

**Safe Employment Policy**

<b>Author with contact details</b>	Assistant Director of Workforce Systems / Business HR		
<b>Lead Executive/ Senior Manager</b>	Heather Barnett, Chief People Officer		
<b>Version:</b>	1		
<b>Ratified by:</b>	Staff Partnership Forum		
<b>Ratification Date:</b>	August 2020	<b>Review Date:</b>	August 2022
<b>Consultation</b>	HR Policy Group	<b>Applicable to:</b>	All staff All sites
<b>Equality, Diversity And Human Right Statement</b>	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
<b>To be read in conjunction with / Associated Documents:</b>	<ul style="list-style-type: none"> <li>• Safe Recruitment and Selection Policy</li> <li>• Recruitment &amp; Selection Policy</li> <li>• Verification of Registration Policy</li> <li>• DBS Strategy</li> </ul>	<b>Information Classification Label</b>	<input type="checkbox"/> <b>Unclassified</b>
<b>Access to Information</b>	To access this document in another language or format please contact the policy author.		

**Document Change History (changes from previous issues of policy (if appropriate):**

Version number	Page	Changes made with rationale and impact on practice	Date
1		Merger of AUH and RLB policies for LUH	January 2020
1		Policy reformatted as per LUHFT template – no content changes.	June 2023

## Contents

1. Purpose .....	4
2. Scope.....	4
3. Policy Content.....	4
3.1 Verification of Identity.....	4
3.2 Right to Work Checks .....	5
3.3 Registration with Regulatory Bodies .....	5
3.4 Qualifications, References .....	6
3.5 Disclosure and Barring Service (DBS) Checks .....	6
3.6 Alert Letters & Notifications.....	7
3.7 Temporary and Agency Staff .....	7
3.8 Discrimination and Employment.....	8
3.9 Risk Assessments.....	8
3.10 Providing References.....	8
3.11 Providing information for Alert Letters.....	8
3.12 Referral to Regulatory Bodies and the DBS.....	8
2.13 Fit and Proper Person checks.....	9
2.14 Fixed Term Contracts (FTCs) .....	9
4. Exceptions .....	9
5. Training.....	9
6. Monitoring of compliance .....	9
7. Relevant regulations, standards and references.....	10
7.1 Relevant Legislation.....	10
7.2 References.....	10
7.3 Associated Policies and Guidance Documents.....	10
7.4 Useful Contacts.....	11
8. Equality, diversity and human right statement .....	11
8.1 Recording and Monitoring of Equality & Diversity .....	11
9. Legal requirements .....	12

10. Appendices .....	13
Appendix 1: Equality impact assessment.....	13
Appendix 2: Roles and responsibilities .....	17
Appendix 3: Pre-Appointment Checklist – “A Quick Reference Guide” .....	19
Appendix 4: Post-Appointment Checklist “A Quick Reference Guide” .....	20
Appendix 5: Points of Information – Useful Websites .....	21
Appendix 6: Guidance Statement on the Recruitment of Ex-Offenders .....	22
Appendix 7: Fit and Proper Person Checks .....	24
Appendix 8: Failure to Register with professional Body - Appeal process .....	25

## 1. Purpose

The Trust has a duty to carry out a number of legal and recommended Pre-employment and Post-Employment checks, which are prescribed by national guidance and are outlined in this document. Where possible, checks should go beyond this level to promote patient and staff safety.

Safe Employment in the National Health Service (NHS) is recommended through the NHS Employers Employment Check Standards.

### Aims and Objectives

The objective of this policy is to ensure that the Trust has the most effective workforce by carrying out all appropriate checks at the start and also during a person's employment with the Trust. Patient and Staff safety are at the centre of our employment procedures.

This policy is to be promoted within the organisation to improve knowledge and practice in the area of safe employment. Understanding of the policy will be supplemented by detailed toolkits and guidelines to assist managers.

The policy promotes good employment practice throughout the Trust. It will be updated in line with Chartered Institute of Personnel and Development and ACAS Good Practice. This Policy describes the appropriate management of [Insert details of why the policy is necessary, its scope and the key objectives]

The aim of this Policy is to provide a uniform and equitable approach to the calculation of annual leave and bank holiday entitlements which take into account the entitlements and arrangements defined under Agenda for Change.

## 2. Scope

This policy applies to all employment checks that take place within the Trust. However the detail associated with pre-employment checks is dealt with under the Safe Recruitment & Selection policy.

This policy covers employment of volunteers, student placements, trainees, secondments or temporary staff.

All Trust managers and Human Resources staff must abide by this Policy at all times. Any instance where greater clarity is needed must be referred to the Employment

## 3. Policy Content

### 3.1 Verification of Identity

The identity of a prospective employee must be verified prior to the commencement of employment. This is dealt with in the Safe Recruitment and Selection policy. If, for any reason, verification needs to be undertaken again during employment, the same method as in the Safe Recruitment & Selection policy will apply.

### 3.2 Right to Work Checks

The Immigration Asylum and Nationality Act of 2006 made it an offence to knowingly employ an illegal worker. In order to fulfil obligations in this area the Trust must verify an individual's right to work as instructed in the NHS Employers "Right to Work" document. There are three key elements to ensure effective right to work checks:

1. Requesting the documents from the individual
2. Validating any documents provided.
3. Copying and storing the documents provided.

Workers from European Economic Area and Switzerland will usually have a right to work in the UK. Standards applied to nationals from specific countries are described by the Home Office UK Border Agency and must be adhered to.

Maintenance checks and audits will be carried out at regular intervals to ensure that the Right to Work is maintained and evidenced on an ongoing basis. This is essential to fulfil the requirements of any UK Border Agency audit. The Trust will request documents to be presented annually from employees with a work permit. The Employment team will contact each individual prior to the date to request them to bring in their documents.

If there is a case where a visa or permit has expired, the case will be referred to Business HR for the Disciplinary procedure to be invoked.

### 3.3 Registration with Regulatory Bodies

The need of an individual to have professional registration with the requisite regulatory body on an ongoing basis is central to Safe Employment practice within the NHS. The Trust policy on Safe Recruitment and Selection covers our responsibilities for recruitment and must be adhered to at all times. No individual should be recruited into a role within the Trust until these responsibilities have been met and no member of staff should be allowed to practice unless all statutory obligations are fulfilled.

#### Checking Registration of Existing Staff

- Checks with professional bodies should not be confined to the start of employment with the Trust. Professional staff have a duty to keep their professional registration up to date.
- The Employment team will report, at the beginning of each month, any registrations that are due to expire during the month. A letter is sent to each individual and each registration monitored throughout the month. In the last week of the month the Employment team will send a list of those who are still outstanding to Business HR for them to chase up with staff and line managers.
- The Employment team will print evidence from the relevant registering body and will keep this evidence on file for audit purposes.

In addition, Nurse Revalidation began in April 2016 and initial revalidations for staff will be ongoing. This process will also be monitored and reported on as revalidations come up for renewal.

## Registration for International employees

For those starting employment from another country, the registration with the British Professional Bodies needs to take place as soon as possible. The appointment will be at a band / role that does not require registration until such time as registration is completed.

## Failure to maintain Registration

Failure to maintain registration represents a breach of a statutory requirement and therefore may lead to summary dismissal (i.e. without pay and without payment in lieu of notice). The approach taken will be as follows:

- In the event that a member of staff is found to be practising without registration, the Line Manager must ensure that the individual stops undertaking their duties immediately and the appropriate action will be taken on the Payroll system to prevent over payment by the employment team. There will be a two day grace period of paid suspension for the individual to address the issue.
- The individual may not practice in the capacity for which registration is required until they are able to provide evidence of their current registration.
- If registration has expired, the relevant Line Manager and HR Colleagues will consider down grading to an appropriate role. The outcome of this discussion will be subject to approval by the relevant senior team and communicated to the employment team for the relevant action. There will be an appeal mechanism (see Appendix 6).
- In circumstances where, following a preliminary investigation, it appears the individual may have knowingly continued to work in breach of their statutory obligations, and had not advised the Trust that their registration had elapsed, the Manager should invoke formal disciplinary proceedings.

## 3.4 Qualifications, References

These checks are dealt with under the Safe Recruitment and Selection policy.

## 3.5 Disclosure and Barring Service (DBS) Checks

It is essential that all employers and voluntary organisations make safe employment decisions. It is Trust policy to ensure all employees and volunteers who will work in an environment with vulnerable adults or children have had appropriate checks as outlined by NHS Employers. All offers of employment in Regulated and Controlled Activity are subject to a satisfactory DBS.

Employment Check Standards are required for all applicants for all NHS positions and staff in on-going NHS employment. This includes permanent staff, staff on fixed term contracts, temporary staff, volunteers, students, trainees, contractors and highly mobile staff supplied by an agency. Providers of locums and agency staff must also comply with NHS Employers standards. This is part of the criteria for agencies being

allowed onto framework agreements and therefore using a framework agency as opposed to a non-framework agency gives more assurance to the Trust.

The Vetting and Barring Scheme also introduces the concepts of Regulated Activity and Controlled Activity. Regulated Activity encompasses anyone providing a service to a child or vulnerable adult involving contact. Controlled Activity positions are those that, although they are not Regulated Activity, do allow an individual the opportunity to access vulnerable adults and children. A full explanation of these requirements including information on settings, frequency and intensity are given on the DBS and NHS Employers web pages. All advertised Trust posts must identify if they involve Regulated or Controlled Activity within their job descriptions.

DBS applications must be made in all appropriate cases as outlined by NHS Employers Check Standards. No employment should commence prior to the receipt of a satisfactory, current DBS check unless a risk assessment has been undertaken and authorised. This is dealt with through the Safe Recruitment and Selection policy.

The Trust will undertake a lookback exercise for any member of staff in a post requiring clearance and where either there is no central record or the person has been in post prior to these checks existing. This will continue until all checks are within a three year period.

Where information is received from the DBS that requires further investigation, the Trust will involve the relevant safeguarding leads or other designated professionals to ensure that appropriate advice and guidance is sought and that risk assessments are undertaken where necessary. The procedure for this can be found under the Trust's DBS Strategy.

### 3.6 Alert Letters & Notifications

All NHS organisations are required to implement and manage an alert scheme in accordance with the Healthcare Professionals Alert Notices Directions 2006.

An alert letter is a way of notifying NHS organisation about a registered health professional whose performance or conduct could pose a significant risk of harm to patients, staff and public. Alert files must be checked prior to any unconditional offer of employment for a registered health professional.

### 3.7 Temporary and Agency Staff

All Trust staff employed through the Staff Banks must be subject to the same checks as substantive staff. In some instances posts may be filled by agency staff. In these circumstances the Trust's Temporary Staffing Manager must be assured that all appropriate checks have been made. Failure to act in this area may lead to unacceptable risks to patient's staff and public and could lead to disciplinary measures being taken against individual managers and members of staff.

If pre-employment checks have been delegated to an agency, the Trust must be satisfied all appropriate checks have been carried out in accordance with Purchasing

and Supply Agency (PASA) regulations. The appointment of locums must also comply with NHS Employers Check Standards.

Agencies that are used to supply staff to the Trust will be audited to ensure their compliance with the pre-employment checks of the staff they supply. For framework agencies this is generally through the framework Account Managers. For non-framework agency use, the checks must be carried out / checked at the point of engagement. Any further audits will be undertaken in conjunction with the agency and agencies and will be on a random basis. The Temporary Staffing Manager will be responsible for collating evidence that checks have been carried out.

### 3.8 Discrimination and Employment

The Trust's workforce needs to reflect the community it serves. All staff must be valued as individuals in addition to the knowledge, skills and experience they bring to the workplace. Care must be taken to ensure all staff are given the same access to training, career progression and personnel development.

The Trust must carry out all employment checks in compliance with all relevant anti-discrimination legislation. The Trust must ensure employment takes place in conjunction with the Trusts Equality and Diversity Policies.

### 3.9 Risk Assessments

Wherever there is a risk to the health and safety of staff or patients, Public Risk Assessments are a legal requirement. Risk Assessments should be conducted in line with the Trust Policy on Risk Assessment.

### 3.10 Providing References

The Trust has a responsibility to provide references for existing employees, particularly to other NHS organisations. Great care must be taken in this area. All references should be factual and based on ESR information i.e. start date, sickness record, job band etc.

From the national Streamlining programmes of work, trusts are only required to provide factual references. For reference requests coming into the Trust for either existing employers or leavers, the Employment team will provide the factual reference. Managers must ensure all requests made directly to them must be sent through to the Employment team.

### 3.11 Providing information for Alert Letters

Any instance where a member of staff has been found to pose a risk to patients, public or other staff needs to be communicated to the appropriate authorities. Guidance of Alert Letters is available on the NHS Employers website.

### 3.12 Referral to Regulatory Bodies and the DBS

When the fitness to practice of a professional member of staff has been called into question the Trust has a duty to inform the appropriate regulatory body. The notice to



the regulatory body must include details of any incidents or behaviours and a record of any action, which has been taken by the Trust.

The requirement for the Trust to ensure all professional staff have current and valid registration is covered earlier in this policy and in the Safe Recruitment and Selection policy.

The Safeguarding Vulnerable Groups Act 2006 placed further responsibilities on the Trust to report cases where an individual's suitability to work with vulnerable adults and children were called into question. These cases now require the Trust to refer details to the IDBS. The referral system within the Trust will follow NHS Employers guidance.

### 3.13 Fit and Proper Person checks

There are now further checks required for those in senior roles such as Executive Director and Non-Executive Director posts. A summary of the checks can be found in Appendix 6. These will be refreshed annually and will be overseen by the Chief People Officer.

### 3.14 Fixed Term Contracts (FTCs)

FTCs will run for the length of the original offer unless a Contractual Change is requested. There will be no correspondence in relation to notice periods as the contract finishes in line with the duration of the fixed term.

## 4. Exceptions

No exceptions.

## 5. Training

The Trust acknowledges the importance of awareness and skills training for managers to ensure the effective implementation of this Policy. Business HR will provide appropriate support through a variety of means including informal Policy Briefings or Guidance Toolkits.

## 6. Monitoring of compliance

The Business HR Team will be responsible for the management of this policy, on behalf of the Joint Negotiating Group - HR Policy. The formal review of all HR Policies will be undertaken on a two year basis in accordance with the Trust's HR Policy Review Programme. In addition, the effectiveness of this policy will be monitored by Business HR and the policy may be reviewed and amended at any time if it is deemed necessary. Notification of any changes to policies will be communicated to all staff.

Staff should be aware that the Trust intranet site version of this document on the Staff Hub is the only version that is maintained and controlled. Any printed copies should

be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

As described in the policy, the Workforce team will undertake regular monitoring and audits of staff checks across all staff groups. They will check each type of employment check has been carried out and appropriately recorded.

Agencies that are used to supply staff to the Trust will be audited by the Temporary Staffing Manager to ensure their compliance with the pre-employment checks of the staff they supply. The audits will be undertaken in conjunction with the agency and agencies will be targeted on a random basis.

## 7. Relevant regulations, standards and references

### 7.1 Relevant Legislation

- Rehabilitation of Offenders Act 1974
- Police Act 1997
- Data Protection Act 1998
- Employment Rights Act 1996
- Equality Act 2010
- Immigration, Asylum and Nationality Act 2006
- Health and Safety at Work Regulations 1992

This list is not intended to be exhaustive. All practitioners in the area of recruitment have a duty to keep up to date and this can be achieved through referring to the ACAS or CIPD websites.

### 7.2 References

The content and guidance within this Policy has been developed in line with the following Documents:

- "Safer Recruitment – A Guide for NHS Employers" – February 2006
- A Code of Practice in the Appointment and Employment of HCUS Locum Doctors.
- NHS Employers Employment Check Standards

### 7.3 Associated Policies and Guidance Documents

To support effective implementation and understanding the following Policies and Documents are signposted for additional guidance.

- Recruitment & Selection Policy
- Verification of Registration Policy
- DBS Strategy

## 7.4 Useful Contacts

To support the effective implementation of this Policy, managers and staff can access additional information and support via the following mechanisms:

Internal Sources – Information on the following services is available on the Trust intranet sites and also via Trust Induction and Awareness Sessions.

HR teams - Details can be found on the Staff Hub

Occupational Health Services - 0151 529 3803

External Sources – The organisations, agencies and websites detailed in Appendix 4 provide useful information and advice that may support the content of the Trust Policy.

## 8. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and human rights principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full impact assessment conducted where necessary after appropriate consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor workforce and employment practices to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, braille, moon, audio cassette, and different languages. To arrange this please contact Business HR in the first instance.

The Trust will endeavour to make reasonable adjustments to accommodate any employee with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting venues, providing translation, arranging an interpreter to attend meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written

### 8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of our Single Equality and Human Rights scheme. The monitoring will cover all strands of equality legislation and will meet statutory employment duties under race,

gender and disability. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

## **9. Legal requirements**

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

## 10. Appendices

### Appendix 1: Equality impact assessment

<b>Title</b>	
<b>Strategy/Policy/Standard Operating Procedure</b>	
<b>Service change (Inc. organisational change/QEP/ Business case/project)</b>	
<b>Completed by</b>	
<b>Date Completed</b>	

**Description** *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

--

**Who will be affected** *(Staff, patients, visitors, wider community including numbers?)*

--

The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

*When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.*

**Section 1 – Initial analysis**

<b>Equality Group</b>	<b>Any potential impact? Positive, negative or neutral</b>	<b>Evidence</b> <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
<b>Age</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
<b>Disability</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
<b>Gender Reassignment</b> <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
<b>Marriage &amp; Civil Partnership</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
<b>Pregnancy &amp; Maternity</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
<b>Race</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
<b>Religion or belief</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
<b>Sex</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men)</i>		

<i>and women eg: same sex accommodation)</i>		
<b>Sexual Orientation</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i>		

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

**If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.**

### Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<b><u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u></b>	Y/N
<b>Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?</b>	Y/N
<b>Who and how have you engaged to gather evidence to complete your full analysis? (List)</b>	
<b>What are the main outcomes of your engagement activity?</b>	
<b>What is your overall analysis based on your engagement activity?</b>	

### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

**Section 4 – Organisation Sign Off**

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		



## Appendix 2: Roles and responsibilities

Role	Responsibility
<p><b>The Chief Executive, Chief People Officer and Chief Nurse</b></p>	<p>The Trust has a responsibility for the safety of patients, staff and public at all times. The ultimate responsibility in the area of Health and Safety lies with the Chief Executive and the Trust Board.</p> <p>The Chief People Officer also has a responsibility to ensure all legislation in the area of recruitment and employment is adhered to at all times. Specific responsibility for areas such as data protection and health and safety may be delegated to particular individuals (Information Governance Manager and Health and Safety Manager respectively) but all Trust employers must be aware of the care needed in this area.</p> <p>The Chief Nurse is the Trust Safeguarding Lead Executive and Senior Responsible Officer.</p>
<p><b>Managers</b></p>	<p>Trust Managers must ensure this policy and good practice is followed in all areas of employment.</p> <p>All Trust managers must be satisfied of the identity and the competencies of their staff. Where any doubt exists they must take appropriate action. They must liaise with the HR services to alleviate any doubts in this area.</p> <p>All Trust managers also have a duty to notify the Employment team of any requests to supply references to prospective employers of their existing staff. Any references will be factual from ESR records.</p> <p>All Trust managers and professional leads also have to inform a professional body when instances of misconduct or inappropriate practice have occurred. Advice can be sought from Trust Professional Leads, Divisional Managers or Business HR.</p>
<p><b>Staff</b></p>	<p>All professional staff have a statutory duty to keep their professional registration and revalidation up to date. In cases where any doubt exists they must discuss any issues with their manager who will take advice from Business HR when appropriate. Staff must note that failure to have a current appropriate registration or revalidation may lead to disciplinary action.</p>

<p><b>HR&amp;OD Service</b></p>	<p>The HR teams have a duty to ensure this policy is adhered to at all times. They must be satisfied that all appropriate employment checks are carried out and any issues or queries are raised and resolved through relevant channels.</p> <p>They must apply for all DBS Disclosures and Work Permits associated with employment and ensure all visas are correct. They will seek guidance from the responsible government department where appropriate. They must be satisfied of an individual's professional registration and entitlement to work in the Trust prior to employment taking place.</p> <p>They must comply with all acts of parliament including the Data Protection Act and assist in the recruitment process by resolving issues with regulatory bodies and qualification awarding authorities and liaising with the managers responsible.</p>
<p><b>Occupational Health Services</b></p>	<p>The Occupational Health Service has a role of informing and advising HR and Trust Managers to ensure an informed decision is made. Occupational Health must also carry out this role in instances where an existing Trust employee is undertaking a substantial change of duties.</p> <p>The above is not an exhaustive list of duties that individuals in the Trust hold under the scope of this policy. If any individual is unsure of their responsibility they must discuss this with their manager.</p>

### Appendix 3: Pre-Appointment Checklist – “A Quick Reference Guide”

CHECK	OVERVIEW
<b>Verification of Identity</b>	Verify the identity of prospective employees by checking one of the following: valid passport, UK birth certificate, valid photo ID card (EU countries only) or UK forearms licence. For alternative documents see full guidance. It is recommended employers verify identity by checking against photographic ID wherever possible.
<b>Qualification</b>	Qualifications relevant to the position applied for should be verified once a job offer is made.
<b>Work Permits</b>	Work Permits are issued by Work Permits (UK). If the prospective employee is not a British citizen or a citizen of one of the European Economic Area (EEA) countries, they will need a work permit to work in the UK. It is the responsibility of the Trust to apply for a work permit and fund the cost of the application.
<b>Visa's</b>	If the prospective employee is not a British citizen or a citizen of one of the EEA countries, they may need entry clearance before they can travel to the UK.
<b>Verification of Registration</b>	Before appointing a health professional, the Trust should check whether the appointee is registered with the relevant regulatory body and whether any special conditions apply.
<b>Criminal Records Bureau (DBS) Checks</b>	Although not a legal requirement, DBS checks are mandatory for all eligible new staff (with certain exceptions as detailed in Appendix 5) in line with the Department of Health's Standards for Better Health. Appointments may be made on a provisional basis, pending the outcome of the Check subject to the completion of a Risk Management Form.
<b>Alert Letters</b>	An alert letter is a way of notifying NHS bodies and others about a registered health professional whose performance or conduct could place patients or staff at serious risk. The Trust will to check their alert letter files prior to recruiting an individual.
<b>Protection of Children Act (PoCA)</b>	Before an applicant can be appointed to a post involving working with children in a “regulated position”, employers must check against PoCA List (lists those who are legally barred from working with children) available from the DEFS.
<b>Protection of Vulnerable Adults (PoVA)</b>	This currently applies to care homes and domiciliary care services and not the NHS. Where NHS students/trainees are working in a placement in a care home, the care home is responsible for carrying out the PoVA check.
<b>Occupational Health Checks</b>	All staff should have a pre-appointment health assessment, which adheres to equal opportunities legislation and good occupational health practice. Make sure the check is secure, confidential and complies with Data Protection Act requirements.
<b>Agency Staff</b>	If pre-appointment checks are delegated to an agency, the Trust must ensure that the agency is carrying out the necessary checks.
<b>References</b>	Should always be obtained and validated before making an unconditional offer.
<b>Discrimination</b>	Pre-appointment checks and the recruitment process should comply with anti-discrimination legislation.
<b>Data Protection Act</b>	In compliance with the Act, information should only be obtained where it is essential to the recruitment decision.
<b>Risk Assessments</b>	Employers are legally required to carry out risk assessments to manage health and safety of staff (and others) effectively on their premises.

#### Appendix 4: Post-Appointment Checklist “A Quick Reference Guide”

<b>CHECK</b>	<b>OVERVIEW</b>
<b>DBS Checks</b>	Checks on existing staff and repeat checks will be undertaken on average every 3 years.
<b>Recording Checks</b>	The Trust should record the outcome of all pre and post appointment checks using electronic technology where available, and making sure that relevant, accurate and up- to -date information can be shared (subject to Data Protection Act requirements) within NHS organisations as employees move for training or career development purposes.
<b>References</b>	These should be provided by the Employment team.
<b>Disciplinary Procedures</b>	If these have been instigated, the employer should carry out a reasonable investigation even in cases where the employee resigns before the investigation has been completed.
<b>Alert Letters</b>	These can be used where an employer considers that a member of staff may pose a threat to patients and may be working, or seeking work, elsewhere in a health or social care setting.
<b>Verification of Registration - Updates</b>	The Trust should inform the relevant regulatory body, if an employee’s fitness to practice is called into question. The Trust will undertake updated checks on professional registration in line with the Verification of Registration Policy

## Appendix 5: Points of Information – Useful Websites

Organisation / Regulatory Body	Websites
ACAS	<a href="http://www.acas.org.uk">www.acas.org.uk</a>
Chartered Institute for Personal Development	<a href="http://www.cipd.co.uk">www.cipd.co.uk</a>
Criminal Records Bureau	<a href="http://www.crb.gov.uk">www.crb.gov.uk</a>
Department of Education and Skills	<a href="http://www.dfes.gov.uk">www.dfes.gov.uk</a>
Department of Health	<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>
Disclosure Website	<a href="http://www.disclosure.gov.uk">www.disclosure.gov.uk</a>
Equal Opportunities Commission	<a href="http://www.eoc.org.uk">www.eoc.org.uk</a>
General Chiropractic Council	<a href="http://www.gcc-uk.org">www.gcc-uk.org</a>
General Dental Council	<a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
General Medical Council	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
General Optical Council	<a href="http://www.optical.org">www.optical.org</a>
General Osteopathic Council	<a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a>
General Social Care Council	<a href="http://www.gsccl.org.uk">www.gsccl.org.uk</a>
Health Care Commission	<a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a>
Health Professions Council	<a href="http://www.hpc-uk.org">www.hpc-uk.org</a>
Home Office	<a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a>
National Academic Recognition Centre (NARIC)	<a href="http://www.naric.org.uk">www.naric.org.uk</a>
Independent Safeguarding Authority	<a href="http://www.isa-gov.org.uk">www.isa-gov.org.uk</a>
NHS Employers	<a href="http://www.nhsemployers.org">www.nhsemployers.org</a>
Nursing & Midwifery Council	<a href="http://www.nmc.uk.org">www.nmc.uk.org</a>
Royal Pharmaceutical Council of GB	<a href="http://www.rpsgb.org.uk">www.rpsgb.org.uk</a>
Work Permits UK	<a href="http://www.workingintheuk.gov.uk">www.workingintheuk.gov.uk</a>

## Appendix 6: Guidance Statement on the Recruitment of Ex-Offenders

It is a requirement of the DBS's Code of Practice that all Registered Bodies must treat Disclosure applicants who have a criminal record fairly and do not discriminate because of a conviction or other information revealed. It also obliges registered bodies to have a written guidance on recruitment of ex-offenders; a copy of which can be given to Disclosure applicants at the outset of the recruitment process. This policy statement is also supported by the Trusts Equality and Diversity Policy.

### Statement

- As an organisation using the Disclosure and Barring Service to assess applicants' suitability for positions of Trust, the Trust complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed
- The Trust is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical / mental disability or offending background
- We have written policy guidance on the recruitment of ex-offenders, which is made available to all disclosure applicants at the outset of the recruitment process.
- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience
- A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a disclosure will be requested in the event of the individual being offered the position
- Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within the Trust and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process
- Unless the nature of the position allows the Trust to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974
- We ensure that all those in the Trust who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of Ex-offenders, e.g. the Rehabilitation of Offenders Act 1974

- At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position sought could lead to withdrawal of an offer of employment
- We make every subject of a DBS Disclosure aware of the existence of the DBS Code of Practice and make a copy available on request
- We undertake to discuss any matter revealed in a disclosure with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and back ground of your offences.

## Appendix 7: Fit and Proper Person Checks

### Safer Employment checks and the Fit & Proper Persons checks

<p><b>NHS Employers Safer Employment standards are applicable to every paid member of staff.</b> <i>Non-paid colleagues such as Volunteers, Honorary contracts, Research passports have slightly different requirements.</i></p>	<p><b>In addition, Fit and Proper Persons checks are applicable to all Directors (both Executive and Non-Executive) and 'equivalents'.</b></p>
<p><b>Verification of ID</b> Two forms of photo ID and one address ID needed OR 1 photo ID and two forms of address. This has to be from formal communications to the address such as bank letters, utility bills and the Trust countersignatory has to have sight of the original documents, photocopy them and both sides' sign that it is a true document.</p>	<p><b>Be of Good Character</b> Assurance should be through all the NHS Employer standard checks plus a Declaration of Fitness, a search against the Bankruptcy and Insolvency register and a search against the Disqualified Directors register. A Google search will also be completed.</p>
<p><b>Professional Registration</b> This can be done online for GMC/GDC, NMC and HPC and is undertaken annually. It is for those professions where registration is mandatory to practice.</p>	<p><b>Have the appropriate Qualifications, are Competent and Skilled</b> (including that they show a caring and compassionate nature and appropriate aptitude). Assurance should be from references and qualification documents plus qualitative assessment and values-based questions.</p>
<p><b>Work permit regulations</b> UK Border Agency procedures have to be followed in relation to roles being open to those outside of the EU, visa management and indefinite leave to remain.</p>	<p><b>Have the relevant Experience and Ability</b> (including an appropriate level of physical and mental health, taking account of any reasonable adjustments)</p>
<p><b>Occupational Health clearance</b> For those roles which need vacs &amp; imms or those with direct contact, OH may need to meet with the member of staff. For non-contact roles, a declaration may be sufficient.</p>	<p><b>Exhibit appropriate personal behaviour and business practices</b> A revised reference template should be drafted to ascertain the necessary information.</p>
<p><b>References</b> A 3 year period must be covered for reference purposes.</p>	<p><b>Must not have not been responsible for, or known, contributed to or facilitated any serious misconduct or mismanagement in carrying on a regulated activity</b></p>
<p><b>DBS clearance</b> Roles are subject to standard or enhanced checks depending on the patient contact.</p>	<p>Assurance should be from an annual Declaration of Fitness, a search against the Bankruptcy and Insolvency register and a search against the Disqualified Directors register along with a clear DBS check. A Google search will also be completed.</p>



## Appendix 8: Failure to Register with professional Body - Appeal process

Any appeal will be heard by an authority higher than that which took the original Failure to register with Professional Body decision. It will be heard by a relevant senior manager with no prior involvement in the matter.

The purpose of any appeal convened is to consider any evidence which the employee has submitted as their grounds for appeal.

An appeal hearing must therefore follow the format of submitting an Employee Statement of Case. Upon agreement of both parties beforehand, the format may be amended as deemed appropriate and in consideration of the evidence the employee has submitted for their appeal.

The decision of the appeal is final and will be confirmed in writing.