

RECRUITMENT AND SELECTION POLICY AND PROCEDURE

Version:	6
Ratified by:	Senior Managers Operational Group
Date ratified:	May 2015
Title of originator/author:	Recruitment Lead
Title of responsible committee/group:	Regulation Governance Group
Date issued:	May 2015
Review date:	April 2018 Extended to January 2019
Relevant Staff Group/s:	All Staff

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

Reference Number GP/Sep/12/R&SP	Version 6	Status Final	Author Recruitment Lead
Amendments	<ol style="list-style-type: none"> 1) Add reference to the Fit and Proper Persons(FPP) regulation in section 1 2) Add reference to additional policies for the recruitment of Directors in 2.4 3) Add reference to the Chairman’s responsibility for ensuring the requirements of FPP are met at 3.1 4) Add that a Recruiting Manager must check with Finance if funding is still available if a VRF is over 6 months old (see section 9.4.3) 5) Add information regarding maternity leave cover and the level required (see section 9.4.4) 6) Update to length of advertising required. In certain cases, advertising will need to be for 28 days in line with Resident Labour Market Tests for work permits (see section 9.10.3) 7) In line with NHS Jobs 2, the manager will select a reason for the application being rejected (see section 9.12.6) 8) In line with NHS Jobs 2, the candidate will be able to log in and view whether they have been shortlisted/rejected (see section 9.12.8) 9) In line with NHS Jobs 2, there has been a change to the way Recruitment invite candidates to interview (see section 9.17.1) 10) Add reference to candidates being asked questions relating to FPP in 9.19.6 11) Add additional point about selection decisions about Directors being made in line with FPP requirements at 9.22.3 12) Add information about ‘appointable’ candidate. For Recruiting Managers to recommend appointable candidates for other positions (see section 9.23.4) 13) Add reference to FPP checks for Directors 14) Amend to Disclosure and Barring Service at 9.25.2 15) Add reference to nurse revalidation at 9.25.3 16) Remove information regarding the Trust’s Probationary Period 17) Include information regarding secondary employment and how to declare it (see section 11) 		

	<p>18) Include information around the employment of relatives/partners (see section 12) and what to do in these circumstances</p> <p>19) Under the non-standard recruitment section, update information around recruitment for medical staff</p> <p>20) Under the non-standard recruitment section, add that Apprentices should be offered a flat rate of £10,000 per annum and an 18 month fixed term contract</p> <p>21) Under the non-standard recruitment section, include a section on recruiting volunteers to the Trust</p> <p>22) Add Recruiting for Compassion information as part of the Appendix</p> <p>23) Add the Recruitment Flow Chart as part of the Appendix</p> <p>24) Add the Secondary Employment Request / Declaration Form as part of the Appendix</p>	
Document objectives: Outline the Trust's position and processes to be followed in relation to recruitment and selection		
Intended recipients: All staff		
Committee/Group Consulted: Joint Policy Review Group		
Monitoring arrangements and indicators: HR Team, Workforce Governance Group		
Training/resource implications: please see section 11.		
Approving body and date	Regulation Governance Group	Date: May 2015
Formal Impact Assessment	Impact Part 1	Date: May 2015
Ratification Body and date	Senior Managers Operational Group	Date: May 2015 SMT August 2018
Date of issue	May 2015	
Review date	April 2018 - Extended to January 2019	
Contact for review	Director of HR and Workforce Development	
Lead Director	Director of HR and Workforce Development	

CONTRIBUTION LIST Key individuals involved in developing the document

Designation or Group
Joint Policy Review Group
Director of HR and Workforce Development
Regulation Governance Group Senior Managers Operational Group
Head of Corporate Business
Claims and Litigation Manager

CONTENTS

Section	Summary of Section	Page
Doc	DOCUMENT CONTROL	2
Cont	Contents	4
1	Introduction	7
2	Purpose and Scope	7
3	Duties and Responsibilities	7
4	Explanations of Terms Used	9
5	Equality Statement	10
6	Confidentiality	10
7	Applicants with Disabilities	10
8	Mindful Employer and Pathfinder staff Support Scheme	11
9	Recruitment and Section Process	12
	9.3 STAGE 1 – Reviewing the Vacant Post and Planning	12
	9.3 The Vacancy Request Form	13
	9.5 Agenda for Change	14
	9.6 Recruitment Schedule	14
	9.7 Job Description/Person Specifications	14
	9.8 STAGE 2 – Advertising the Post	15
	9.9 The Advert	15
	9.10 Advertising	15
	9.11 Vacancy Bulletin	16
	9.12 STAGE 3 – Shortlisting	16
	9.13 Obtaining a Manageable Shortlist	17
	9.14 Interview Arrangements Form	17
	9.15 Interview Panel Membership	17
	9.16 Additional Assessment Methods	18
	9.17 Notification of Interviews	19
	9.18 STAGE 4 – The interview and Assessment	19
	9.19 Questions	19
	9.20 Conducting the Interview	20
	9.21 Interview Notes	21
	9.22 STAGE 5 – Selection Decision	21
	9.23 Feedback	21
	9.24 STAGE 6 – The Offer	22

	9.25 Pre-Employment Checks	22
	9.26 Documentation	24
10	Contracts of Employment	24
	10.3 Fixed Term Contracts	24
	10.4 Terminating a Fixed Term Contract	25
	10.5 Making a Fixed Term Contract Permanent	25
	10.6 Bank Workers (As and When Required Contracts)	25
	10.7 Honorary Contracts	26
11	Secondary/Other Employment	26
12	Employment of Relatives	27
	12.4 At the Time of Recruitment/Appointment	28
	12.5 Where a Relationship Develops within the Working Environment	28
	12.6 Authorisation / Documentation Processes	28
13	Non-Standard Recruitment Processes	29
14	Medical Positions – Trust Appointments – Medical Directors / Associate Medical Director / SAF Tutor / Clinical Tutor / Academy Lead	30
15	Consultant and Specialist Doctor Appointments	30
	15.2 Preparing the Job Description	30
	15.3 Advertising	30
	15.4 Advisory Appointments Committee	30
	15.5 Specialist Resitrar Locum Appointment to Services (LAS)	31
	15.6 NHS Locums	31
	15.7 Locum Cover Via Crown Commercial Services	32
	15.8 Doctors in Training Appointments	32
	15.9 Non-Medical Trust Roles / Placement	34
	15.10 Social Worker / AMHP's (Approved Mental Health Professionals)	34
	15.11 Non Executive Directors	34
	15.12 Council of Governors	34
	15.13 Hospital Managers	34
	15.14 Bursary Grants / Research Grants	34
	15.15 Apprenticeships	35
	15.16 Student Placements: Nurses / Occupational Therapists / Social Workers / Physiotherapists Et Al	35
	15.17 Volunteers	35

16	Training Requirements	37
17	Equality Impact Assessment	37
18	Monitoring Compliance and Effectiveness	37
19	Counter Fraud	37
20	Relevant Care Quality Commission (CQC) Registration Standards	37
21	References, Acknowledgements and Associated Documents	38
22	Appendices	39
Appendix 1	Interview Expenses	40
Appendix 2	Starting Salaries: Management Guidance – Agenda for Change	41
Appendix 3	Recruiting for Compassion	43
Appendix 4	First Stage Assessment Tool	46
Appendix 5	Recruitment Flowchart	49
Appendix 6	Obtaining Royal College Approval for Job Description	51
Appendix 7	Secondary Employment Request / Declaration Form	52

1. INTRODUCTION

- 1.1 This document sets out the overall policy and process for recruitment, selection and pre employment checking of staff and workers at Somerset Partnership NHS Foundation Trust (hereafter “the Trust”) and provides a framework to ensure that managers and others are able to select the best person for the job in a process that is fair, open and consistent. Quality recruitment processes will support the Trust’s vision, strategic objectives and values.
- 1.2 This policy complies with the NHS Constitution; Care Quality Commission Standards relating to workers (Standard 12), CQC requirements relating to Directors (Fit and proper persons test) and with NHS Employers Employment Checks Standards. It also complies with the Equality Act 2010 and Home Office/Borders Agency rules on employing non European Union workers.

2. PURPOSE & SCOPE

- 2.1 Fair and transparent recruitment and selection that complies with best practice is part of the Trust’s wider commitment to equality of opportunity in employment. Effective recruitment and selection of staff is key in ensuring that the Trust has the skills and capabilities in its workforce to achieve its strategic objectives. Spending time in planning the recruitment process at the start will save time in the longer term and avoid future problems.
- 2.2 The experience of applying for a job with the Trust can leave a person with a permanent impression of the Trust and of the NHS as an employer. Many potential applicants and candidates live in our local catchment area and may also be service users. We aim to leave all potential applicants and all candidates, whether successful or not, with a positive and professional image of the Trust.
- 2.3 The aim is to attract the best person suited to the job, whether internally or externally and to embrace a partnership approach between the Recruiting Manager and the Recruitment Team. The HR Team will work with managers at all stages of the process to provide guidance and support to ensure the successful and professional completion of all recruitment activities.
- 2.4 All those involved in recruitment and selection will use this policy and procedure, which applies to permanent, fixed-term contract and bank staff. Additional policies support the process for medical and dental staff and temporary workers and Directors as defined in section 3.1.
- 2.5 This Recruitment and Selection Policy provides all the information needed in respect of the administrative process surrounding recruitment and selection. It describes clearly the action managers need to take at each stage of the process. All recruitment and selection will be conducted in accordance with this policy and the procedure (available as a flowchart from the HR Department or on the intranet).
- 2.6 This policy should be read in conjunction with Appendices 1 to 5.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Trust Board** has overall responsibility for ensuring the recruitment of staff is being conducted in an appropriate manner and will monitor compliance with this policy in respect of Pre-employment checks. The Chairman has specific

responsibility for ensuring that the appointment of Directors (including Associate/Deputy and Interim Directors) complies with the Fit and Proper Persons requirements.

- 3.2 The **Director of HR and Workforce Development** is the Executive Lead with devolved responsibility for this policy and will provide a quarterly report to the Workforce Governance Group.
- 3.3 The **Workforce Governance Group** will be responsible for monitoring the quarterly reports identifying the status of pre-employment checks and recruitment statistics over the previous quarter.
- 3.4 The **Regulation Governance Group** is responsible for approving any changes to this document.
- 3.5 The **Operational Managers** are responsible for recruiting to a vacancy and working in partnership with HR to implement the policy in a timely manner.
- 3.6 The **Recruitment Team** Team are responsible for: -
- The efficient and timely administration of the recruitment process, offering advice, guidance and support to managers and applicants as appropriate.
 - For carrying out the required pre-employment checks before an offer of employment is confirmed.
 - Communicating with the Recruiting Manager throughout the process, from advert to appointment.
 - Updating recruitment and employment records using Electronic Staff Record (ESR), to ensure that the Trust is compliant with legal and professional requirements.
 - Reports to ensure that the data held is kept up to date and taking action to resolve any information gaps and/or lapsed information.
 - In conjunction with Occupational Health Department ensuring that required Occupational Health (OH) checks are undertaken and any pre employment advice is communicated to the Recruiting manager and acted upon.
- 3.7 All **candidates/employees/workers** are individually responsible for:-
- Cooperating fully and honestly with the requirements of their recruitment process when applying for posts, including the required pre-appointment checks or rechecks. This will include producing the relevant paperwork required prior to interview and throughout their employment or placement with the Trust.
 - Ensuring that they maintain their professional registration where it is a requirement for their role (see Professional Registration Policy). Any concerns in relation to their registration status while in employment must be raised with their Line Manager or HR as a matter of urgency.
 - Ensuring that any change to their Disclosure and Barring Service status or any other issue of potential concern while in employment is raised with their Line Manager / HR as a matter of urgency and refer to the Safeguarding Team for further advice and guidance.

3.8 This Policy should be read in conjunction with further information about Non-Standard Recruitment Processes in Appendix 1 of this policy and the Bank, Agency and Locum Policy.

4. EXPLANATIONS OF TERMS USED

- **Staff Member** – For the purposes of this policy the terms “staff”, “member of staff” or “staff member” relates to any employee or temporary worker appointed by the Trust or undertaking professional duties on behalf of the Trust, (i.e. all Trust wide staff regardless of grade, role or status. whether permanent, fixed term, full or part-time staff, agency locums, bank workers, volunteers, trainees and students).
- **Locum** – This is another name for a **temporary Worker**, which could be in the form of a Bank Worker or Agency Worker. The term Locum is usually only applied to Doctors. A Locum Medical Consultant may take the form of an Agency Worker or be engaged on a fixed term contract but crucially is not required to be registered on the GMC Specialist Register.
- **Bank Worker** - Bank Workers are registered on the Trust bank and are not contracted employees of the Trust. They work on an ad-hoc zero hours contract. They are temporary workers and there is no obligation to offer work and no obligation on the worker to accept work via the bank.
- **Agency Worker** - Workers engaged through, or by, an employment agency and supplied to a hiring employer on a temporary basis.
- **Equality Act 2010** replaced the nine major pieces of anti-discrimination legislation that describes protected characteristics, with a single act which will protect individuals from unfair treatment and promotes fairness and equality for all.
- **Migrant Worker** is a worker who has come from abroad to work in the UK. For more information on the Workers Registration Scheme (for workers coming from the European Economic Area) and the Certificate of Sponsorship Scheme please go to the UK Border Agency Website. <http://www.bia.homeoffice.gov.uk/>
- **Safeguarding Vulnerable Groups Act 2006** was created in response to recommendations made in the Bichard Inquiry arising from the Soham murders in 2002.#
- **Safeguarding** is a term which is broader than ‘child or adult protection’ as it also includes prevention and the Trust strives to ensure that people using our services are protected from abuse, or the risk of abuse, and their human rights are respected.
- A ‘**Non-Standard Recruitment Process**’ will be deemed as any mechanism by which a person enters the Trust, by permission, in either a paid or unpaid position/placement, which may or may not include direct access to patients or patients records, irrespective of the length of time the placement may last.

- **‘Pre-employment checks’** within the Trust will include some or all of the attached, dependent on the basis of the person/s appointment/placement;
 - Proof of Identity Checks;
 - DBS (Disclosure and Barring Service) Clearance;
 - Occupational Health Clearance;
 - Employment History and References;
 - Legal Working documentation (Right to Work);
 - Proof of Qualifications (as determined by post requirements);
 - Registration to Professional Bodies.

5. EQUALITY STATEMENT

- 5.1 The Trust aims to design and implement services and policies that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.
- 5.2 Recruitment and Selection is regulated by legislation including the Equality Act 2010 and the Safeguarding Vulnerable Groups Act 2006.
- 5.3 The Trust is committed to being an Equal Opportunities Employer and welcomes applications from all minority groups; appointment decisions will always be based on merit. We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all individuals appointed to share this commitment.
- 5.4 Specifically we seek to develop positive practice to promote equality of opportunity in employment. We aim to attract and appoint the best candidates for employment regardless of their gender, race, colour or nationality, marital status, pregnancy, age, disability, social background, ethnicity, religion, belief or sexual orientation. This document has been assessed to ensure that no employee receives less favourable treatment on the grounds of any of these characteristics.
- 5.5 All Trust recruitment documents are available in other formats, including for example easy read summary versions and other languages upon request from the Equality and Diversity Lead at 2nd Floor Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN.

6. CONFIDENTIALITY

- 6.1 All recruitment and selection documentation and interview proceedings are strictly confidential. Panel members and others involved in the recruitment process must:
- Treat all information on applicants and all their deliberation in confidence
 - Ensure that copies of application forms (including those stored electronically) are stored securely and confidentially whilst in their possession.

7. APPLICANTS WITH DISABILITIES

7.1 The Trust is signed up to the Two Ticks symbol (Positive about Disability). This scheme is designed to encourage employers to give a greater commitment to employing people with a disability. We adhere to the 5 commitments as follows:



- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities.
- To ensure there is a mechanism in place to discuss at any time, but at least once a year, with disabled employees what you and they can do to develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment. Where, on the advice of Occupational Health, it is necessary to redeploy a staff member on health grounds they will be considered before any other applicant
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- Each year, to review the 5 commitments and what has been achieved, to plan ways to improve on them and let employees and the Employment Service know about progress and future plans.

7.2 The Access to Work Scheme can give practical support to employees and potential employees with a disability for example, adaptations to the workplace or equipment. The individual applicant must apply for this support through the scheme. Further advice is available from the HR Department.

7.3 Reasonable adjustments will be made as appropriate at interview/during additional assessment methods and also if appointed, to support an individual to do their job. Shortlisted candidates are specifically asked if they need us to make reasonable adjustments in their invite to interview letter. However, applicants with disabilities may discuss their requirements for reasonable adjustments at any stage of the recruitment process with the Recruiting Manager or the HR team.

7.4 When an offer of appointment is made, successful disabled candidates will have the opportunity to discuss their requirements for reasonable adjustments to support them to do their job with Occupational Health.

8. MINDFUL EMPLOYER AND PATHFINDER STAFF SUPPORT SCHEME

8.1 The Trust is an Equal Opportunities Employer and we welcome and support applications from people that have personal experience of mental health difficulties. If applicants have experienced a long-term mental health need, the Trust can offer employees additional support. Recruiting Managers or new starters to the Trust can contact the Manager for the Employment Support Service to enquire about the Pathfinder Staff Support Scheme or go to www.mindfulemployer.net

8.2 The Trust is also committed to the Mindful Employer Charter which enables us to display the logo below. The Mindful Employer initiative aims to increase the awareness of mental ill health and provides information and support for employers in the recruitment and retention of staff.



9. RECRUITMENT AND SELECTION PROCESS

9.1 This process is divided up into six stages as outlined below and should be fully adhered to by everyone involved in recruitment. The process will be monitored by HR and changes made as necessary.

9.2 All recruitment and Selection will be conducted in accordance with this Policy and Procedure and the Recruitment Flowchart available from the Intranet.

9.3 STAGE 1: REVIEWING THE VACANT POST AND PLANNING

9.3.1 Before beginning the process to fill a vacant post, consideration should be given to ensure it is still required exactly as it is to meet organisational needs. This is increasingly important in today's culture where all services are subject to review and there is a continuous drive for improvement.

9.3.2 When a post becomes vacant it is an opportunity to review the role design, skill mix, and the team to align with the Trust's and service's strategic objectives and business plan. A review of the post and the work it does will help you to decide what needs to change or be updated.

9.3.3 Key questions to consider:

- Is the job still needed?
- Is it fulfilling its purpose?
- Can the duties be better distributed between existing staff?
- Does the job design reflect future service/organisational requirements?
- Are the working hours/arrangements of the post still appropriate?
- Has the work changed since you last reviewed the post?
- Have you considered whether the work supports putting the patient at the centre of everything we do?
- Could the work contained in the post be done more efficiently by, for example, using new or different technology
- Is there an unacceptably high turnover? (This may mean there is something about the job that needs changing).

Charter For Employers Who Are Positive About Mental Health

As an employer we recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we aim to:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff who experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace

9.4 The Vacancy Request Form

- 9.4.1 The Vacancy Request Form (VRF) must be completed by the manager before any recruitment process can start. The VRF must be authorised by the signature of the Service Manager, Financial Accountant and Executive Committee. Requests to fill vacancies will only be accepted on this form.
- 9.4.2 Please note that the Recruiting Manager may complete section one of the VRF, in its entirety, but as the Service Manager has responsibility for the staffing structure of their ward/team, all recruitment must be authorised by them before submission to the Financial Accountant.
- 9.4.3 The Recruiting Manager is responsible for ensuring funding is still available once an unfilled VRF reaches 6 months or older.
- 9.4.4 When obtaining cover for Maternity/Paternity Leave, teams should consider whether some cover for the leave is required. There may be instances where no cover is necessary. A VRF is required if cover is necessary to recruit to a fixed term post. A calculation will need to be performed by the Finance Team to establish how much less the Trust will be paying for the member of staff during their period of leave. On a like for like basis this is typically around 45% for a period of maternity of 39 weeks. For those services where staffing levels need to be maintained, a replacement member of staff may be recruited on a like for like basis, with the additional cost being borne centrally. The VRF will need to identify the additional costs that the Trust will be incurring. The teams to which this applies are:
- Community hospital inpatient nursing staff;
 - Mental health ward inpatient nursing staff;
 - MIU nursing staff.

For all other services, including central services, it would be expected that cover will be granted up to the value of the saving identified. In exceptional cases, services may submit a business case to justify why partial cover is not practical and consideration would be given to providing full cover. This would be done via the VRF, which must state any additional costs clearly. This additional cost would be borne centrally.

9.5 Agenda for Change

- 9.5.1 The Agenda for Change pay scheme applies to all posts within the Trust with the exception of Executive Directors, Doctors and Dentists. If the post to be advertised is a like for like replacement, then the current pay band will apply. If the job has changed significantly in terms of additional/different duties and responsibilities, or if there is a need to review or redesign the role or the job description, a matching process against a national profile would be required before a recruitment process could commence. In this circumstance, it should be discussed with the HR Department.

9.6 Recruitment Schedule

- 9.6.1 Once a VRF has been authorised, the recruitment team will contact the Recruiting Manager by telephone to mutually agree a recruitment schedule. The Recruitment Schedule will outline the key dates of the recruitment process including the dates of advertising, interview and appointment.
- 9.6.2 To commence recruitment, the Recruiting Manager will work with HR to agree an advert, job description and person specification which correctly reflects the role to be advertised considering other ways to ensure maximum opportunity to advertise.

9.7 Job Descriptions/Person Specifications

- 9.7.1 For replacement posts, the Trust has in place a collection of approved job descriptions for all current posts. The Recruiting Manager however, will need to ensure that the job description continues to be fit for purpose. The manager may need to provide an updated structure of their team.
- 9.7.2 The purpose of the job description is also to inform new recruits and existing employees, as succinctly as possible, of the requirements of their particular jobs. They also need to understand the nature of their role within the organisation. It is equally important for employers to be familiar with the main functions of the various jobs.
- 9.7.3 The purpose of a person specification is to outline the specific characteristics and competencies necessary for the job's successful performance. It should include information about the skills/knowledge/qualifications/ experience required to undertake the job, and other information relevant to the particular vacancy.
- 9.7.4 Person specifications must not be unnecessarily restrictive, and it is important not to over-estimate the required characteristics. Clear distinctions should be made between those characteristics that are essential for the successful performance of a job and those which are desirable for its successful performance. Writing the person specification is probably the most important part of the whole recruitment process; the shortlist and interview is based upon

this document. The person specification must be prepared in accordance with the outline format which is part of the job description template.

- 9.7.5 Employers need to be particularly careful not to specify unnecessary or marginal requirements that might exclude people with disabilities or place unnecessary barriers for individuals to apply for the vacancy.

Note: The person specification may have to be altered to accommodate the individual needs of the applicant in particular; it should identify and distinguish between the core requirements of a job and those more marginal requirements. The Trust has a clear legal responsibility to make reasonable adjustments to the scope of a job and the physical environment so that disabled candidates are provided with a fair and equal opportunity to apply and be shortlisted.

- 9.7.6 The Manager will also be responsible for ensuring the post has a current Knowledge & Skills Framework (KSF) outline.

9.8 STAGE 2: ADVERTISING THE POST

- 9.8.1 This part of the process is concerned with how Recruiting Managers attract suitable applicants.

9.9 The advert

- 9.9.1 The aim of the advert is to attract suitable applicants and reduce unsuitable applications. Therefore Managers will need to think about the content of their advertisements, for example, location of post, description of Ward/Team, brief overview and responsibilities, pay and conditions, qualifications required, career prospects and closing date.

9.10 Advertising

- 9.10.1 All posts will usually be advertised on NHS Jobs and in the Trust Vacancy Bulletin. Requests to advertise in specialty publications will be considered by the HR Director, and cost details must be included on the Vacancy Request Form in the first instance.
- 9.10.2 The VRF asks the Recruiting Manager to indicate whether or not the vacancy is open to external candidates or internal candidates only and asks for the preferred method of advertising.
- 9.10.3 The majority of adverts will be placed for two weeks unless otherwise agreed with the Recruiting Manager. To sponsor an individual outside of the UK under Tier 2 (General) of the points based system, for a skilled job that is not on the Home Office list of shortage occupations, the Trust would need to satisfy the "Resident Labour Market Tests". "Resident Labour Market Tests" request all jobs are advertised for four weeks before a migrant worker can be appointed; there will not be a requirement for the four weeks to be continuous. This will mean that businesses will not need to advertise all their vacancies for four weeks in case no suitable resident workers apply and they need to recruit a migrant worker. For example, businesses will be able to advertise skilled jobs for two weeks initially. If a suitable resident worker applies, the business can appoint them straight away. However, if no suitable resident workers apply, the resident labour market must be tested for a further two weeks before they can consider appointing a migrant worker.

9.10.4 Posts of 15 hours or less that can be covered by existing Trust staff, can be advertised by via 'expression of interest'. For more information on this process, please contact the HR team, however a VRF is required for monitoring processes.

9.11 Vacancy Bulletin

9.11.1 All vacancies are compiled into a report from the website (www.jobs.nhs.uk), which is uploaded to the Intranet on a weekly basis.

9.11.2 Managers should ensure that paper copies are posted on staff notice boards (and placed in reception areas and/or staff rest areas) to ensure that those staff who do not have access to the Intranet (such as agency and bank staff) have the opportunity to view the bulletin. The bulletin provides details of all job vacancies in a convenient form and allows easy access to this information during their breaks. For staff that cannot easily access the website it is a very useful way of finding out what vacancies are on offer. It is important that the latest version of the Vacancy Bulletin is always available.

9.12 STAGE 3: SHORTLISTING

9.12.1 Shortlisting is one of the most important stages of the recruitment process as its purpose is to match the skills and qualifications of the applicants with the skills needed for the post as outlined in the Person Specification.

9.12.2 Recruiting Managers should assess all applications against the essential criteria using the scoring function on the recruitment website (www.jobs.nhs.uk). Consideration should be given to whether responses to each criterion are supported by objective evidence including specific examples.

9.12.3 Shortlisting should ideally be carried out by at least two members of the interview panel. This will allow the comparison of panel member's notes and discussion regarding the extent to which each application meets the requirements of the person specification.

9.12.4 Posts will close at midnight on the published closing date. Late applications will only be accepted in exceptional circumstances and this must be agreed with the Recruiting Manager.

9.12.5 The Recruiting Manager will be sent all eligible applications via the recruitment website (www.jobs.nhs.uk) and an assessment must be made of the suitability of each applicant against the essential criteria listed on the person specification. The Recruiting Manager would not have access to any personal information about the applicant, such as name, gender, ethnicity, age during this stage.

9.12.6 Assessments should clearly indicate whether or not the applicant is to be shortlisted and the reasons for this. The recruitment website (www.jobs.nhs.uk) allows the Recruiting Manager to select a reason for rejection based on qualifications, experience, skills/knowledge and registration. If managers choose not to record their reasons for shortlisting or rejecting candidates online, they should ensure that they retain paper records for a sufficient time to be able to answer any subsequent candidate requests for feedback.

9.12.7 Candidates that have declared that they have a disability will appear on NHS Jobs with a tick under the Disability Symbol logo. The Recruitment team will

also notify Recruiting Managers via the email. Recruiting Managers should interview all disabled applicants who meet the minimum essential criteria.

9.12.8 The Recruitment team will notify managers of any candidates that have a work permit concern and provide advice based on the type of work permit.

9.12.9 All applicants are informed via the website (www.jobs.nhs.uk) if they have been shortlisted or rejected when they log in to their account.

9.13 Obtaining a Manageable Shortlist

9.13.1 If the number of candidates who meet the essential and desirable criteria listed in the person specification are more than can possibly be interviewed, managers should consider first ranking all the essential criteria in order of importance. Those candidates who best demonstrate that they meet a chosen number of highest ranked criteria should be shortlisted (candidates with a disability who fulfil the minimum essential criteria on the person specification must always be shortlisted).

9.14 Interview Arrangements Form

9.14.1 As part of the shortlisting process, the manager must complete an Interview Arrangement Form. This form is emailed to the Recruiting Manager each time applications are sent for shortlisting and should be returned with:

- reference numbers of those shortlisted;
- start and end times of the interviews including break times;
- approximate duration of interview;
- the date of the interview;
- the precise location of the interview;
- details of additional assessment methods such as a test or presentation;
- any special arrangements regarding access including public transport routes and parking (this is particularly important for applicants travelling some distance).

9.14.2 In general, interviews should last approximately no less than 45 minutes

9.14.3 It is recommended that no more than eight candidates should be interviewed in one day.

9.14.4 Sufficient time should be allowed for each interview to take place. It is good practice to build in some gaps between each interview to allow for over-running or for discussion about the candidate. The number of people on the panel and the level of the appointment will influence the length of each interview.

9.14.5 The manager is responsible for liaising with HR to ensure that reasonable adjustments are made on the day for any applicant that has identified specific requirements.

9.15 Interview Panel Membership

9.15.1 An interview panel must comprise a minimum of two people but ideally should have more.

- 9.15.2 The panel should not be too large as it can be unwieldy, intimidating and not give each panel member time to probe and ask follow up questions.
- 9.15.3 Sometimes it may be appropriate for an independent person (from another department or another trust) to sit on the panel, especially when interviewing for senior or professional posts and/or where there are internal applications. The independent person will be a full member of the panel.
- 9.15.4 The Trust encourages a mixed gender and ethnicity interview panel and representatives from the profession wherever possible.
- 9.15.5 It could also be advantageous to involve service user representatives within the selection process. Consider involving them in a meet and greet exercise, candidate presentations or by inviting candidates to a service user forum.
- 9.15.6 Ideally the Chair of the panel should normally be on a higher grade than the post for which they are interviewing.
- 9.15.7 Where a member of the panel personally knows a candidate, the panel member should inform the other panel members. This person may remain on the panel (as long as it is not a family member or close friend), but should adhere to strict criteria in order to limit the potential to discriminate. Guidance should be sought from HR team.
- 9.15.8 It is recommended that at least one member of an interview panel should have attended Trust's Recruiting and Selecting the Best People workshop.

9.16 Additional Assessment Methods

- 9.16.1 Additional Assessment methods such as ability tests or presentations should be carefully considered to ensure that they complement the interview and most importantly, assess skills and competencies relevant to the post holder's duties.
- 9.16.2 Candidates should also be given advance warning of any Additional Assessment methods and these should be clearly outlined on the Interview Arrangement form when returned to the HR team.
- 9.16.3 Additional Assessment methods can improve the quality and quantity of information available as the basis for selection decisions. The choice of any assessment method should be based on the requirements of the job in question. Use of inappropriate assessments for jobs will not help the panel in making a decision, and may well deter potential applicants. In all cases, ensure that any proposed assessment exercises are relevant and reliable, and that they assess the tasks required for the job, at the right level to do the job.
- 9.16.4 For tests to be meaningful in the selection process an objective scoring system must be prepared.
- 9.16.5 When using assessment methods, managers should consider the following:
- the nature of the test
 - the criteria from the person specification which the test will be seeking to assess
 - the duration of the test
 - whether the test will be held immediately prior to each interview or on a separate occasion?

- who will supervise and how performance will be assessed
- candidates can ask to see their test papers via the HR team

9.16.6 Further advice regarding Additional Assessment methods can be sought from the HR team.

9.17 Notification of Interviews

9.17.1 When the Interview Arrangement Form is received, the Recruitment team will notify the successful candidates via the NHS Jobs website. The candidate will need to access the NHS Jobs website to book an interview time slot within an appropriate deadline. The candidate will be sent a confirmation email via the NHS Jobs website of their interview booking and will provide information of what to bring with them on the day of the interview.

9.17.2 Any adjustments/re-scheduling of interview times for individual applicants will normally be the responsibility of the manager.

9.17.3 Managers will be emailed the candidates' application forms and a link so that they can download their Panel Pack in preparation for the interviews.

9.18 STAGE 4: THE INTERVIEW AND ASSESSMENT

9.18.1 Interviews are challenging experiences and therefore it is important to help candidates feel comfortable from the time they arrive until they leave.

9.18.2 Recruiting Managers should consider the following:

- is any equipment required (lap top, projector etc)?
- ensure there is a suitable place for candidates to wait when they arrive;
- avoid interruptions whether by telephone calls, bleeps or by people entering the interview room;
- that the needs of applicants with disabilities are met and should liaise with HR in advance to make the appropriate arrangements;
- consider whether to offer refreshments to candidates.

9.19 Questions

9.19.1 Panel members should meet prior to the commencement of the interview to prepare suitable questions and plan how the interview will be conducted. Interviewers should work to a structure of questions based on the job description and person specification and each interviewer should identify the questions that he/she will ask.

9.19.2 It is recommended that managers use behavioural interview questions when interviewing candidates. For example, *“Tell us about a time when you solved a challenging problem at work”* or *“Give us an example of a situation where you demonstrated excellent organisational skills”*. The same core behavioural questions should be asked of all candidates and must be written down to ensure that no deviation occurs. However, managers should also use relevant probing questions in order to probe deeper into candidates' responses. It is very likely that these probing questions will differ depending on the responses of each applicant.

- 9.19.3 In accordance with the Equality Act 2010, questions about health including sickness record are not permitted at interview.
- 9.19.4 Panel members must ask for explanations for any gaps in career history and any unclear or conflicting information.
- 9.19.5 You may also need to ask specific questions about the candidate's application form, such as reasons for leaving previous posts, particularly if there is not an adequate or credible reason recorded on the application form.
- 9.19.6 Candidates applying for Director/Associate/Deputy/Interim Director posts will be asked questions to assess their suitability against the criteria laid out in CQC Regulation 5:Fit and Proper Persons. Detailed notes of the answers to these questions will be retained in order to demonstrate compliance with these requirements.

9.20 Conducting the Interview

9.20.1 The main purposes of the interview and Additional Assessment methods are:

- to provide the panel with information and evidence about how the candidate meets the person specification and is able to carry out the duties detailed in the job description;
- to allow the panel member to assess the candidate's suitability for the role;
- to allow the candidate the opportunity to demonstrate his/her skills, knowledge and abilities against the person specification;
- to help the candidate decide whether to proceed with his/her application by gaining more information about the job and the organisation.

9.20.2 Generally four stages should be used (WASP) during the interview:

Welcome

- Establish rapport
- Explain the structure of the interview
- Introduce interviewers

Acquire Information

- Follow structured but flexible question plan
- Ask open behavioural questions to elicit information
- Use follow-up probing questions to obtain more detailed evidence
- Only ask personal questions if they relate to the job requirement
- Do not ask biased questions, even if they relate to the job requirement
- Do not focus on a disabled candidate's disability - concentrate on their ability to do the job
- Guard against stereotypical attitudes to dress
- Summarise points to confirm understanding

Supply information

- Request declaration form and ask candidate to confirm contents
- Invite and answer questions
- Provide accurate information about the job and the organisation

Part

- Check candidate has nothing to add
- Explain the next stage in the process e.g. time/method for communicating outcome.
- Thank candidate for attending

9.20.3 Please note that at the end of the interview the Chair should ask each candidate for their completed declaration form. Depending on the information disclosed, he/she should then ask the appropriate question(s) of the candidate (as outlined in the panel pack). If information is disclosed it will be necessary for the panel to complete a risk assessment form for the candidate. For more information on these questions and/or the risk assessment please contact the HR team.

9.21 Interview Notes

9.21.1 Each panel member must take notes during the interview, which will be returned to the HR team. This will help to assess the candidate's responses accurately and contribute to the deliberations of the panel. The notes will be kept to ensure transparency of the process, to provide a basis of feedback to the candidate and to provide essential information in case of any complaint or allegation. It is the responsibility of the Chair to ensure compliance with the process.

9.22 STAGE 5: SELECTION DECISION

9.22.1 After each interview, each panel member must individually score each candidate on the basis of their responses given to each question and their assessment (if appropriate).

9.22.2 Decisions about the appointment should not be made until all interviews have been completed. In making the decision, only information obtained from the application form, from the interview and any Additional Assessment methods may be used. All appointments should be made on merit, and the job should be offered to the best appointable candidate.

9.22.3 Decisions about the appointment of Directors will be made in accordance with the requirements of CQC Regulation 5: Fit and Proper Persons and the Trust will ensure that compliance with these requirements can be evidenced.

9.23 Feedback

9.23.1 Panels should agree upon responsibility for notifying unsuccessful candidates, and consider what will be said to them. A member of the panel must verbally advise the unsuccessful candidates of the outcome after the interview (usually by telephone). Immediate, post-interview feedback, is not always the most appropriate time to receive comments and it may be helpful to offer candidates the opportunity for more detailed feedback at a later date. Some aspects of the reasoning of the panel may require especially sensitive explanation.

- 9.23.2 Unsuccessful candidates often ask for information about why they did not get the job because, for example:
- they wish to know how they can improve for any future interviews;
 - they perceive that the interview went well and they do not understand the outcome.
- 9.23.3 Feedback should focus purely on each candidate's responses to the interview questions and any other assessment scores.
- 9.23.4 If another applicant meets the criteria but is not offered the post then they are deemed 'appointable'. The manager should complete the interview results form with the name of the appointable candidate. This candidate will be added to a centralised list held by the Recruitment Team and when another similar vacancy is approved, the team can match the vacancy to the appointable candidate within a certain timeframe (usually 3 months or less) to minimise the need to re-advertise.
- 9.23.5 Internal candidates who are unsuccessful at interview should be positively encouraged to seek feedback in order to help them in their career development. The manager of the unsuccessful internal candidate may wish to review that person's Personal Development Plan to help prepare them for future job applications.
- 9.23.6 Candidates can claim interview expenses in line with the terms set out in Appendix 2.

9.24 STAGE 6: THE OFFER

- 9.24.1 Upon receipt of the interview records from the Recruiting Manager, the HR team will send an offer letter subject to satisfactory pre-employment checks to the successful applicant(s).
- 9.24.2 Salaries will be offered in line with Agenda for Change terms and conditions. For more information, please see Appendix 3 Starting Salaries, Management Guidance.
- 9.24.3 All offers of employment will be made subject to satisfactory pre employment checks as described below.

9.25 Pre-Employment Checks

- 9.25.1 All posts within the NHS are subject to the NHS Employment Check Standards (2010) which include those checks that are required by law and those that are part of mandatory Department of Health policy. More information can be found at <http://www.nhsemployers.org/recruitmentandretention/employment-checks>
- 9.25.2 The NHS Employment Checks Standards (2013/14) cover:
- Verification of Identity Checks;
 - Right to Work Check;
 - Professional Registration and Qualification Checks;
 - Employment History and Reference Checks;
 - Work Health Assessments;
 - Disclosure and Barring Checks.

- 9.25.3 In conjunction with the above standards, the following checks must be completed **before** a successful applicant (permanent, fixed term or bank) can start work with the Trust. Failure to satisfy these checks may result in the offer of employment being withdrawn. Any concerns arising from pre-employment checks will be assessed by the recruiting manager with support from the HR department on a case by case basis. A decision on whether or not to withdraw an offer of employment will be taken based on the level of risk presented.
- evidence of the right to work in the UK. If the person to be appointed is a national of a non-EEA country, a Certificate of Sponsorship may be required. If so, HR must be contacted as soon as the interviews are completed in order that consideration can be given to issuing a Certificate of Sponsorship (CoS);
 - Disclosure and Barring Service/Disclosure Scotland certificate (see Trust's DBS Policy for more information about requirements for specific posts). If a candidate has lived outside the UK for more than six months within the last five years they will also be required to provide an equivalent original police check from that country;
 - Occupational Health clearance must have been obtained;
 - evidence of any professional and academic qualifications as identified as essential in the person specification;
 - evidence of current revalidation status/progress towards revalidation for nursing staff
 - proof of continued professional registration (where required for the post);
 - two forms of photographic proof of identity and one document confirming the applicant's permanent address or one form of photographic identification and two documents confirming the permanent address. Identification documentation supplied must satisfy the NHS Employment Check Standards, please contact the Recruitment team for further clarification;
 - satisfactory references (a minimum of three years is preferable), one of which must be from the current or most recent employer.

9.25.4 Pre-employment checks provide the Trust with some assurance that a prospective employee is trustworthy and has the necessary skills and/or experience required to perform the role they have applied for. Failure to undertake effective pre-employment checks may expose the Trust to the risks of fraud and corruption, the checks also act as an important deterrent to dishonest individuals applying for positions within the Trust.

Checks for Director/Associate/Interim/Deputy Directors will be made in accordance with CQC Regulation 5: Fit and Proper Persons.

9.25.5 Common types of pre-employment fraud include using a false identity, using false immigration documents, providing false educational and/or professional qualifications, using false references, concealing employment history and concealing unspent criminal convictions. Any suspicions of fraud should be reported immediately to the Trust's Local Counter Fraud Specialist or through the national Fraud and Corruption Reporting Line 0800 028 40 60 or at www.reportnhsfraud.nhs.uk.

- 9.25.6 Please note that employment may commence prior to receipt of the Disclosure and Barring check, providing a DATIX form is completed and that the Recruiting Manager takes responsibility to ensure that the individual works under full supervision when with patients (not appropriate for posts involving working with children). No employment should commence before all other pre-employment checks are completed.
- 9.25.7 Following completion of the pre-employment checks, the HR team will confirm the start date with the Recruiting manager and issue the employee with a contract of employment within eight weeks of their start date.

9.26 Documentation

- 9.26.1 HR will keep all hard copies of documentation relating to recruitment activity for a period of six months after completion of the selection process.
- 9.26.2 Documentation relating to the successful candidate will form part of their Personal file.
- 9.26.3 Line Managers must forward all documentation from the selection process to HR; including but not limited to interview notes on all applicants.
- 9.26.4 HR will securely destroy records in accordance with document storage guidelines described within the Records Keeping and Records Management Policy.
- 9.26.5 To ensure we meet our obligations as an employer, evidence of checks undertaken on prospective employees will be retained on the personal file of each employee. This includes copying and countersigning the relevant pages of passports, which will be retained in the personnel file.
- 9.26.6 The Personal File Checklist will be completed by the HR team and kept in the file to ensure all checks are completed and enable periodic audit.
- 9.26.7 Records will be kept on ESR and paper copies in Personal files as appropriate

10 CONTRACTS OF EMPLOYMENT

- 10.1 The most frequently used contract of employment in the Trust is permanent. This will be used for the majority of Trust appointments.
- 10.2 There may be occasions when it is more appropriate to employ staff on a different type of contract. The information below describes some of the contracts that you can use and indicates the main advantages and disadvantages of each. Regardless of the type of contract issued, the Recruitment process remains the same.

10.3 Fixed-Term Contracts

- 10.3.1 A fixed-term contract is a contract which runs for a set period of time with a defined termination date. Adverts must also state that the position is fixed term and the period of its duration. Fixed term contracts would be typically used in the following circumstances:-
- where funding for a post is limited;
 - where an employee's services are required for a specified period of

time i.e. to cover maternity leave or to complete a specific task;

- where the post is subject to fluctuations in activity or other uncontrollable external factors;
- where the length of the contract is fixed by a training period.

10.3.2 Points to note about fixed term contracts:

- they enable specialist skills to be brought into the organisation for a specific purpose;
- they assist with workforce planning, as they enable managers to employ staff for a specified period of time;
- they can assist with matching supply and demand, particularly where there are anticipated fluctuations in activity or funding;
- staff on contracts of more than 24 months duration have the right to appeal against unfair dismissal and have the right to redundancy payments. In view of which it is not considered good employment practice to have a fixed term post which is over two years duration, or where the member of staff has continuous reckonable NHS service of over two years, which includes the fixed term period;
- there is a loss of experienced staff and essential skills at the end of the contract period;
- long-term career development and motivation may be adversely affected, as non-renewal of the contract may give rise to feelings of insecurity;
- they may create less commitment to the organisation and past performance has shown that there is often a decline in performance towards the expiry/completion dates of such contracts.

10.4 Terminating a Fixed Term Contract

10.4.1 Managers should meet with the staff member prior to the notice period to confirm that the fixed term contract will expire on the agreed date without renewal. This should then be followed up in writing.

10.4.2 The notice period is contained within the contract and will differ depending on the employee's banding.

10.5 Making a Fixed Term Contract Permanent

10.5.1 **Before 4 years:** The position must be advertised as a permanent post as it may now attract different applicants. The post holder should apply in the usual way, and be considered with any other suitable candidates.

10.5.2 **After 4 Years:** From 10 July 2006 employees who have been employed on successive fixed term contracts for a period of four continuous years will be able to ask their employer for a statement confirming that they are permanent and/or no longer on a fixed term contract. Employers must issue this statement or one giving objective reasons why the contract remains fixed term within 21 days of the employee's request. The employer can only keep them on a fixed term contract if they can objectively justify it at the point it was last renewed.

10.6 Bank Workers (As and When Required Contracts)

- 10.6.1 Bank Workers are registered on the Trust bank and are not contracted employees of the Trust. They work on an ad-hoc zero hours contracts. They are temporary workers and there is no obligation to offer work and no obligation on the worker to accept work via the bank.
- 10.6.2 Under this arrangement there is no guarantee of work for the individual and consequently no specified number of contracted hours an individual is required to work. Work may be offered as and when it is available and the individual can accept or reject work, as they see fit. They do not do regular hours.

10.7 Honorary Contracts

- 10.7.1 This form of contract is used where an individual is undertaking the duties and responsibilities within the organisation but is not receiving any remuneration from the Trust for this work. The individual is therefore issued with an Honorary Contract which sets out the rights and obligations of both the Trust and individual. These contracts are frequently issued to Psychology students undertaking clinical practice or other work with the Trust, employment trainees or individuals carrying out research.

Process

- 10.7.2 A Manager requiring an Honorary Contract for an individual should have an informal meeting with the individual and request a CV and two references. If following this meeting and assessment of references, he/she wishes to continue with the process, the manager should notify the HR team and request that they raise a honorary contract. The HR team will require full details of the placements including, job title, location, start date, end date and supervising manager.
- 10.7.3 Although not employed by the Trust, before issuing an honorary contract the Recruitment Team may be required to undertake certain checks. These will depend on the individual placement and will include:
- DBS;
 - Declaration form;
 - Occupational Health Clearance (not required for self-employed individuals);
 - verification of professional registration (where applicable).
- 10.7.4 In order to request the relevant documentation, the HR team will write to the individual to request identification documents and the completion and return of the appropriate forms.
- 10.7.5 Once all checks are completed, the HR team will issue an Honorary Contract to the individual.
- 10.7.6 Placements should not be commenced until Health Clearance is received, where applicable. If the placement does not involve working with children, the placement can potentially commence before the DBS is returned however, a DATIX should be completed and full supervision arrangements should be put in place.

- 10.7.7 Honorary contracts are issued for a maximum period of one year. However, these may be extended on request by the responsible Head of Service.
- 10.7.8 Please note that student nurse placements and return to nursing placements are managed directly by the Learning Facilitator.

11. SECONDARY/OTHER EMPLOYMENT

- 11.1 Somerset Partnership NHS Foundation Trust (the Trust) recognises that in some instances employees take on other employment with other organisations. The Trust believes that it is acceptable for staff to hold contracts providing they do not interfere with their duties within the Trust.
- 11.2 Secondary employment is any additional work you undertake or are planning to undertake for another employer or work you may undertake as a self employed person or as the partner of a self employed person.
- 11.3 The Trust will permit you to undertake additional work providing the Trust is satisfied that this does not conflict with the following:
- the interests of the Trust
 - the performance of your normal duties
 - the requirements of the Working Time Regulations 1998
- 11.4. All employees wishing to take on secondary employment with another employer must notify their Line Manager and complete the attached form (Appendix 6). This form must be signed by the Line Manager and retained on the personal file. The form is also sent to prospective employees with their offer of employment letter and the Recruitment Team will make the manager aware of any secondary employment.
- 11.5. If it is deemed that the secondary employment is against the interests of the Trust then agreement is likely to be refused.
- 11.6. Failure to comply with the above procedure may result in disciplinary action.
- 11.7. It is the employee's responsibility to notify their line manager if the secondary employment ceases or changes i.e. the number of hours worked or pattern of shifts.

Sickness

- 11.8. Employees should seek guidance from the Human Resources Department regarding secondary employment where they are unfit for work with the Trust. They should normally refrain from their secondary employment if they are on sick leave from the Trust and the secondary work is of:
- the same nature;
 - a similar nature; or
 - where attending their secondary employment would be detrimental to their recovery.

Attendance/Time Keeping

- 11.9. Any adverse impact on attendance and / or time keeping attributable to secondary employment will be investigated under the Trust Disciplinary Policy.

Capability and Performance

- 11.10. Where an employee undertakes secondary employment (whether on an employed or self-employed basis), it is their responsibility to ensure that their performance in their primary post is not affected. Any adverse impact on performance attributable to secondary employment will be investigated under the Trust Capability Policy.

12. EMPLOYMENT OF RELATIVES

- 12.1. It is important that managers are aware of the need to consider all possible implications if relatives/partners do work together and of what action is necessary to take.
- 12.2. Broadly speaking, there will be two scenarios where this issue is likely to need particular consideration:
- at the time of recruitment/appointment, and
 - where a relationship develops between two people who currently work together
- 12.3 A line management relationship between relatives or partners should be avoided.

12.4. AT THE TIME OF RECRUITMENT/APPOINTMENT

- 12.4.1. All applicants for employment (whether for permanent, temporary or casual contracts) within the Trust will be required to declare on their application form if they are related to any employee of the Trust.
- 12.4.2. It is the responsibility of the manager concerned to require agency workers and management consultants, before they commence their assignment within the Trust, to declare whether they are related to, or a partner of, any existing employee.
- 12.4.3 The relative or partner of any person being considered for employment must not be involved at any stage in the short listing and/or appointment processes.

12.5. WHERE A RELATIONSHIP DEVELOPS WITHIN THE WORKING ENVIRONMENT

- 12.5.1. The Trust realises that it is neither desirable nor possible to legislate against relationships developing within the working environment but where it does happen, departments need to consider realistically the implications and give consideration to any action which may need to be taken. Depending upon the circumstances, they may involve one or more of the following:
- re-arranging the work;
 - re-arrange the reporting relationship;
 - voluntary redeployment to another department;
 - moving one of the partners to another department, taking account of such factors as the impact on their career position, etc.
- 12.5.2. Any proposed changes must be based on an objective view of the impact of the relationship on the working arrangements and, in all cases, it is necessary to

consult fully with the parties involved, including their Trade Union Representative, and seek to reach agreement.

- 12.5.3. Care must be taken to ensure that any change made is not contrary to the provisions of the employee's contract of employment, wherever practicable. Advice should be sought from Human Resources where any changes may impact on an individual's employment contract.

12.6. **AUTHORISATION/DOCUMENTATION PROCESSES**

- 12.6.1. Both at the time of recruitment/appointment and subsequently, it would normally be the line manager who would authorise documentation related to salary, expenses, promotion arrangement, etc. However, in the exceptional circumstances of a line management relationship existing with a relative or partner, alternative arrangements will need to be made. In any event the following rules must always apply:
 - 12.6.2. It is not permissible for a relative or partner of any employee to be involved in any way in drawing up any documentation concerning the employment contract.
 - 12.6.3. It is not permissible for a relative or partner of any employee to be involved in any way in authorising or processing any documentation concerning any aspect relating to pay, expenses, salary or banding arrangements. If the line manager is a relative or partner, it must always be a more senior manager who authorises rates of pay, agrees hours to be worked and authorises time sheets, expense claims, etc.
 - 12.6.4. In the event of disciplinary action or grievance being taken against either party, the other party will have no involvement in an investigation or hearing and will not be allowed to represent their relative or partner. They may, however, be allowed to be present in a supporting role.

13. **NON-STANDARD RECRUITMENT PROCESSES**

- 13.1 There are a number of appointment mechanisms that take place within the Trust which fall outside of the more formal, ratified recruitment process, or alternatively have very specific mechanisms of appointment which don't fit the 'norm', e.g. some medical and dental appointments.
- 13.2 It is vital that these alternative or informal 'appointment' processes are recognised and mechanisms of ensuring that any person entering the Trust on a paid/unpaid basis are subject to the necessary pre-employment checks and rigour of all other staff.
- 13.3 The Trust requires that all non-standard appointments / placements within the Trust demand the same level of pre-employment clearances as those employment processes carried out via NHS Jobs.
- 13.14 It is of utmost importance that all patients are protected from identifiable and manageable risks in terms of the medical intervention, clinical care and support they receive whilst in the care of the Trust, hence the need for all necessary pre-employment checks to be sought prior to people entering Trust premises in a formal capacity.
- 13.5 This document covers paid staff, unpaid placements or trainees including temporary, locum, bank, agency, or individuals based on honorary contracts or are placed/undertaking research on behalf of the Trust, including;

- Medical and Dental Appointments;
- Doctors in Training;
- Social Workers/Approved Mental Health Professionals;
- Non-Executive Directors;
- Council of Governors appointments;
- Hospital Managers;
- Bursary/Research Grants Placements;
- Apprenticeships;
- Student Placements;
- Volunteers.

**14. MEDICAL POSITIONS - TRUST APPOINTMENTS
MEDICAL DIRECTOR / ASSOCIATE MEDICAL DIRECTOR / SAS TUTOR /
CLINICAL TUTOR / ACADEMY LEAD**

- 14.1 Appointments to these roles is from the pool of current substantive consultant staff and carried out via an in-house process, through written application, outside of NHS Jobs.
- 14.2 A full selection process will be carried out and the successful officer's job-plan will be amended accordingly.
- 14.3 The Interview Panel for these roles could include:
- Trust Chief Executive or named representative;
 - Medical/Associate Medical Director;
 - Clinical Director or Trust Consultant;
 - Dean of the Severn Deanery;
 - Non-Executive Director;
 - Trainee Junior Doctor.

15. CONSULTANT AND SPECIALTY DOCTOR APPOINTMENTS

- 15.1 Consultant appointments are conducted in line with the National Health Service (Appointment of Consultants) Regulations Good Practice Guidance.
- 15.2. **Preparing the Job Description**
- 15.2.1 Prior to advertisement the Job Description and Person Specification for these roles must be compiled by the appropriate Associate Medical Director using the agreed Royal College JD/PS template, checked by the Medical Director and then passed to the Royal College for approval by HR. A flow chart for obtaining Royal College Approval of Job Descriptions can be found in Appendix 5.

15.3. **Advertising**

15.3.1 A minimum of two advertisements for Consultant appointments should normally appear which should include the closing date for applicants and the date of the interview.

15.4 **Advisory Appointments Committee**

15.4.1 The core membership of Advisory Appointments Committees, as specified in Regulations, is set out below:

- a lay member (often the chair of the Trust or another non-executive director);
- an external professional assessor, appointed after consultation with the relevant college or Faculty;
- the Chief Executive of the appointing body (or a Board level Executive or Associate Director);
- the medical or dental director of the Trust (or person who acts in a similar capacity at that hospital);
- a consultant from the Trust, who, if available, should be from the relevant specialty;

15.4.2 A Royal College Assessor must take part in Consultant and Specialty Doctor appointments and can only be excused by the Royal College.

15.4.3 The Medical Director / representative will always act as Chairman of the Medical selection and interview process.

15.4.4 References for Consultant positions will be sought prior to interview; thereafter all standard pre-employment checks are sought for the successful appointee in line with the Recruitment and Selection Policy and Procedure and DBS Policy.

15.5 **SPECIALIST REGISTRAR LOCUM APPOINTMENT TO SERVICE (LAS)**

15.5.1 Agreement to fill just the service (work) element of a Specialist Registrar Placement is called a LAS. Such posts must be agreed to be filled by the Health Education South West although it is the Trust's responsibility to make the appointment to these positions. These appointments are often agreed for periods not exceeding 3 months in total and do not count towards a junior doctors formal training plan (CCT - Certificate of Completion of Training). In exceptional circumstances LAS posts may exceed 3 months in total.

15.5.2 Appointments should be made via NHS Jobs.

15.5.3 The recruitment panel to appoint to a LAS post may include;

- a Health Education South West appointed Clinical Tutor;
- Speciality Consultant (recommended to be the trainee's supervisor);
- Medical / Deputy Medical Director (or named deputy);
- Trust's Clinical Tutor.

15.5.4 Full pre-employment checks must be carried out for a LAS appointments in line with the Recruitment and Selection Policy and Procedure and CRBDBS Disclosure Policy.

15.6 NHS LOCUMS

- 15.6.1 To be filled as part of a standard recruitment episode - such appointments should only be made for a period not exceeding 6 months in length. Any extension above 6 months must be authorised by the Medical Director or Deputy Medical Director.
- 15.6.2 **Locum Consultants** - will be paid according to the rates as stated within the Medical and Dental Terms and Conditions of document, Schedule 22. Such appointments should be made on a fixed-term basis.
- 15.6.3 **Junior Doctors** - short-term placements not exceeding one week will be paid at an hourly Locum rate. For placements between one week and one month, the locum will be paid at the approved weekly rate. Any arrangement exceeding one month in total should be offered as a fixed-term contract and paid at the appropriate Locum rate.
- 15.6.4 **Bank** – bank can be appointed through the standard recruitment process to provide services on an ad hoc basis.

15.7 LOCUM COVER VIA CROWN COMMERCIAL SERVICE

- 15.7.1 During periods of doctor vacancies or where temporary backfill cover is required, the Trust will approach approved agencies. Prior to any Locum arrangement being agreed, evidence must be received from the agency that they are in possession of DBS and health clearance for the Doctor and provide evidence of their approved GMC status and/or other requirements to undertake the role, e.g. Section 12 Approval / Approved Clinician status. Agencies must also provide evidence of legal working documentation for each locum in accordance with the requirements stated within the Trust's Bank, Agency and Locum Policy.
- 15.7.2 The rates paid to Locum Doctors are agreed as part of the Government Procurement Service Agreement and should only be exceeded in exceptional circumstances. gps.cabinetoffice.gov.uk

15.8. DOCTORS IN TRAINING APPOINTMENTS

Foundation House Officer Year 1 Students (FH01) and Year 2 Students (FH02)

- 15.8.1 The Trust receives Foundation House Officer Year 1 (FH01's) and Year 2 trainees (FH02's) as part of their training programme on ward, from Yeovil District Hospital and from Taunton and Somerset District Hospital (Musgrove Park, Taunton).
- 15.8.2 During the period of their 4-month traineeship these doctors remain on the Payroll of the district hospital. The Recruitment Team will liaise with the respected NHS Trusts to obtain a copy of the student's complete pre-employment checks. The Recruitment Team will provide a placement offer letter and the trainee will be provided with an honorary contract upon commencement of their training at Somerset Partnership.

GPST 1-3 General Practice Specialist Trainee

- 15.8.3 These programmes are of 3 years duration. They consist of a series of four 6 month posts in a variety of hospital specialties and general practice settings, followed by a full year in general practice. The programmes have been created

and approved to meet the requirements of both the RCGP and GMC, so that on successful completion GP trainees will receive a Certificate of Completion of Training (CCT).

- 15.8.4 GPST 1-3's are employed by 2gether NHS Trust. There is a Service Level Agreement (SLA) in place for 2gether NHS Trust to complete the necessary pre-employment checks and provide Somerset Partnership with confirmation of this. The Recruitment Team will provide a placement offer letter and the trainee will be provided with an honorary contract upon commencement of their training at Somerset Partnership.

GPST 4 - 6

- 15.8.5 This is a more specialised training programme looking at Psychiatry or in a specialist area, i.e. older adults. ST4 trainees apply and are selected by Health Education South West, who allocate to Somerset Partnership.
- 15.8.6 GPST 4 – 6's are employed by Somerset Partnership and the Recruitment Team completes relevant pre-employment checks. They will have a Fixed Term contract for 1 year, usually.

CT1-2 Core Trainee

- 15.8.7 This is the start of Specialist Training either 1 or 2 years before advancing onto a ST4.
- 15.8.8 CT1-2's are employed by Somerset Partnership and the Recruitment Team completes the relevant pre-employment checks. They will have a Fixed Term contract for 1 year, usually.
- 15.8.9 Where original DBS's are received from their current placement provider/employer, which are no longer than 3 years old, these will be accepted as an 'interim transferable document'. A DATIX risk assessment record does not need to be completed in such circumstances.
- 15.8.10 All Doctors in Training are responsible to a named consultant (on ward) and their training is arranged and overseen by the Trusts' Clinical Tutor.
- 15.8.11 Recruitment will receive confirmation of all Junior Doctors placements from the Clinical Tutor and will then retain a Doctors In-Training Spreadsheet to record these training placements.
- 15.8.12 Most Doctors in Training are placed on the Trusts' Out of Hours On-Call Rota during the period of their placement and receive on-call 'banding' appropriate to the rota they cover, i.e. Taunton or Yeovil. Prior to confirming an offer of employment to a Doctor in Training, Recruitment must gain clarity from the Clinical Tutor as to which On-Call Rota the Dr will be placed on, as it is not assured that all Taunton/Bridgwater placed junior doctors will be placed on the Taunton rota.

15.9 NON-MEDICAL TRUST ROLES / PLACEMENTS

15.10 SOCIAL WORKER / AMHP'S (Approved Mental Health Professionals)

- 15.10.1 These officers are employed by Somerset County Council (SCC). The Trust's Recruitment Team however administers the advertising and recruitment process for all these roles in conjunction with the appropriate Team Manager who liaises with the Head of Social Work as necessary.
- 15.10.2 All pre-employment checks are carried out by SCC prior to appointment using SCC's standard paperwork. SCC produce the necessary contractual paperwork on receipt of all pre-employment checks and they are then placed on SCC's payroll.

15.11. NON-EXECUTIVE DIRECTORS

- 15.11.1 The Trust appoints a number of Non-Executive Directors (NED's), including the Trust's Chairman. These appointed officers are remunerated for their services but have no employment relationship with the Trust. On selection NED's will be subject to all appropriate clearance checks – See Section 2.

15.12. COUNCIL OF GOVERNORS

- 15.12.1 In accordance with its Foundation Trust status, the Trust has an elected Council of Governors to represent the interests of service users, carers and employees. These are voluntary positions and therefore Governors do not receive any remuneration.
- 15.12.2 There are various elected members that make up the Council of Governors.
- 15.12.3 Such Elected Governors are elected for a fixed term of office, (currently 2 years) and are subject to DBS clearance prior to official commencement in role.
- 15.12.4 The Election process is administered by the Chief Executive and Membership Office of the Trust and the Human Resources Team carry out DBS clearances.

15.13. HOSPITAL MANAGERS

- 15.13.1 These positions are unique within Mental Health services. Hospital Managers sit on review panel several times a year and have the authority to detain patients under the Mental Health Act.
- 15.13.2 Hospital Managers are independent of the Trust and 'appointments' are made by the Chairman of the Trust and are responsible directly to him/her. Hospital managers are not salaried but can claim an allowance for training, sitting on panels and for travel costs incurred in fulfilling their role.
- 15.13.3 Hospital Managers on appointment/selection are subject to Proof of legal working documentation and DBS Clearance (carried out by HR)

15.14. BURSARY GRANTS / RESEARCH GRANTS

- 15.14.1 The Trust, on occasion, receives specific funding to undertake research work, or a Bursary Grant is offered through the Trust to support a formal research project.
- 15.14.2 It is likely that the arrangements to undertake such work will result in an appointment being undertaken and the officer being paid for their work.

15.14.3 Depending on the basis of the project a full recruitment episode may be entered into and a fixed-term appointment made, as such, any Manager wishing to offer such an opportunity must speak to Recruitment at the earliest opportunity.

15.15. APPRENTICESHIPS

15.15.1 Paid apprenticeships, in appropriate roles, may be offered within the Trust.

15.15.2 In such cases the Learning and Development Team will approach local colleges and received a shortlist of candidates to interview.

15.15.3 Once a successful candidate has been identified the Recruitment Team will complete all required pre-employment checks.

15.15.4 Apprentices associated with Somerset Partnership will be paid at a rate of £10,000 per annum on a fixed term 18 month contract.

15.16. STUDENT PLACEMENTS: NURSES / OCCUPATIONAL THERAPISTS / SOCIAL WORKERS/ PHYSIOTHERAPISTS ET AL

15.16.1 The Trust has an agreed mechanism of placing Students through local Higher Education Universities in conjunction with the Trust's Learning and Development Team.

15.16.2 All such students are subject to all required pre-employment checks, these are carried out, in their entirety, by the supplying University prior to being placed with the Trust.

15.17. VOLUNTEERS

15.17.1 Volunteers bring tremendous value to the National Health Service, in a variety of roles that enhance services to patients provided by paid staff and assist the NHS in improving and developing services.

15.17.2 Volunteers should have an informal interview to offer the chance to find out about the role and what it is like to work with the client group.

15.17.3 Volunteers will be subject to pre-appointment checks including references, health clearance and DBS clearance (where applicable). Volunteers are to complete the short version of the Occupational Health Questionnaire, which has been designed specifically for the volunteer group.

15.17.4 There is a nominated Recruitment lead who keeps a centralised list of volunteers and details of any pre-appointment checks. References will be requested and held by the manager. Paperwork such as the health questionnaire, DBS application and relevant ID documents should be sent to the Recruitment Team to be processed. The volunteer is able to start when satisfactory pre-appointment checks are received. Volunteers should be made aware that there may be a need for follow up appointments with occupational health and this is for the safety of the volunteer and the patients.

15.17.5 Volunteers should have a local induction to their base which as a minimum should cover:

- introduction to the work and setting;
- introduction to relevant staff;
- manual handling;

- equality and diversity;
- health and safety information, first aid, fire procedures (mandatory);
- relevant procedures, e.g. Health and Safety, Equal Opportunities, Code of Conduct, No Smoking Policy;
- expenses procedures;
- infection control;
- confidentiality;
- general information e.g. where to make drinks;
- arrangements for support and problem solving.

15.17.6 Volunteers should not be financially disadvantaged through their voluntary involvement. Reimbursement, if rounded up so it is more than the actual expense, can be classed as earnings and, as such, can affect benefits, be subject to tax and could affect the employment status of volunteers. Expenses should therefore be reimbursed against receipts, public transport tickets and so on. Expenses will be reimbursed for travel to and from the organisation and for childcare or carer costs. Reimbursement will be made on the submission of the appropriate travel claim form supported where appropriate by receipts. The mileage rate will be paid according to current levels.

15.17.7 It is important to note that the personal effects of volunteers are not covered by any insurance taken out by the employing organisation.

15.17.8 Any actions undertaken during the normal legitimate duties as a volunteer are covered by NHS Indemnity. This means that the employing organisation accepts full financial liability for any negligent harm which has been caused as a result of such duties and will not seek to recover its costs arising therefore from volunteers. Driving is the exception to this.

15.17.9 The Trust's LTPS (Liabilities to Third Parties Scheme) will cover Volunteers registered with the Trust but not if they are working on behalf of a Charitable Trust who should have their own insurance arrangements. If registered as a Volunteer directly with the Trust, this means cover for negligence on their behalf and cover for personal injury will be provided by the Trust whilst working as a Volunteer but the Trust's insurance does not extend to insuring their personal property nor does it include RTA insurance cover (if they are a driver they will need to have their own vehicle business insurance).

15.17.10 As the Trust has a duty of care to all patients, staff and visitors, the Trust should consider the following checks:

- DBS check – to discover any criminal background;
- two references are required to check on the suitability to be a volunteer;
- Occupational Health Clearance/Medical declaration and check (where applicable);
- Driving Licence, MOT and Insurance checks (where applicable);
- Induction programme plus any service specific training appropriate to the agreed Volunteer arrangements/tasks;
- Mandatory Training and Health and Safety.

16 TRAINING REQUIREMENTS

- 16.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

17. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

18. MONITORING COMPLIANCE AND EFFECTIVENESS

- 18.1 The Director of HR and Workforce Development will provide quarterly reports to the Workforce Governance Group identifying the status of pre-employment checks and recruitment statistics over the previous quarter. Where any deficiencies are identified, this will be recorded in the minutes and form part of the meeting action plan, monitored at each subsequent meeting and assurance will be provided to the Regulation Governance Group (using the Governance reporting template). The Director of HR and Workforce Development will highlight any agreed systems or practice changes to the HR Team who will be responsible for ensuring improvements are implemented.

19. COUNTER FRAUD

- 19.1 The Trust is committed to the NHS Protect Counter Fraud Strategy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

20. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 20.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

Regulation 20A: Requirement as to display of performance assessments.

20.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

20.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Equality Act 2006 and 2010 (amended)

Immigration and Asylum Act 1999.

The Equal Pay Act 1970 (Amendment) Regulations 2003 (SI 2003/1656)

The Occupational Pension Schemes (Equal Treatment) (Amendment) Regulations 2005 (SI 2005/1923)

The Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000 (SI 2000/1551)

The Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002(SI 2002/2034)

Protection from Harassment Act 1997

21. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

21.1 References

NHS Employment Check Standards, NHS Employers, July 2010

Recruitment and Selection Policy and Procedure, Ashford and St Peter's Hospitals NHS Foundation Trust

Recruitment and Selection Policy and Procedure for Recruiting Managers, Medway NHS Foundation Trust

NHSLA Risk Management Standards 2012-2013

The NHS (Appointments of Consultants) Regulations Good Practice Guidance, January 2005

CQC Regulation 5: Fit and proper persons

21.2 Cross reference to other procedural documents

Bank, Agency and Locum Policy

Disclosure and Barring Service (DBS) Policy

Data Protection Policy

Equality Impact Assessment Policy

Flexible Working Policy

Recruitment Flowchart

Risk Management Policy and Procedure

Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

22. APPENDICES

22.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such..

Appendix 1 – Interview Expenses

Appendix 2 – Starting Salaries: Management guidance

Appendix 3 – Recruiting for Compassion

Appendix 4 – Recruitment Flow Chart

Appendix 5 – Obtaining Royal College Approval for Job Descriptions

Appendix 6 – Secondary Employment Request / Declaration Form

INTERVIEW EXPENSES

Travel Expenses

Travel expenses will be reimbursed where candidates have travelled 25 miles or more from home to the interview base. Should candidates use public transport, they may reclaim up to the cost of a standard ticket price, but will be expected to purchase the lowest cost ticket available. Receipts or the original ticket must be attached to the claim for reimbursement.

If public transport is not used, vehicle mileage will be reimbursed at the public transport mileage rate.

Only travel within the United Kingdom will be payable (from port of entry) where travelling to Somerset from overseas, including Northern Ireland.

Air travel may be reimbursed where this proves to be less expensive than rail, coach or car.

Overnight Stays

Where an overnight stay is necessary, the Trust will pay up to £55.00 for one night towards single Bed and Breakfast accommodation, upon production of a receipt.

Dinner expenses of up to £15.00 will also be reimbursed, if the candidate is away from their base for more than 7 hours, when supported by a receipt. This amount will not include alcoholic refreshment.

Making a claim

All claims for travel associated with interviews must be made on the Trust Interview Expenses Claim Form which is available from HR or the Trust Intranet. Claims must be submitted within 2 weeks of the interview date and will not be paid otherwise.

A valid receipt acceptable to the Trust must accompany all claims. No payment will be made without this.

Where an offer of employment is made, payment for interview expenses will only be made once the individual has commenced work.

Candidates who are offered a post but do not then take up employment with the Trust will **not** be entitled to claim interview expenses

NB: Should there be any questions or other travel expenses are likely to be incurred these should be raised and agreed with the Recruiting Manager before being incurred.

STARTING SALARIES: MANAGEMENT GUIDANCE – AGENDA FOR CHANGE

Background

Agenda for Change is concerned with a review of the pay and terms and conditions of employment for employees in NHS organisations, with the exception of those reporting directly to the Chief Executive, Doctors, and those working in the NHS but employed by other organisations. The principles of Agenda for Change are equal pay for work of equal value, and the harmonisation of terms and conditions of employment. The pay scales do not relate to an individual's performance, instead progression through the pay bands will be subject to the conditions documented in Section 6 of the Agenda for Change Handbook, in particular those relating to time in post and the skills necessary to pass through the KSF gateways.

In order to comply with the Agenda for Change Terms and Conditions, it is imperative the Recruiting Manager adheres to the following: -

New starters

In general new starters to the NHS should start at the lowest point of the appropriate salary band, and work their way up incrementally. Managers **do not** have the authorisation to offer salaries any higher than the bottom of the relevant Agenda for Change pay scale and should normally make it clear at interview what the starting salary will be. If in exceptional circumstances, during interview, the candidate wishes to be considered for a higher starting salary and the manager wants to appoint and agrees it is justified, then this must be discussed with the Head of Division and a Salary Justification form completed for submitted for authorisation. Topics for consideration may be as follows:

- How does the candidate's experience and qualifications relate to the person specification?
- How does the experience and skills relate to Agenda for Change gateways?
- What will be the impact on existing team members?
- What will be the impact on others in similar posts outside the team/department?
- What are the risks of possible equal pay claims and grievances from existing staff?
- Are other benefits such as pension and holidays etc. an incentive?
- What are the budgetary and financial implications?
- Is there a significant difference between the first and second choice candidate?

It is advisable that no new employee to the NHS should be appointed above the second gateway in the pay band.

A negotiated starting salary should only be implemented in exceptional circumstances with the approval from the appropriate Director.

Any justification for a higher starting salary should be considered as soon as possible, preferably before interview but certainly before making a job offer (verbal or written), such that unjustified claims can be turned down immediately.

Starting Salaries for Appointments to the Same Band for Current NHS Staff

Staff appointed to a post in the same pay band will retain their existing point on the band and retain their existing incremental date if their service has been continuous. If there has been a recent break between employments (of less than 3 months) the incremental date will be deferred by the number of days of the break.

Continuous previous service (including a break in service of up to 3 months) with an NHS employer counts as reckonable service in respect of NHS agreements on redundancy, maternity, paternity, annual leave and sick pay.

Starting Salaries for Promotions for current NHS Staff

Staff promoted to a higher pay band should be offered the minimum of the pay band, or, if this would result in no increase, the first incremental point that would deliver an increase in basic salary. The incremental date will be the anniversary of the promotion. In cases of a break of 3 months or less, the last pay point when employed by the NHS will be used to determine if no increase in pay has resulted from the promotion.

Re-appointments to the NHS with a break of 12 months or more

When deciding the starting salary for a returnee to the NHS with breaks of service over 12 months it should be noted that the Manager only has authorisation to offer the minimum of the pay band. Consideration should be given to formulating a justification for the break to be ignored, especially in cases where the person has kept their continuous professional development up to date and have maintained the appropriate skills for the post. If there is satisfactory justification then **approval should be sought from the appropriate Director to pay a higher starting salary.**

The interview guidance for panel members will ask you to ensure the candidate is aware of the minimum starting point of the salary band and hours of work.

Somerset Partnership NHS Foundation Trust Recruiting for Compassion

Introduction

Recruiting for compassion is not a new concept! An article in the Nursing Standard (14.12.11) drew comparisons with the same requirements for 'good nurses' published over 100 years ago in 1911! In contrast to this look to the past, there is an increasing body of contemporary thinking (Independent Nurse, 19.3.12) in which the last few decades of research in the social sciences, including the recent literature on Emotional Intelligence is being recommended for use in the education and selection of nurses.

At the national level, we know that following the unacceptable standards of care at places like Winterbourne View and Mid Staffs (and the anticipated Francis report) there is an increased focus on compassionate care.

At the local level, our strategic priority on 'selecting quality people to deliver quality care' preceded this national focus and work in our Trust has been underway to ensure that at recruitment stage, we enact two of our Trust values of *commitment to quality of care and compassion*.

The most recent consultation paper from the Chief Nursing Officer, which introduced the six "C's" in order to "develop the culture of compassionate care" fits very well with our work in the Trust and we expect that both will dovetail during 2013/14.

Compassion

When we think about *compassion* and *compassionate care*, we will naturally have a mix of different and similar ideas about what that means. Whilst it is unnecessary to define exact meaning and agree what is a right or wrong definition, it is important that we can describe compassion in some way in order to be able to assess for compassion during recruitment.

At Somerset Partnership, we think that compassion is something we *feel* and it is driven by empathic concern for others. When we think about empathic concern for others, at Somerset Partnership we think about:

cognitive empathy – *I can see the world from your perspective*

emotional empathy – *I can feel with you your distress/pain/joy*

empathic action – *I notice **and** spontaneously act to help you*

This third idea of empathic action is of particular importance and is linked to *releasing time to care*. Research from the social sciences shows the largest contributor making the difference to people *acting* on their cognitive and emotional empathy is time. In the NHS, the notion of *releasing time to care* is not new, but in our Trust we will improve the focus on this alongside recruiting for compassion to ensure that once we have recruited the right people to care with compassion for our patients – they have the time to notice **and** act on their compassion.

In summary, we will use this understanding of the different kinds of empathy to help us assess at recruitment stage, and whilst there is no claim of a scientific/evidence base,

we *know* that any assessment in addition to a standard 45 minute panel interview will help us - *recruit for compassion*.

Recruiting for Compassion

During the facilitated discussion at the July 2012 PNAG we thought about and captured what we would like to 'see and hear' a new starter doing and saying on their first day at work which would give us assurance that we have recruited a person with empathic concern to deliver compassionate care to our patients.

This significantly contributed to the development of work during 2012 and we have prioritised the following five areas:

Describe who we want to work with our patients. We have completed work on amending the Person Specs for nursing roles and this will help candidates understand who we are looking for and will help us assess against this spec.

Attract those people to come and work with our patients. We have started work on promotional literature which focuses on recruiting for compassion and this will be used consistently in all media when we recruit i.e. NHS Jobs; local press; Nursing Times.

Assess candidates better to help us improve our selection. We have completed work on drafting various assessment tools, which are ready to pilot.

Induct our new staff in a way that role models empathic concern. We have started work on an innovative two-stage approach to the induction of nurses with the first stage starting before their first day of work!

Retain our compassionate staff for the benefit of our patients. The retention of the best staff is a challenge for any organisation and a key contributor of this will be the development of the Professional Leadership Strategy during 2013/14.

Assessment and Selection

The principle that the Trust will adopt is that *recruiting for compassion* is so important to us that all nursing roles will benefit from a two-stage process. The second stage will be a standard panel interview. The first stage will use an assessment tool of which there will be a variety to choose from.

These first stage assessment tools will be piloted for three months and then reviewed. During the pilot, HR will support the manager using the assessment tool.

The first stage assessment tools from which to choose are described on the following pages and they are:

"Time to Talk"

"Time to Think"

"Time to Act"

"Time to Care"

First Stage Assessment Tool “Time to Talk”

In a group, the candidates are each given a copy of the slide which shows and explains the 6 “C’s” of care – Care, Compassion, Competence, Communication, Courage, Commitment. Candidates are given only five minutes to read through in silence.

After the five minutes of silence, the manager with HR will observe the group of candidates whilst they debate for 40 minutes the importance of each one and critically ranking them in order of importance from one to six. The ‘rules’ are:

- 1) The group must reach consensus on the ranking
- 2) The group are not allowed to conclude “they are all important”
- 3) Each candidate must use real examples and draw on their experience when influencing the group of their own preference.

There are obviously no right or wrong answers and whatever the group finally conclude is of secondary importance. Of primary importance is the nature of the discussion and the interactions between the candidates.

- empathic action – *I notice **and** spontaneously act to help you*

The manager with HR will carefully observe the interaction between the candidates and look for any opportunities for empathic action that are either taken or missed. This can be subtle action such as active listening body language to the speaker whilst others are not listening. Alternatively, this could be drawing a candidate who has not spoken into the discussion by overtly asking them “what do you think?” The opposite could also be observed where one candidate intentionally talks over a quieter / introverted candidate to ensure their own point is made.

- cognitive empathy – *I can see the world from your perspective*
- emotional empathy – *I can feel with you your distress/pain/joy*

The manager with HR will carefully observe the interaction between the candidates and look for examples where candidates are trying to use their own experience with patients (as opposed to hypothetical examples) to influence the group with their own preferences.

Observing the interactions between the candidates and how each candidate looks to convey the issues will provide insight in to the empathic concern of each candidate. Remember – this is not supposed to be scientific. At Somerset Partnership, we think that compassion is something we *feel* and it is driven by empathic concern for others. Even the slightest insight into how the candidate connected empathically with the patients will be better than no insight at all at a standard panel interview.

First Stage Assessment Tool “Time to Think”

In a group, the candidates are each given six cards. Each card introduces a hypothetical patient by name and describes their very different needs. These can be drawn from a catalogue of cards or designed in advance to suit the specific needs of the manager.

The candidates will spend 20 minutes in silence, thinking about the different needs of each patient. They *must* make notes of their thoughts and refer to them after the 20 minutes has passed. The impact of having time to think, reflect and write down their thoughts is that they are more likely to want to express their thought-through and considered ideas – which are likely to align to their beliefs and values.

After the 20 minutes of silence, the manager with HR will observe the group of candidates whilst they discuss for 40 minutes the following:

- 1) Which of these patients has the greatest emotional needs?
- 2) Taking each patient in turn, discuss and agree how you would ensure they receive the best care possible.

There are obviously no right or wrong answers and whatever the group finally conclude is of secondary importance. Of primary importance is the nature of the discussion and the interactions between the candidates.

- empathic action – *I notice **and** spontaneously act to help you*

The manager with HR will carefully observe the interaction between the candidates and look for any opportunities for empathic action that are either taken or missed. This can be subtle action such as active listening body language to the speaker whilst others are not listening. Alternatively, this could be drawing a candidate who has not spoken into the discussion by overtly asking them “what do you think?” The opposite could also be observed where one candidate intentionally talks over a quieter / introverted candidate to ensure their own point is made.

- cognitive empathy – *I can see the world from your perspective*
- emotional empathy – *I can feel with you your distress/pain/joy*

The manager with HR will carefully observe the interaction between the candidates and look for examples where candidates are trying to convey the issues and steer the discussion from the *perspective* and *feelings* of each patient.

Observing the interactions between the candidates and how each candidate looks to convey the issues will provide insight in to the empathic concern of each candidate. Remember – this is not supposed to be scientific. At Somerset Partnership, we think that compassion is something we *feel* and it is driven by empathic concern for others. Even the slightest insight into how the candidate connected empathically with the patients will be better than no insight at all at a standard panel interview.

First Stage Assessment Tool “Time to Act”

Candidates will perform in a (dreaded!!) but simple role play designed by the manager and HR in advance e.g. one candidate role plays a distressed patient and the other candidate role plays a nurse at the end of their shift.

- empathic action – *I notice **and** spontaneously act to help you*

The manager with HR will carefully observe the interactions during the role play and look for any opportunities for empathic action that are either taken or missed

- cognitive empathy – *I can see the world from your perspective*
- emotional empathy – *I can feel with you your distress/pain/joy*

The manager with HR will ask questions to each candidate after the interaction such as:

To the candidate role playing the nurse:

Q What did you *notice* about the patient?

Q Say more about what it is important to the patient?

Q What do you think worries the patient the most?

Q Tell me about those (family/friends) close to the patient?

Q What the hopes of the patient?

Q We noticed that when the patient did/said “XX” that you did/said “XX”, how did you experience that moment?

To the candidate role playing the patient:

Q What was your experience of the nurse?

Q Say more about how the nurse made you feel?

Q What did the nurse do/say that made you feel cared for?

Q What did the nurse do/say that made you feel the opposite?

Q How could the experience of your interaction with the nurse have been improved?

The answers to these questions (and similar supplementary questions) will provide insight in to the empathic concern of each candidate.

Remember – this is not supposed to be scientific. At Somerset Partnership, we think that compassion is something we *feel* and it is driven by empathic concern for others. Even the slightest insight into how the candidate connected empathically with the patient will be better than no insight at all at a standard panel interview.

First Stage Assessment Tool “Time to Care”

Candidates will spend a short time with one or more patients either on a ward or community setting. The manager will decide whether it is appropriate for all candidates to be with patients together or individually, but individual interaction with the patient is critical.

This assessment tool will only be used where it does **not** compromise patient safety, dignity and respect and obviously where the patient has consented.

- empathic action – *I notice **and** spontaneously act to help you*

The manager with HR will carefully observe the interaction between the candidate and the patient and look for any opportunities for empathic action that are either taken or missed

- cognitive empathy – *I can see the world from your perspective*
- emotional empathy – *I can feel with you your distress/pain/joy*

The manager with HR will ask questions to each candidate after the interaction such as:

Q What did you *notice* about the patient?

Q Tell me about how the patient *feels* today?

Q When the patient said “XX” what do you think they *meant* by that?

Q Say more about what it is important to the patient?

Q What do you think worries the patient the most?

Q Tell me about those (family/friends) close to the patient?

Q What the hopes of the patient?

Q We noticed that when the patient did/said “XX” that you did/said “XX”, how did you experience that moment?

The answers to these questions (and similar supplementary questions) will provide insight to how the candidate connected empathically with the patient. How the candidate engaged, listened and understood the patient. Remember this is not about diagnosis the candidate or assessing how the candidate diagnoses the patient!!

Remember – this is not supposed to be scientific. At Somerset Partnership, we think that compassion is something we *feel* and it is driven by empathic concern for others. Even the slightest insight into how the candidate connected empathically with the patient will be better than no insight at all at a standard panel interview.

Recruitment Flow Chart

Recruiting Manager

NEW OR REPLACEMENT POST (VRF)

- Complete VRF
- VRF sent to H.O.D and Finance for approval
- Finance send approved VRF's to central point

- List/copies of authorised VRF's held centrally – accessed by Recruitment Team.
- Recruiting Manager informed of status i.e.

- Agreed JD, KSF outline and advert forwarded to Recruitment lead (**within 7 days of approval**).
- *Note: Non NHS publication approval required from HR Director*

Recruitment Team

- Authorised VRF's distributed to recruitment team and imported onto Recruitment Processing System (RPS) (1 day)
- Recruitment lead contact recruiting manager and agree recruiting schedule (2 days)

- **Refer to the Recruitment & Selection Policy for guidance relation to the recruitment process**
- **Executive approval is required for all recruitment prior to advertising the Post.**
- **It is the Recruiting Manager's responsibility to ensure the post has Head of Division and Financial approval**

- ESR record created (**within 1 day**)
- ESR information transferred to NHS Jobs for advertising

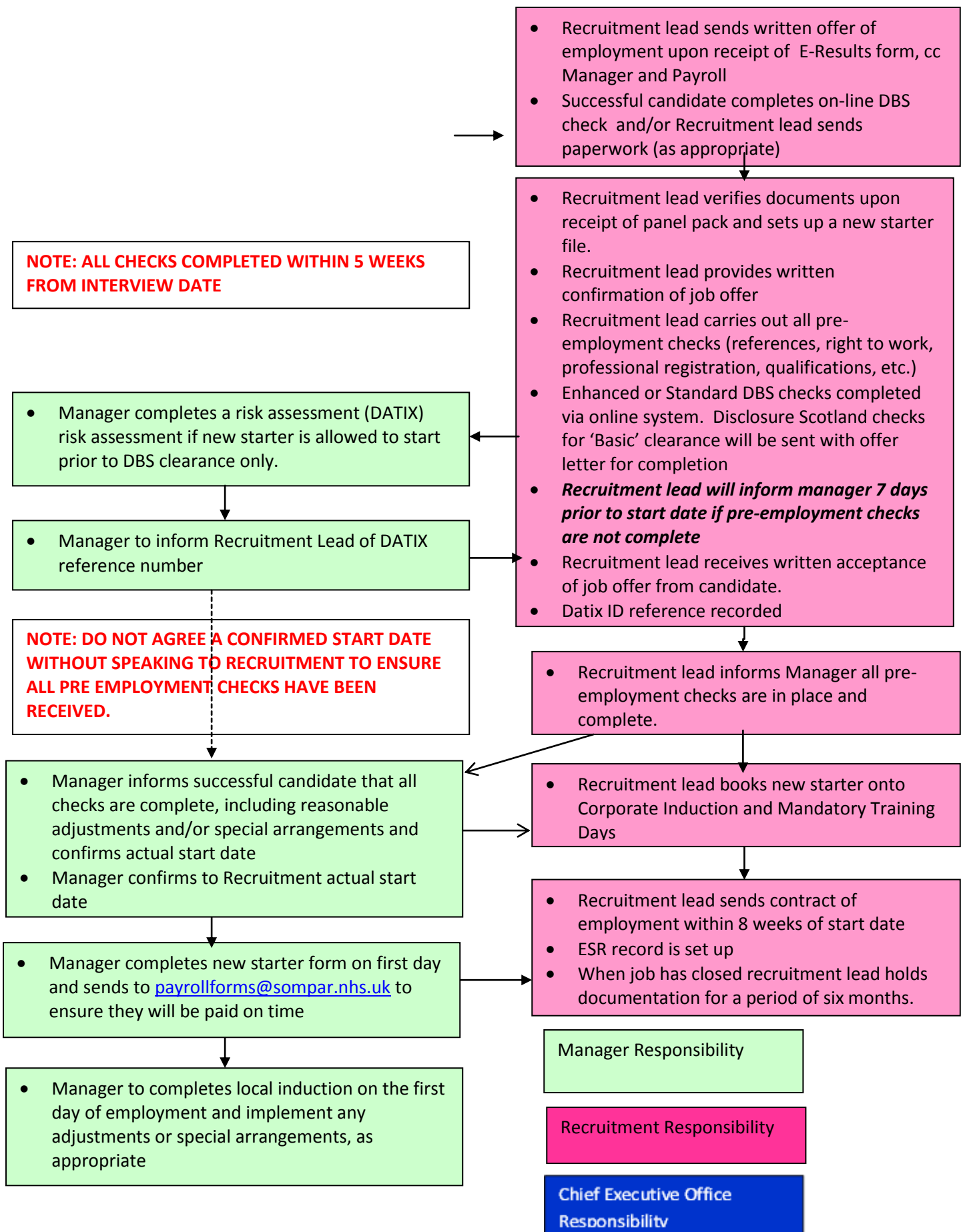
- Recruitment lead co-ordinates publication of advert on NHS Jobs
- Job is included on weekly vacancy bulletin (every Tuesday)

- Manager and additional reviewers access NHS Jobs to submit a short list of applicants
- Manager completes and sends the E- interview arrangement form to recruitment-inbox@sompar.nhs.uk within 3 days for processing

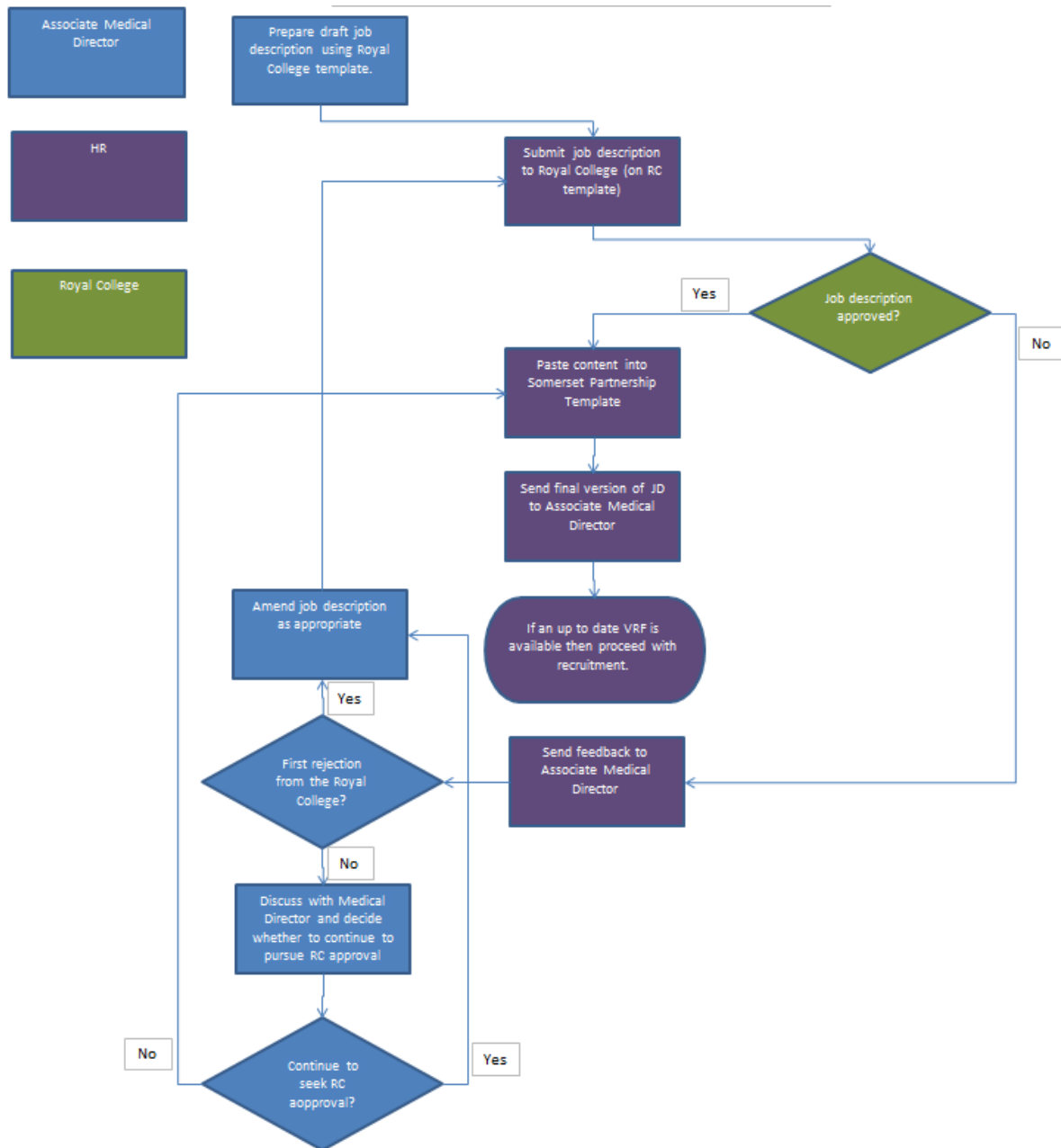
- Vacancy will close after agreed advertising timeframe as agreed with manager
- Recruitment lead will send the Manager and additional reviewers a link to NHS Jobs to start short listing.
- E-Interview arrangements form sent (**1 day of closing date**).

- The panel/Manager collates DBS declarations and Right To Work information for ALL candidates and checks that all the required documents are copied, verified and signed as original.
- Manager assesses behaviours, competence and skills at interview
- Manager selects successful candidate and sends E-interview results from to Recruitment lead (2 days)
- Manager contacts successful candidate with job offer (subject to satisfactory checks) and agrees a provisional start date
- Any starting salary proposed to be above the minimum point must be approved by the appropriate Executive Director
- Manager completes section one of the Occupational Health baseline occupational health questionnaire and sends with panel papers to recruitment lead for processing.

- Recruitment lead checks alert register.
- Recruitment lead invites candidate to interview via NHS Jobs. Candidate confirms attendance and is automatically emailed full details of interview.
- Recruitment lead emails each application and link to the panel pack to the Manager and all other panel members



Obtaining Royal College Approval for Job Descriptions



SECONDARY EMPLOYMENT REQUEST / DECLARATION FORM
--

Name:	Job Title:
Team/Location:	Contact details:
Current Contracted hours per week	Current Pattern of work, inc. days/hours:

Details regarding other employment undertaken / requested, delete as appropriate;

I have other employment / undertake voluntary work / am self-employed / other (please detail) which commenced on

Or

I am considering other employment / undertaking voluntary work / becoming self-employed / other (please detail) which may commence on.....

The work is / will be : PAID / UNPAID / VOLUNTARY / CASUAL / SELF-EMPLOYED

Provide details including, as applicable,

- **The Organisation/Company/Agency name**
- **The job title**
- **The hours to be worked**
- **The pattern of work**
- **A description of the work undertaken**
- **The client base**
- **Any possible conflicts**

- continue on additional sheet if necessary

Declaration

- I declare that the information provided is correct and that the Secondary Employment in this instance will not have a detrimental effect on my work with the Trust.
- I will inform my manager if there are any changes to the information currently provided.
- I understand that any false information given with regard to this policy could be treated as misconduct and/or fraud and would be dealt with in accordance with the Trust's Disciplinary Policy.
- I consent to the disclosure of any relevant information requested by my employer or the NHS Counter Fraud Service.
- I have read the Trust's Secondary / Other Employment Policy and agree to comply with its requirements in full.

Signed:	Dated:
----------------	---------------

To be completed by the Trust

Name of Current Manager / Recruiting Manager:	
Date of meeting/ discussion with employee / applicant :	
Discussed with HR Business Partner :	

Outcome of request :	Approve / Refuse
-----------------------------	-------------------------

If refused provide reason :

Signed	Dated
---------------	--------------

Please return form to the Human Resources Department.