal history including interactions with banks and utility providers) identities. In order to satisfy this standard, candidates must present a range of original documents for inspection. Details of acceptable documents are available from the intranet. Identity checks should be the first check performed, and an application should not progress until a Recruiting Manager is satisfied that the candidate's identity is proven.

### **3.8.2 Right to work in the UK checks**

The right to work in the UK standard allows the Trust to confirm the eligibility of candidates to work in the UK. In order to ensure consistency and avoid discrimination, no assumption should be made about a candidate's right to work in the UK. Tough criminal penalties are in place for employers who fail to comply with the standards required by the Immigration, Asylum and Nationality Act (2006), including fines and imprisonment. In order to ensure compliance, a range of documents can be checked to verify that an individual has the appropriate entitlement to work, and a list is available from the intranet for managers' reference. Where a candidate is unable to provide evidence of their right to work in the UK or where sponsorship is required to enable them to obtain the right to work, the Recruitment Team must be contacted to make an assessment of the situation prior to a selection decision being taken. Due to the complexity of immigration legislation and the penalties associated with it, advice should be sought from the Recruitment Team where there is any uncertainty surrounding an individual's eligibility to work.

### **3.8.3 Criminal records checks**

The criminal records standard allows the Trust to confirm whether a candidate has a criminal record and to make an assessment of that person's suitability for employment. To determine whether a criminal records check is necessary and what it entails, managers should consult the Trust's policy on Disclosure and Barring (formerly

Criminal Records Bureau (CRB) checks. A check cannot be carried out until a candidate has verbally accepted an offer of employment. Applicants for posts which are covered under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 or which are considered 'positions of trust' (e.g. chief executives, senior management, board-level directors, or finance managers where the individual is in charge of public funds or internal budgets) must make a self declaration as part of the pre-employment checking process. This will involve completion of an Employment Declaration Form which is available from the Recruitment pages on the intranet. The contents of this form should be reviewed at interview and, where necessary, discussed with the candidate (See Additional Guidance for Managers Section IV (iv.vi)).

#### **3.8.4 Occupational health checks**

The purpose of the occupational health check is to ensure the safety of prospective staff and those with whom they would come into contact in the role where they have been offered appointment. No information must be obtained for the purposes of this check until a verbal offer of employment has been accepted.

Occupational Health forms should be completed, reviewed by the appointed candidate's line manager or Occupational Health (as appropriate) and clearance given before the appointment is confirmed unconditionally. Any restrictions or recommendations - including in respect of reasonable adjustments - that are made by Occupational Health need to be incorporated by the relevant department. In the event that reasonable adjustments are recommended, departments may need to seek support from Access to Work (see Section 3.1.1.2) to enact them. Occupational Health forms and guidance can be found on the intranet, and are also available directly from the Occupational Health department.

#### **3.8.5 Professional registration and qualification checks**

Professional registration and qualification checks enable the Trust to confirm that candidates are appropriately licensed/qualified to undertake a particular role, and provide assurance that they are able to do so safely. Where it is stated within the person specification that professional registration and/or a particular qualification is

required for the role, this must be verified prior to an offer of employment being made.

Recruiting Managers should endeavour to verify qualifications by reviewing original certification. Where this is not possible, a candidate's level of qualification may be verified by virtue of their registration with a particular professional body if appropriate.

### **3.8.5.1 Alert Notices**

As an extension to professional registration and qualification checks, the Trust maintains a database of healthcare professionals whose performance or conduct has been reported as a concern through the national 'Alert System' (because of inadequate or unsafe clinical practice or inappropriate personal behaviour which it has been deemed may harm staff or patients). Where professional registration is a requirement of a position, a preferred candidate's name must be checked against the Alert database before any offer of employment is made.

### **3.8.6 References**

References allow Recruiting Managers to check the accuracy of a prospective employee's previous employment and training history, and also provide assurance of an individual's qualifications, integrity and track record. This in turn allows for an assessment of their suitability for a particular role.

Recruiting Managers must obtain a minimum of two written references covering at least the last 3-years prior to a prospective employee taking up appointment. One reference should be from the prospective employee's current or most recent employer (preferably their line manager) within a six-month timescale. Where this is not possible because the applicant has never worked or is returning to work after a longer period of unemployment then it is acceptable for the reference to be provided by a College/University Tutor or someone that the applicant may have worked with in a voluntary capacity.

Personal references (e.g. from friends or relatives) will not be accepted by the Trust. Where Recruiting Managers are having

difficulty obtaining appropriate references, the Recruitment Team should be contacted for advice.

Where best practice is used, a recruitment decision should be as informed as possible and therefore it is recommended that a Recruiting Manager is in receipt of satisfactory references before making an offer. However, in situations where references are not available after completion of interviews, Recruiting Managers are permitted to use their judgement and make an offer subject to satisfactory references. The Additional Guidance for Managers (Section V (ii) – V (iii)) should be consulted for further information.

#### **3.8.6.1 Verbal references**

Where verbal telephone references are sought the format is the same as the Trust's structured reference request form to ensure the consistency of the data. Verbal telephone references must be followed up in writing.

#### **3.8.6.2 References and absence information**

It should be noted that the Trust's reference proforma includes questions about the subject's attendance record. Any information received in response to these questions must be managed with extreme care. Any decision not to appoint a candidate based on this information can be open to challenge under current equality legislation, for example where an absence relates to a long-term condition. Therefore, it is important that any concerns arising from the provision of attendance information in a reference is discussed with the Recruitment Team before a decision is made in relation to the candidate's suitability for appointment.

#### **3.8.6.3 Permission to approach referees**

The Trust will only take up references prior to an interview if the candidate has given permission for this to occur on the job application form. Due care and attention is required by employees of the Trust when obtaining references early in the recruitment process as an employee's career could be jeopardised where the current employer is unaware of their wish to leave. Where a candidate has not given permission for references to be sought

prior to interview then he/she can be informed at interview that if he/she wants his/her application to be taken further, permission must be given to seek references after the interview. Where candidates do not want to give permission, without an assurance that they will be offered a post, Recruiting Managers reserve the right to tell candidates that unfortunately no such assurance can be given, and if they are not willing for their references to be taken up post-interview, they will exempt themselves from the selection process.

#### **3.8.6.4 References and confidentiality**

As a general principle and in compliance with the Data Protection Act, the contents of a reference given in confidence will not be disclosed unless a court or employment tribunal orders that the reference should be disclosed in any proceedings. The exception to this is where the referee gives written permission for the disclosure.

#### **3.8.6.5 References from within the Trust**

References from within the Trust should be provided by the employee's current or most recent manager. Where the immediate line manager is not a senior manager or equivalent, the reference should be countersigned by the senior manager.

#### **3.8.7 Pre-employment checks for agency staff**

Staff who are not directly employed by the Trust, but work at the Trust via an external agency must have the same standards of pre-employment checks carried out. Different arrangements are in place for agency use according to the staff group to which they belong. Only agencies that are part of an approved framework agreement (e.g. Government Procurement Service for nursing staff) may be used as these agencies have agreed that all required pre-employment checks will be carried out (as above). Through only using approved agencies the Trust can be assured that all agency staff have met the standards of pre-employment checks that are required.

To ensure that an appropriate agency is being used, and also that they are being used in line with the Trust's procurement systems,



managers must ensure that they contact the Purchasing Department before recruiting anyone temporarily through an agency.

### **3.8.8 Monitoring completion of pre-employment checks**

Twice a year, the Recruitment Team will 'spot-check' 5% of personal files of new employees to monitor if the required pre-employment checks have been completed and to obtain any reasons from the Recruiting Manager where these checks have not been completed. The findings of these spot-checks will be fed back to the relevant manager and will form part of the quarterly HR Performance Report to the Board of Directors. Any manager found not undertaking the relevant checks will be given further training if required, and may be subject to further spot-checks and/or additional monitoring which may entail the involvement of the Recruitment Team in their recruitment campaigns (See Section 3.7).

If an employee's checks are not adequate, their employment status may be reviewed. To check compliance with the procedures outlined in this policy, the duties (a), types of checks required (b), checking procedure (c), the process for following up on those who fail to satisfy the checking arrangements (d), and the process for monitoring receiving assurance that checks are being carried out by external agencies (NHSP & recruitment agencies) used by the organisation (e), will be monitored in the above spot-checks.

## **3.9 Offering employment**

Any offers of employment made to new starters to the organisation will be on the basis of the satisfactory completion of a probationary period. This will apply to new starters to the Trust in non-medical positions only, and will be regardless of the type of contract they are appointed to, e.g. permanent, fixed term, part time or full time. Recruiting Managers should refer to the Trust's Probationary Periods policy for further information.

Following a selection decision, all written offers of employment must be made using a Trust template offer letter. All offers should make clear any conditions attached to them and will, as a

minimum, include the satisfactory completion of the probationary period (and its length) and satisfactory Occupational Health clearance as criteria for employment. The conditions should also reference receipt of satisfactory DBS disclosure and/or written references where applicable. Offers must be clear about the starting salary for the position (See the Trust's Starting Salaries Guidance document for further information). Recruiting Managers must also ensure that this level of detail is included in any verbal offers of employment to preferred candidates, as these are legally binding.

### **3.9.1 Withdrawing an offer of employment**

If one of the conditions relating to the offer of employment is not subsequently fulfilled, the Recruiting Manager must discuss the situation with the Recruitment and Resourcing Manager or Assistant Recruitment Manager in the first instance. No offer to a candidate should be withdrawn without the involvement of the Recruitment Team.

## **3.10 Recruitment Files**

On completion of a recruitment campaign, the Recruiting Manager must return their completed Recruitment File to the Recruitment Team at the first available opportunity. The Recruitment File must include complete documentation for all selection decisions, and will be stored securely by the Recruitment Team until 12-months after the date of interview. Recruiting Managers will be asked to address gaps in incomplete files to ensure an appropriate record of their decision-making.

## **3.11 Complaints relating to a recruitment process**

In the event that a complaint is made in relation to any aspect of a recruitment campaign, the complainant should be asked to write to the Recruitment and Resourcing Manager in the first instance to allow for their complaint to be reviewed. Where any complaint about fairness is received, the Recruitment File for the position will be reviewed and the relevant Recruiting Manager consulted. In the event that a complaint is upheld, the Recruiting Manager will be

held personally liable under the terms of the relevant employment legislation (See Section 3.1.1).

### **3.12 Inclusivity Monitoring**

To guarantee the effectiveness and quality of Trust inclusivity strategy it is vital that processes and systems are regularly and comprehensively monitored.

The onus is on the Trust to:

- maintain full and complete records for each decision making stage in the recruitment and selection process
- collect full and accurate information on the employment of disabled staff within the organisation
- ensure that information on employees' or potential employees' protected characteristics is collected for monitoring purposes only and is protected from misuse
- be prepared to amend organisational procedures in light of monitoring policies
- strive to maintain a reasonable balance between the amount of personal information required from candidates and appointees and the amount of information needed for an effective monitoring system

### **3.13 Induction**

All new recruits should be made to feel welcome when they arrive at the Trust.

New recruits to the Trust should attend corporate induction and statutory and mandatory training in line with the Trust policy on Corporate Statutory and Mandatory Training Identification (or Junior Doctors Corporate Induction Policy). They should also receive a departmental induction, which will include a local induction meeting and the completion of an induction checklist (available from the Recruitment pages on the intranet) during their first few weeks in the job.

The purpose of the initial local induction meeting is to agree and set initial objectives and to outline key expectations from the start. This forms an important link to the probationary period. Ideally, this

meeting should take place during the first week but no later than the end of the second week. At this stage, the objectives may simply be to attend a period of training (e.g. to use CPD), or they may be 'on-the-job' based.

### **3.14 Local Induction**

Local induction gives a clear introduction to the working environment and is a requirement for all new starters including those on temporary contracts, agency staff, secondees and work placements. It ensures that everyone has a clear introduction to the key processes and procedures including health and safety as well as key contacts in the areas they are working within to ensure that all new starters are able to function at a safe and competent level.

Please refer to the Junior Doctors' Corporate Induction Policy and Procedure for their induction. **Local Induction includes:**

- Orientation into the ward / department / directorate / organisation
- Awareness of key procedures
- Location of services
- Awareness of key contacts

### **3.15 Job Specific Induction**

Job Specific Induction should:

- Provide effective familiarisation with working practices, colleagues and the working environment.
- Ensure that essential information has been understood and to give an opportunity to discuss this.
- Give members of staff the knowledge and skills required to function immediately at a safe level, through appropriate risk management education and training.

- Provide support and guidance in the initial stages of a new job, through the provision of a local 'guide'.
- Agree initial objectives and development needs with the line manager.

Job-Specific induction must also take place for members of staff moving to new posts within the Trust and this must be recorded. Suggestions for activities to be incorporated are:

- Discuss Job Description
- Meetings with key people with whom the postholder will deal
- Attendance at staff meetings (as opportunity arises)
- Visit to appropriate outside agencies/professionals
- Visits to other relevant Departments
- Visits with/to colleagues
- Instruction on work and office procedures
- Tour of the area/other properties
- Provision for meeting urgent training needs.

New members of staff should be assigned a more experienced member of staff in the Department as a Mentor for the first few weeks. The Mentor will answer questions and provide support and guidance. Mentors should be briefed on their responsibilities and should be chosen for their personal skills in support and development as much as for their experience.

### **3.16 Induction Process:**

This is to be used by the Manager prior to and during the induction process.

1. **Preparation** – before the person starts employment with the Trust the manager will -
  - Review Induction Checklist ([available from the intranet](#))
  - Arrange Job-Specific Induction Programme
  - Assign and brief Mentor

2. **On First Working Day** – on the new starters first working day the manager will -
  - Complete Induction Checklist ([available from the intranet](#)) adding any Departmental issues
  - Discuss Job-Specific Induction Programme
  - For agency staff complete local induction checklist for the organisation and department
  - Introduce Mentor.
  
3. **Within First Month** – The manager, in collaboration with the staff member will:
  - Complete Local and Job-Specific induction ([proforma available from the intranet](#))
  - Hold initial Review Meeting including analysis of initial training needs
  - Compile initial Personal Development Plan
  - Arrange PDR date

**Discuss and agree initial objectives in line with the Appraisals policy and KSF outline.** Set short-term objectives, to be reviewed in around 6 weeks – 3 months. These will often relate to personal development in the role. They should be monitored more closely than may be necessary with other staff.

***Discuss and agree initial training needs.*** *Priority training and development needs should be agreed and incorporated into a refined Personal Development Plan. Training needs will often involve mandatory or corporate training identified for the post.*

**Set a further PDR date.** A full PDR, reviewing progress in the job and setting 6-12 month objectives, should be arranged within the first 6 months of commencement.

### **3.16.1 Managers' responsibilities**

Managers must ensure that all new starters including temporary staff complete an appropriate induction as detailed above and that as a minimum agency staff complete the local induction process and indicate this by completing the local induction checklist. Copies of completed local induction checklist must be retained by the department and be available for audit purposes. If a manager identifies a member of staff who has failed to complete the local induction process they must notify the Recruitment Team and advise them of the date when the member of staff will complete a local induction and they must confirm that this has been completed.

### **3.16.2 Employees' responsibilities**

Employees must ensure they participate in all induction provided by their area of work.

### **3.16.3 The Recruitment Team's responsibilities**

- Ensure that all managers are aware of their responsibilities in relation to induction through the provision of supporting information on the intranet.
- Review and update the induction procedure in conjunction with Corporate Learning and Development.
- Audit 5% of agency staff placements to ensure that local induction checklists are being completed, the results of which will be reported to Corporate Directors.

## **4 Equality Analysis**

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix 1.

## **5 Accountability**

Operational implementation, delivery and monitoring of the policy resides with:-

Recruitment, Selection & Appointment Policy  
Version 3, July 2014

- All staff involved in recruitment are required to ensure that this Policy and Procedure is adhered to.

## **6 Consultation, Assurance and Approval Process**

### **6.1 Consultation Process**

The Trust will involve stakeholders and service users in the development of its policies.

Consultation has taken place with the following stakeholders:

- Human Resources
- Recruiting Managers
- Job applicants to the Trust
- Local Negotiating Committee

### **6.2 Quality Assurance Process**

Following consultation with stakeholders and relevant consultative committees, this policy has been through quality assurance checks prior to being reviewed by the authorising committee to ensure it meets the NHSLA standards for the production of policy and equalities legislation and is compliant with the Development and Management of Policies policy.

### **6.3 Approval Process**

The approval process for this policy complies with that detailed in section 6.3 of the Development and Management of Policies Policy. The approving body for this policy is Executive Board.

The Checklist for Review and Approval has been completed and is included as Appendix 2 and the completed Virtual Policy Review Group Checklist is included as Appendix 4.

## **7 Review and Revision Arrangements**



On reviewing this policy, all stakeholders identified in section 6.1 will be consulted. The persons responsible for review are:

- Recruitment Manager
- LNC
- JNCC

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the Executive Board

## **8 Dissemination and Implementation**

### **8.1 Dissemination**

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Hospital NHS Foundation Trust following the completed Plan for dissemination of the policy (See Appendix 3)

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

### **8.2 Implementation of Policies**

This policy will be implemented throughout the Trust by:-

- All managers involved in recruitment, who are required to attend the Effective and Legal Recruitment and Selection training course

In addition to this the Policy Author will collate the following evidence to demonstrate compliance with this policy:

- Quarterly HR performance reports to Trust Board (See section 10.1)

## **9 Document Control including Archiving Arrangements**

### **9.1 Register/Library of Policies**

This policy will be stored on Staffroom, in the policies and procedures section and will be stored both in an alphabetical list as well as being accessible through the portal's search facility and by group. The register of policies will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

### **9.2 Archiving Arrangements**

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

### **9.3 Process for Retrieving Archived Policies**

To retrieve a former version of this policy from Q-Pulse, the Healthcare Governance Directorate should be contacted.

## **10 Monitoring Compliance and Effectiveness**

### **10.1 Process for Monitoring Compliance and Effectiveness**

The Recruitment Team will be responsible for monitoring the effectiveness of the policy in dealing with any situations that arise.

This will be on an on-going basis. Twice a year the Recruitment Team will 'spot-check' 5% of personal files of new employees to monitor if the required pre-employment checks have been completed and to obtain any reasons from the recruiting manager where these checks have not been completed. The findings of these spot-checks will be fed back to the Board through the quarterly HR Performance Reports. Any manager found not undertaking the relevant checks will be given further training if required. If an employee's checks are not adequate, their employment status may be reviewed. To check compliance with the procedures outlined in this policy the duties (a) types of checks required, (b) checking procedure (c), the process for following up on those who fail to satisfy the checking arrangements (d) and the process for monitoring receiving assurance that check are being carried out by external agencies (NHSP & recruitment agencies) used by the organisation (e) and will be monitored in the above spot-checks.

This policy will be monitored for compliance with the minimum requirements outlined below.

## 10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements of the NHSLA Risk Management Standards for Acute Trusts are met, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Employment Checks	"Spot-checks' of 5% of new employees personal files and publication of the results as detailed above	Recruitment Team	Twice yearly	Recruitment Team	Recruitment Manager	Recruitment Manager, Internal Audit
b. Local Induction of Permanent Staff (3.2 (a) – (e))	As above	Recruitment Team	Twice yearly	Recruitment Team	Recruitment Manager	Recruitment Manager, Internal Audit
c. Local Induction of Temporary Staff (3.3 (a) – (e))	As above	Recruitment Team	Twice yearly	Recruitment Team	Recruitment Manager	Recruitment Manager, Internal Audit

## 10.2 Standards/Key Performance Indicators

Not applicable

Recruitment, Selection & Appointment Policy  
Version 3, July 2014

## **11 Training**

- Any training requirements identified within this process that are of a 'Corporate Statutory or Mandatory nature will be outlined in the Statutory/Mandatory Training Brochure. This can be accessed via the link on Staff Room, the Q:\York Hospital Trust\Mandatory Training or the organisation's online learning platform. Corporate Induction forms part of this provision.

The Corporate Statutory and Mandatory Training Identification Policy and Procedure document describes the processes relating to the identification, review, delivery and monitoring of statutory and mandatory training including non-attendance.

- The Recruitment Team are responsible for the delivery, recording and corporate monitoring of any 'management skills' training delivered to ensure an effective, standardised recruitment process. Training records from these training events will be maintained on the organisation's learning database.
- Managers are responsible for the identification, organisation and recording of any departmental training received. Details of which should be captured on the induction checklist and a copy kept in the individual's Personal Folder.

## **12 Trust Associated Documentation**

- Recruitment, Selection and Appointments – Additional Guidance for Recruiting Managers
- Appraisal Policy
- Corporate Statutory Mandatory Training Identification Policy
- Criminal Records Bureau Policy and Managers' Guidance
- Junior Doctors Corporate Induction Policy
- Disciplinary Policy
- Probationary Periods Policy
- Starting Salaries Guidance

## **13 External References**

- N/A

## **Appendices**

- Appendix 1: Equality Analysis**
- Appendix 2: Checklist for Review and Approval**
- Appendix 3: Implementation Plan**
- Appendix 4: Virtual Policy Review Group Checklist**

## Appendix 1 Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy	Recruitment, Selection and Appointment policy
1.	<p><b>What are the intended outcomes of this work?</b></p> <p><i>To ensure that all appointments to the Trust are fair, equitable and based on an individual's ability to do the job for which they have applied.</i></p>
2	<p><b>Who will be affected?</b></p> <p><i>Patients and their families, who will receive the best possible quality of care from the Trust based on the quality of appointment arising from the recruitment process.</i></p> <p><i>Managers and administrators at the Trust who will be required to follow a defined process in appointing to a vacancy.</i></p> <p><i>Trust staff, whose work should be supported by the timeliness, efficiency and quality of recruitment at the Trust.</i></p>
3	<p><b>What evidence have you considered?</b></p> <p><i>Trust Equality &amp; Diversity analysis, including review of applicant monitoring information</i></p> <p><i>Trust audit of new starters' personal files</i></p> <p><i>NHS Employers Employment Check Guidance</i></p> <p><i>Feedback from NHS Employers Equality and Diversity Partners</i></p> <p><i>CIPD Recruitment Guidance</i></p> <p><i>Department of Health</i></p> <p><i>The National Health Service (Appointment of Consultants) Regulations, 1996</i></p> <p><i>The National Health Service (Appointment of Consultants) Regulations Good Practice Guide</i></p> <p><i>Department of Health Guide to Postgraduate Speciality Training in the UK (The Gold Guide)</i></p> <p><i>Complaints and feedback from candidates who have applied for a vacancy at the Trust</i></p>
	<p><i>The Trust Recruitment process includes a number of protections to guard against bias in its recruitment and selection decisions. Some of these are common to multiple characteristics as follows:</i></p> <p><i>Removal of monitoring information from application forms</i></p> <p><i>Use of values-based recruitment approach</i></p> <p><i>Use of competency-based person specifications, composed around the requirements of the role</i></p> <p><i>Mandated attendance on Trust Recruitment Training for recruiting managers</i></p> <p><i>Involvement in selection decisions by multiple people to avoid individual bias</i></p>
a	<p><b>Disability</b></p> <p><i>Trust commitment to social model approach to disability</i></p> <p><i>Guaranteed interview scheme (2-ticks)</i></p> <p><i>Reference to Access to Work for support with reasonable adjustments</i></p> <p><i>Application forms available in alternative formats</i></p>
b	<p><b>Sex</b></p> <p><i>Direction that job titles must be gender neutral</i></p>

c	<b>Race</b> <i>Candidates' right to work in the UK status to be validated as part of offer process, and not to influence selection decision</i>
d	<b>Age</b> <i>Apprentice recruitment to support diversity in employee age range through creation of new entry-level roles</i> <i>Attendance at careers events in community, including schools</i>
e	<b>Gender Reassignment</b>
f	<b>Sexual Orientation</b>
g	<b>Religion or Belief</b>
h	<b>Pregnancy and Maternity</b>
i	<b>Carers</b>
j	<b>Other Identified Groups</b>
4.	<b>Engagement and Involvement</b>
a.	Was this work subject to consultation? Yes
b.	How have you engaged stakeholders in constructing the policy <i>Training – Conversations with Corporate Learning Manager</i> <i>Pre-employment checks for agency staff – Conversations with Head of Purchasing</i> <i>Equality and Diversity Group – conversations with Assistant Director of HR (committee member) regarding applicant monitoring information</i> <i>NHS Employers Equality and Diversity Partners – attendance at partners' meeting in London, December 2013</i> <i>Staff side – review by LNC and JNCC at committee meetings</i>
c.	If so, how have you engaged stakeholders in constructing the policy As above
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs <i>Training – Julie Colquhoun through 1:1 meetings; produced clarity around training arrangements for staff involved in recruitment at the Trust</i> <i>Pre-employment checks for agency staff – Telephone conversations with Ian Willis; produced clarity around arrangements for sourcing temporary staff</i> <i>Equality and Diversity Committee – 1:1 meeting with Dawn Preece, reviewing analysis of applicant monitoring information; re-affirmed commitment to values-based selection methodology</i> <i>NHS Employers Equality and Diversity Partners – attendance at partners' meeting in London; re-affirmed</i>



	<i>commitment to values-based selection methodology</i> <i>Staff side – review by LNC and JNCC at committee meetings; produced amendment to the application of the probationary periods policy in relation to recruitment</i>	
<b>5.</b>	<b>Consultation Outcome</b>	
<b>a</b>	<b>Eliminate discrimination, harassment and victimisation</b>	<i>Promotes appointment of individuals sharing Trust's values</i> <i>Directs that selection decisions at the Trust are made on merit</i> <i>Endorses a positive approach to disability</i>
<b>b</b>	<b>Advance Equality of Opportunity</b>	<i>Process designed to remove the possibility of candidates being selected on the basis of a protected characteristic</i> <i>Promotes appointment of individuals sharing Trust's values</i>
<b>c</b>	<b>Promote Good Relations Between Groups</b>	<i>Supports applicant diversity, and by extension diversity amongst newly appointed staff</i>
<b>d</b>	<b>What is the overall impact?</b>	<i>Positive</i>
	<b>Name of the Person who carried out this assessment:</b> <i>Will Thornton</i>	
	<b>Date Assessment Completed</b> <i>07/02/2014</i>	
	<b>Name of responsible Director</b> <i>Peta Hayward</i>	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix 2 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate committee(s) for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
<b>1.</b>	<b>Development and Management of Policies</b>		
	Is the title clear and unambiguous and meets the requirements of page 3 of the Development and Management of Policies Policy?	Y	
	Is it clear whether the document is a policy, procedure or protocol?	Y	
	Does the style and format of the policy meet the requirements of section 3.2 of the Development and Management of Policies Policy?	Y	
	Does the policy contain a list of definitions of terms used?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Y	
	Are individuals involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with all relevant stakeholders and users?	Y	
<b>4.</b>	<b>Content</b>		
	Is the document linked to a strategy?	N/A	
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
	Does it meet all of the requirements of any applicable relevant body, if applicable?	Y	
<b>5.</b>	<b>Evidence Base</b>		

	<b>Title of document being reviewed:</b>	<b>Yes/No</b>	<b>Comments</b>
	Is the type of evidence to support the document identified explicitly?	Y	
	Are supporting references cited in full?	Y	
	Are local/organisational supporting documents referenced?	Y	
	Are all associated documents listed and updated?	Y	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate, have the staff side committee (or equivalent) approved the document?	Y	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Does the dissemination plan identify how this will be done and is it clear?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	Training available to managers
	Does the policy detail what evidence will be collated to demonstrate compliance with it?	Y	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	Y	
<b>9.</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?	Y	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation, evidencing, monitoring and review of the documentation?	Y	

<b>Policy Owner's Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval. (This can be completed electronically with an electronic signature)			
Name	Peta Hayward	Date	February 2014
Signature	<i>Peta Hayward</i>		
<b>Committee Approval</b>			
If the Chair or Vice Chair of the committee is happy to approve this document, please sign and date here and enter the name of the committee/group. The Policy Author will contact the secretary/administrator of the committee/group to obtain a signed copy of this checklist. The Policy Author will then submit this together with the approved policy (ensuring the "draft" watermark is removed) to the Policy Manager for logging and publication.			
Name	P Crowley	Date	16 July 2014
Signature	P Crowley		
Committee/ Group title	Chair for and on behalf of Executive Board		
<b>For Policy Manager's use only</b>			
Is there a signed and completed Checklist for Review and Approval accompanying the policy?			Y
Is the policy logged on Qpulse?			Y
Has the old version of the policy been archived? (if applicable)			Y
Has the policy been published on Staffroom?			Y
Author notified that policy has been published?			Y

### Appendix 3 Plan for the dissemination of a policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<b>Title of document:</b>	Recruitment, Selection and Appointment Policy
<b>Date finalised:</b>	16 July 2014
<b>Previous document in use?</b>	Yes
<b>Dissemination lead</b>	Will Thornton
<b>Which Strategy does it relate to?</b>	Recruitment
<b>If yes, in what format and where?</b>	2010 Policy format on StaffRoom
<b>Proposed action to retrieve out of date copies of the document:</b>	<b>Healthcare Governance Directorate will hold archive</b>

<b>To be disseminated to:</b>	1) All trust staff
<b>Method of dissemination</b>	Staff Room
<b>who will do it?</b>	Lesley Dennis
<b>and when?</b>	On approval
<b>Format (i.e. paper or electronic)</b>	Electronic

#### Dissemination Record

<b>Date put on register / library</b>	22 July 2014
<b>Review date</b>	30 June 2017
<b>Disseminated to</b>	Trust staff
<b>Format (i.e. paper or electronic)</b>	Electronic
<b>Date Disseminated</b>	22 July 2014
<b>No. of Copies Sent</b>	As above
<b>Contact Details / Comments</b>	01904 725631 – Will Thornton

**Appendix 4**

**Virtual Policy Review Group Checklist**

All policy/procedure authors are required to complete the table below, entering ticks or text in the relevant box and to be open and honest about any implications. Failure to identify implications may lead to the document approval process being delayed.

**Policy Title: Recruitment, Selection and Appointment Policy**

**Policy Author Will Thornton Policy Owner Director of Human Resources**

**Date of submission to VPRG 3 March 2014**

	Yes	No	Not Sure	N/A	Comments
<b>CLaD</b> Does the policy/procedural document require staff to be formally trained?	✓				<b>Trust module on Recruitment &amp; Selection</b>
Would the training be classified as Statutory/Mandatory and is this already included in the Statutory/Mandatory Training Brochure?		✓			
Does training require the learner to access statutory or mandatory		✓			

	Yes	No	Not Sure	N/A	Comments
learning material/content on line?					
<b>Procurement</b> Will the introduction of the document incur additional costs associated with equipment, disposables, maintenance agreements etc?		✓			
What is the likely additional cost associated with the above?				✓	
<b>Information Technology</b> Will the introduction of the document require an increase in computer hardware?		✓			
Are there any software, IT training or software license requirements associated with the document's introduction? If so, what are the estimated costs associated with this?		✓			
<b>Information Governance</b> Are there any information governance issues associated with the introduction of the document?	✓				<b>Option to make conditional offers subject to references may lead to a rise in the number of offers withdrawn and by extension number of candidates requesting to see their recruitment documentation under the terms of the DPA.</b>

	Yes	No	Not Sure	N/A	Comments
<b>HR</b> Will there be any impact on staffing levels or any other HR related issues? (If so give details)		✓			
<b>Estates and Facilities</b> Will there be any significant impact on Estates and Facilities associated with the introduction of the document? (If so, give details)		✓			
<b>Communications</b> Will the introduction of the document require significant communications team input?		✓			
<b>Risk and Legal</b> Are there risks associated with the introduction of this document?		✓			
Are there any legal implications associated with the introduction of this document?		✓			
Will the introduction of the document require the production of significant additional or new patient information?		✓			
<b>Occupational Health</b> Will the introduction of the document		✓			



	Yes	No	Not Sure	N/A	Comments
have any potential implications on the OH department?					
<b>Health and Safety/Security</b> Will the introduction of the document have any significant health and safety or security implications for the Trust?		✓			
<b>Corporate</b> Will the introduction of the document have any corporate governance implications for the Trust not covered above?		✓			
<b>Finance</b> Are there any changes from the proposed document which have a financial impact?  If you answered yes to the above question, please provide detail.		✓			
Does the document require any change in financial processes or arrangements? (e.g. Payroll, Invoicing, Payments etc)  If you answered yes to the above question, please provide detail.		✓			

If you answered yes to the first question, has a business case been submitted? Enter details alongside relevant entry

**Submitted and Approved**  
(Include Business case No.)

**Being written** (Please provide planned timeframes for submission)

**Saving being Declared**

**None of the above** (Please give a brief explanation of the reasons why a business case has not been submitted or savings declared)