Blackpool Teaching Hospitals
NHS Foundation Trust

Recruitment and Selection

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Name	**Designation**	**Date Response Received**
	Human Resources Policy Forum Group	June / July 21
Kath Barker	International Recruitment Manager	May 2021
Jayne Taylor	HR Business Partner (Interim)	July 2021

CONTENTS

1 Introduction / Purpose

The purpose of this policy is to set out standards for recruitment and selection that support the delivery of high-quality patient care, comply with employment legislation, follow best practice guidance, contribute to effective risk management, provide equality, ensure managers act responsibility and meet the requirements of the NHS Employment Check standards (1). Blackpool Teaching Hospitals NHS Foundation Trust (the Trust) is committed to providing equality of employment for all members of staff and prospective members of staff.

Managers have a responsibility to promote a positive image of the Trust by recruiting the right people to right positions and maintaining equal opportunities of employment for both existing and prospective employees. This policy will define the recruitment and selection procedure and provide guidance for managers in making the right recruitment decisions.

2 General Principles / Target Audience

This policy will apply to all prospective and existing employees employed on a substantive, fixed term or temporary contract including medical staff. This policy will also apply to Bank and agency staff, clinical placements, staff retiring and returning to work, honorary appointments and volunteers. Secondments and development opportunities over six months in duration will also be covered by this policy.

3 Definitions and Abbreviations

BMJ	British Medical Journal
CCT	Certificate of Completion of Training
CV	Curriculum Vitae
DBS	Disclosure and Barring Service
EEA	European Economic Association
EPP	Exposure Prone Procedures
ESR	Electronic Staff Record
GMC	General Medical Council
HR & OD	Human Resources and Organisation Development
HRBP	Human Resources Business Partner
JD	Job Descriptions
PS	Person Specification
The Trust	Blackpool Teaching Hospitals NHS Foundation Trust
TRAC	Application Management System

4 Policy

4.1 Appointing Managers

In every recruitment and selection episode, a named Appointing Manager must be identified. The Appointing Manager is responsible for familiarising themselves with this policy and ensuring it is followed by all persons involved in the recruitment process. The Appointing Manager must note that failure to follow this policy and the Trust's Equality Policies may give rise to claims of alleged discrimination, for which they may be held personally accountable for their decisions by an Employment Tribunal.

The Appointing Manager has a specific responsibility for ensuring that any new employee has been recruited properly, all pre-employment checks have been made and the employee is cleared by the Talent Acquisition team to start work.

Prior to initiating the recruitment process the Appointing Manager should consider:

- Whether a secondment or internal transfer would be appropriate to fill the vacancy.
- Whether the job is still required.
- Is the job description and person specification an accurate reflection of the required role and, if required, has it been through the Agenda for Change Banding process.
- Whether the vacancy is suitable for flexible working e.g., part time, job share or annualised contract.
- What sort of contract the position should be offered on e.g. fixed term covering maternity leave.

4.1.1 Recruitment Support

The Talent Acquisition team will provide training and support for any Appointing manager, either with the documentation or TRAC system (2). To arrange training and support please contact the Senior Manager Talent Acquisition, Retention and Medical Workforce Services, the Talent Acquisition Team Leader or the Talent Acquisition Service Development Lead.

4.1.2 Raising a Vacancy

The Trust uses the TRAC system to manage all applications, from the point the application is made through the pre-employment checking process to arranging a start date and booking Trust induction. The TRAC system is designed to safeguard the Trust, by ensuring that all personal details are hidden during the shortlisting process thereby ensuring applications are shortlisted based on the information contained within them. The TRAC system also allows the Talent Acquisition Team to monitor the progress of each recruitment episode ensuring that it is progressing as quickly as possible. The Appointing Manager will receive regular e-mails detailing the progress of their post through the recruitment process, and prompting action such as reviewing references.

All applications for advertised posts must be received via the TRAC recruitment system and their progress recorded on the TRAC system, and should be in the form of a completed application form. Curriculum Vitae's (CV's) are not accepted. This applies to all applicants, including medical staff.

The Appointing Manager is responsible for adding the vacancy to the TRAC system, and should contact the Talent Acquisition team should they require any support in doing this.

4.1.3 Authorisation of Vacancies

Once added to the Trac system the vacancy will require authorisation before it can proceed. The authorisation will be required from:

- The Divisional Finance Team
- The Deputy Director for the Division or their nominated deputy
- The HR team for non-medical vacancies only (to advise if there is anyone suitable on the re-deployment register)
- The Workforce Education Team for non-clinical posts bands 1 – 4 (to advise Appointing Managers if their post can be converted into an Apprentice or Trainee post)
- Workforce Panel for all non-clinical posts / Clinical posts - Band 7 and above but not Ward Managers and Matrons and all Consultant and Locum Consultant Posts (Doctors) – this is for vacancy control. The Workforce Panel will look at posts once all other authorisers have approved the vacancies on TRAC.
- The Medical Director – for Consultant vacancies only

The Trust may from time to time need to amend the authorisation of vacancies in line with the need to control vacancies, and at this time communications will be issued to advise Appointing Managers of the changes made.

4.2 Recruitment Documentation

4.2.1 Job Descriptions (JD)

Job descriptions are an important part of the recruitment and selection process. A job description will ensure that managers are clear about the nature of the job to be filled and that employees / applicants understand the duties and responsibilities of the job. The job description should also reflect the Trust Values. It must contain a comprehensive description of the post, the reporting arrangements, and a summary of the job purpose and key responsibilities. A guideline is available at Appendix 1.

The JD also provides a basis for the measurement of job performance. The JD and person specification together determine the appropriate banding for the post, as any new or amended Agenda for Change job description must be presented to an Agenda for Change panel for confirmation of the banding. Posts may be advertised subject to banding confirmation, but this must be reflected in the vacancy documentation.

Appointing managers should check if a suitable JD already exists. In those cases agenda for change job matching may not be required. Advice should be sought from HR in those cases.

For JDs requiring Agenda for Change banding confirmation please see the link below (3).

http://www.bfwh.nhs.uk/onehr/afc-job-evaluation/

This provides guidance on submitting a JD for banding approval.

For Medical Consultant posts the JD must be submitted to the relevant Royal College for approval prior to advertising the post. The Royal College may take up to three weeks to respond to the request for approval so it is important to submit the JD for approval as quickly as possible. For business cases for new consultant posts a job description and indicative job plan should be included for review by the Medical Director.

4.2.2 Person Specification (PS)

A PS is an essential part of the recruitment process and specifies the skills and personal characteristics which are needed to perform the duties identified in the job description. When preparing a PS Appointing Managers should ensure that the criteria for selection are objective, job related, clearly defined, job related, justifiable and role specific, not person specific.

The PS helps to ensure that the recruitment and selection process is objective and does not become subject to personal bias. It is also a means by which managers can justify their decisions in any potential claim of discrimination; it is therefore essential that it is adhered to. When writing a PS consideration should be given to how each of the criteria will be assessed. Criteria must not be discriminatory such as stipulating gender, age or health related unless the Appointing Manager has consulted with the Workforce Business Partner (WFBP) and agreed that the criteria for an exemption under the Genuine Occupational Qualification or Genuine Occupational Requirement has been met. A guide is available in Appendix 2.

4.2.3 Advertisements

Good advertising should aim to attract an appropriate number of candidates of a suitable calibre at a reasonable cost. The advert is an opportunity to present a positive image of the Trust as a good employer so the information should be clear, realistic and factual. The advertisement should give enough information about the job, its location, band, salary and minimum essential qualifications/experience to encourage suitable applicants. The advert should also reflect the Trust's Values and expected behaviours. Where the band has not completed the AFC process it must be clearly stated on the advertisement that the post is subject to AFC banding. The Appointing Manager must inform the Talent Acquisition team if a post is going through the AFC process prior to advertisement. The Talent Acquisition team will contact the AFC team to check status of post.

The Talent Acquisition Team are able to provide examples of good advertising, with Trust information to aid Appointing Managers.

4.3 Advertising the Vacancy

Trust policy is that all vacancies must be advertised either internally and / or externally, with the exception of posts which are reserved for redeployment purposes.

Posts open to internal candidates only will be advertised on the Trust's recruitment website and should be advertised for a minimum of seven days which is the normal advertising period. Medical Consultant posts must be advertised for a minimum of three weeks, in line with the AAC guidance provided by the Department of Health.

A link to the Trust recruitment website is provided below (4).

http://jobs.bfwhospitals.nhs.uk/

Band 5 and above posts open to both internal and external candidates will be advertised on the NHS jobs website and the Trust's recruitment website. Band 4 and below posts will always be advertised on the Trust's recruitment website with consideration given to advertisement on NHS jobs following discussion with the Appointing Manager regarding previous response rates. Where response rates have been low, it is advisable that jobs are also advertised on NHS jobs.

To ensure fairness the Talent Acquisition team will not close vacancies early. Where the Appointing Manager is anticipating a high number of applicants, best practice would be to advertise for the minimum period of time and extend if required.

Advertisement of other vacancies in any media will generally only be approved after an unsuccessful two week period of advertising. The cost of one advert for medical posts will generally be funded by Human Resources and Organisation Development (HR & OD). Should the department require further advertising they will be required to fund this from their departmental budget. For any advertising where the cost will be borne by HR & OD the Talent Acquisition team will be responsible for completing the Powergate approval (5). Where the cost is funded divisionally the approval must be completed within the division.

The Talent Acquisition team is responsible for ensuring all recruitment advertising and associated documentation conforms to the Trust's quality standards and NHS guidelines, and so may amend documents as necessary. Where amendment is required the Talent Acquisition team will contact the Appointing Manager to advise of changes made.

4.4 Medical Consultant Recruitment

When recruiting a Consultant the Head of Department must first gain approval via the Clinical Policy forum. Appendix 4 details the approval process for these vacancies. For Medical Consultant posts the vacancy a minimum of two advertisements must appear, one of which can be on NHS Jobs, the second must be in a printed journal related to the profession concerned. Trust policy is for the second advertisement to appear in the British Medical Journal (BMJ). The BMJ advertisement must include the date of the interview and the closing date for applications, which must be at least three weeks from the date of the advertisement.

4.5 Shortlisting

Shortlisting is the process of identifying those candidates to be invited to interview. This is completed by assessing all applications against the criteria contained within the person specification. Shortlisting must be done by at least two people, both of which must be available to also interview the candidates taken forward from shortlisting. Please ensure that you make notes to support your scoring either on TRAC or if on paper ensure that the notes are sent to the Talent Acquisition team to be stored alongside all other documentation. The Talent Acquisition team will provide advice and assistance with shortlisting if required.

The Appointing Manager is responsible for informing the Talent Acquisition Team of the Shortlisters and Interviewers for each post. Once the post has closed, the shortlisters will receive an e-mail via the TRAC system requesting that they log on and carry out the shortlisting.

For Medical Consultant posts the shortlisters should also include the Royal College Representative and the Medical Director. The Chairman will be informed of the shortlisting decision.

The Talent Acquisition Team will set the shortlisting criteria from the person specification and apply a scoring system that each Shortlister must use. If the Appointing Manager believes that the criteria assigned does not reflect those required for the post they must contact the Talent Acquisition Team so that the criteria can be amended if deemed necessary. The Shortlisters must judge each application and give a score for each element of the person specification.

Shortlisting should not aim to assess subjective criteria, such as personal attributes or skills, as this is best assessed during the interview. All candidates who meet the essential criteria should be invited to interview, however if it would be impractical to interview all of those meeting the essential criteria then an assessment of desirable criteria can be taken into consideration.

The shortlisting process must be completed within 5 working days of the vacancy closing to ensure that candidates are not lost during delays.

4.6 Interviewing Candidates

Appendix 3 gives guidance for Appointing Managers on conducting interviews.

The Appointing Manager must inform the Talent Acquisition Team of the date and times for interview and must book a suitable room for the interview to take place. This information must be provided when the vacancy is ready to be advertised so that the interview date can be added to the advert, allowing candidates to plan around the date. If a candidate requires reasonable adjustments to attend their interview, it is the responsibility of the Appointing Manager to arrange these adjustments.

For Medical Consultant posts dates will have been pre-booked for Appointments Advisory Committees (interviews), with the Medical Director, Chairman and Chief Executive (or nominated deputies) and the Talent Acquisition Team will advise on these dates. The Talent Acquisition Team will also liaise with the Royal College to arrange for a Royal College representative to sit on the panel. The Appointing Manager will also be asked to give a presentation title for Medical Consultant Interviews. The presentation will be delivered as part of the Assessment Centre process. Consultants can only be shortlisted for a substantive post if they have full General Medical Council (GMC) registration and have specialist registration or are within six months of their anticipated Certificate of Completion of Training (CCT).

One day before the interviews are due to take place all members of the interview panel will receive an electronic copy of the interview pack via an email from the TRAC recruitment system. The pack will detail the interview schedule, provide the application packs for all interviewees and provide interview assessment sheets for each candidate. All panel members must complete a scoring sheet for each interviewee (Appendix 6) ensuring that detail is added to the sheet to justify the score given. Once the interviews are concluded and a panel decision is reached, they must complete an interview summary sheet (Appendix 7). These should give a summary for each candidate, and the decision. The Appointing Manager must provide feedback via the TRAC system to the Talent Acquisition team, identifying the successful candidate/s and any which may be held in reserve. A copy of the scoring and summary sheets should be forwarded to the Talent Acquisition Team to be saved electronically and the Appointing Manager should store the originals, as they may be required should the decision of a recruitment panel be questioned in the future. It is recommended that interview notes are retained by the appointing manager for 3 years following termination of employment for successful candidates and 1 year after interview for unsuccessful candidates.

The Appointing Manager is responsible for informing the successful candidate of the outcome and informing the unsuccessful candidates. They must offer to provide feedback if requested and make arrangements to facilitate this.

4.7 Personal Relationship with a Candidate

If a shortlister, interviewing officer, assessment centre officer, or any other person with involvement in the recruitment process has a personal relationship with the candidate i.e family member/close friend, the requirements of the Standards of Business Conduct policy must be followed.

Identification of the candidate could be via a number of methods, for example, their employment history, qualifications or referees etc**.** However, should recognition occur, the lead interviewer, senior manager and the HR and Recruitment leads must be informed. Therefore, only in exceptional circumstances should the shortlister, interviewing officer, assessment centre officer etc. be involved in the recruitment process in this instance.

Examples where an appropriate “Loyalty Interest” declaration must be completed includes close family members and other relatives, friends, associates and business partners.

Further advices on the various types of declarations are available via this link (6) –

[Pages - Declaration Forms (xfyldecoast.nhs.uk)]

4.8 Other Selection Methods

Where it is identified that a selection interview will not sufficiently confirm the skills and abilities detailed in the person specification Appointing Managers are expected to seek the advice of the Division’s Workforce Business Partner and the Assessment Centre Coordinator in the Talent Acquisition Team to explore options for further assessment. These may include methods such as assessment centres, psychometric testing, presentations, written or role-play exercises.

4.9 Recruiting into Senior Roles

All medical leadership posts, consultant appointments and posts at band 8D and above will require an assessment centre, unless redeployment or organisational change of members of staff occurs. Posts at band 8A – 8C, are not required to have an assessment centre unless the Appointing Manager requests one. The Talent Acquisition Team will liaise with the WFBP and Appointing Manager to design an assessment centre to test the skills required of the successful candidate.

4.10 Conditional Offer

Once the Talent Acquisition Team have received confirmation of the successful candidate/s via the TRAC system they will issue a conditional offer. The conditional offer is made subject to pre-employment checking.

4.11 Pre-Employment Checks

All pre-employment checks must be carried out following the guidance issued by NHS Employers (1). The six separate elements to the pre-employment checks are listed below.

- Work health assessment
- Criminal record and barring check
- Employment history and reference checks
- Professional registration and qualification checks
- Right to work check
- Identity check.

For all Medical staff a revalidation check will also be completed and the revalidation team will be informed of the provisional start date.

For any internal candidates an identity check will be required if there is no evidence of the check recorded on Electronic Staff Record (ESR). A Disclosure and Barring Service (DBS) check (7) will be required if there is no detail stored on ESR and the post requires this check, or if the DBS was carried out prior to 2009. Work Health assessment, reference check and professional registration check will be required as detailed below (section 3.10.2 – 3.10.6).

For those retiring and returning to work in the same capacity an identity check, work health assessment and professional registration check will be required. A DBS check should only be carried out if the post requires this and where there has been no check carried out within the last three years. References are not required.

4.11.1 Work Health Assessment

The successful candidate will be sent a work health assessment form along with their conditional offer letter. This is sent out via the TRAC system as an e-mail. The candidate is asked to return this as soon as possible, directly to the Occupational Health Department. Should any candidate return the form to the Talent Acquisition Team, it is hand delivered to the Occupational Health Department. The Occupational Health Department will carry out an assessment of the information provided as described within the health screening document below (8).

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-194.docx

For internal candidates the Appointing Manager can assume that the candidate is fit for employment, unless the role is significantly different from their previous role, for example an office based employee moving into patient care. If the Appointing Manager has any doubts over whether the role is deemed to be significantly different they must refer to the occupational health guideline for determining the fitness of internally recruited or transferred staff (9).

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-070.docx

Once a candidate is deemed fit for work the Occupational Health Department will update the TRAC system and mark this section of the pre-employment check as complete. The completion time for Work Health Assessments will vary depending on the needs of the role. Those completing Exposure Prone Procedures (EPP) will require a higher standard of check than an administrative worker.

4.11.2 Criminal Record and Barring Check

Successful candidates will receive a link via the TRAC system to complete a Disclosure and Barring Service (DBS) check form, where the post is suitable for this level of check. The form will be submitted and TRAC act as counter signatories on all DBS check forms. They may on occasion request clarification to ensure that the role is suitable for a DBS check. In this instance the Talent Acquisition Team will contact the Appointing Manager for clarification. Full details of the DBS policy can be found in Disclosure and Barring service policy (7).

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-571.docx

Successful candidates will also be asked to complete a disclosure form and if any caution, conviction, warning or action is revealed on the form or the DBS check the Appointing Manager will be contacted. The Appointing Manager should refer to the Disclosure and Barring Service Policy. The average time for a DBS check to be processed is six weeks, however this can vary.

4.11.3 Employment History and Reference Checks

The Trust application form requires that all applicants provide a full employment or training history including an explanation of all gaps. Should there be significant gaps within an employment history an Appointing Manager should question the candidate to explore any gaps in the employment history. A full record of this information should be kept and recorded with the interview notes. The TRAC system requests applicants consent to the Trust requesting references. All references are requested via the TRAC system using the Trusts standard format. References should only be requested once a conditional offer has been made, except for Medical Consultant posts. For these posts the references must be made available to the panel at the interview stage.

For all new entrants into the NHS, references must cover the last three years of employment or study. The number of references required will be dependent upon the number of employers, schools and colleges. For some candidates, who have only had one employer a single reference will suffice, providing the reference is provided by a line manager and is provided from a business account. However, for Executive and Senior Management posts at least two references must be given.

References from former managers/employers quoting a non-work related e-mail address will be subject to further scrutiny to ensure the contact e-mail is genuine and, if relevant, to confirm if the referee was indeed the applicant's direct line manager. This process can include contact with former employers

It is the appointing manager's responsibility to ensure the referee is actually the applicant's previous line manager. This process is best achieved by contact with the applicant's previous employer and clarifying employee/line manager relationship. The above process is crucial in instances where a non-NHS e-mail address has been provided.

For both non-NHS and current NHS staff moving organisations a reference should be sought from the last employer.

For existing employees a reference will be sought from the current line manager, however where the current line manager is the Appointing Manager, shortlister or interviewer another referee should be sought to ensure the process is transparent, and this should generally be the second line manager. This applies to all staff groups.

All references will be referred to the Appointing Manager for checking, via the TRAC system. Should a reference provide different detail from the application, or cast doubt over the suitability of a candidate further references should be sought and the candidate contacted for further clarification.

Should Appointing Managers require guidance on checking references via the TRAC system they should contact the Talent Acquisition Team.

4.11.4 Professional Registration and Qualification Checks

Where professional registration is required for a post the health professional is asked to give consent to the Trust checking their professional registration with the relevant professional body, as part of the application form. When checking registration the following points are considered:

- The individual is registered to carry out the proposed role
- Whether the individual is subject to any restriction on their registration that might affect the duties proposed
- If the individual's fitness to practice is being or has been investigated and the regulatory body has a duty to disclose this information.

Professional registration and qualification checks should be carried out on all candidates, regardless of their current employment if this is a requirement for the post.

The Talent Acquisition Team will also check the ALERT notices to ensure that there is no alert against any prospective employee.

Should a registration check reveal any issues or conditions the Talent Acquisition Team will notify the Appointing Manager. If the information revealed would prevent the individual from working in the role then the offer must be withdrawn. Prior to withdrawing a post contact should be made with the candidate to explain the reason for this. This is the responsibility of the Appointing Manager, who may seek HR support. Once the candidate has been made aware the Talent Acquisition Team will issue written confirmation of the withdrawal. Once in post on-going checks are carried out to ensure that the employee retains their registration as detailed in professional registrations of all health care professionals (10).

http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-017.docx

For any staff not requiring professional registration the Talent Acquisition Team must check all qualifications which are pre-requisites for the role. The applicant must provide the original certificates to the Talent Acquisition Team and copies of the certificates will be taken and added to the TRAC system. If the applicant is unable to provide evidence of the qualification they may not be suitable for appointment into a specific role and the Appointing Manager will be informed.

4.11.5 Right to Work Check

The Trust has a responsibility to check that all employees are entitled to work within the United Kingdom. If the Trust is found to be employing a person not entitled to work in this country it is liable to severe fines and restrictions on its ability to recruit further employees from outside the European Economic Association (EEA).

The Talent Acquisition Team are responsible for carrying out the right to work check and follow the standards set out by NHS Employers

For any prospective employee from outside the EEA the Talent Acquisition Team will request a certificate of sponsorship, at the Trusts expense, providing the post meets the salary requirements and resident labour market test. The prospective employee will then be responsible for gaining the work permit. The details of all work permits must be recorded on ESR and monthly checks will be carried out by the Talent Acquisition Team to monitor the expiry dates of the work permit. Employees will be informed by the Talent Acquisition Team when their Visa has 3 months left to run and the employee will be responsible for requesting an extension. Work Permits are not portable and so a work permit must be applied for by the Trust before an employee can start work.

For those working here under a Tier 4 visa, whilst completing a recognised training programme, the Trust will write to the educational establishment annually to confirm that the individual is meeting their educational targets and not working outside the restrictions applied to the visa.

For Turkish candidates there are specific rules around their right to work in the UK and the Senior Manager Talent Acquisition, Retention and Medical Workforce Services, will ensure that they consult the latest NHS guidelines.

4.11.6 Identity Checks

Identity checks should be carried out prior to allowing any individual to commence any form of work within the Trust. Photographic evidence of identity must be provided in line with the requirements of the NHS Employers pre-employment checking standards and a copy of the evidence must be retained on the recruitment file (see section 4.10).

4.11.7 Fit and Proper Person Checks

The CQC require Trusts to carry out additional pre-employment checks on all executive and non-executive, interim, permanent and associate director posts, irrespective of voting rights. To ensure compliance with these checks the Talent Acquisition team will carry out the following additional checks on all posts falling into this category.

- Charity Commission barred trusties list check;
- Companies House barred directors list check;
- Financial background check, including a check using the DueDil website and an insolvency check
- Google search completed;
- Search of unspent convictions – Disclosure Scotland to be completed. If the post requires an Enhanced DBS check this will be carried out via the TRAC Recruitment system.

4.12 Unconditional Offer

Once the pre-employment checks are complete and all in order the Appointing Manager will be notified and asked to confirm a start date. The Appointing Manager must ensure that the employee will attend a Trust Induction and the aim is that this should happen on the first two days of employment. The Talent Acquisition Team will book the employee on to the induction course.

Once a start date is confirmed the Talent Acquisition Team will issue an unconditional offer letter and a contract.

4.13 Retention of Records

Once a start date has been confirmed the Talent Acquisition Team will send an electronic copy of the recruitment file to the Appointing Manager. For Medical Staff the Talent Acquisition team will set up a file and this will be retained in Aster Offices. This will form the basis of an individual's personal file and must be retained within the Department.

Appointing Managers should send all interview notes and scoring sheets to the Talent Acquisition team. These will be saved electronically by the Talent Acquisition Team, should the outcome of any recruitment exercise be questioned.

4.13.1 Time Scale for Retention of Records

Successful applications need to be stored on their personal file held with the Department they work in for 3 years following termination of the employees employment

Unsuccessful applications are stored within the TRAC system for a period of twelve months.

Job applications (successful) – 3 years following termination of employment

Job applications (unsuccessful) – 1 year

4.14 Monitoring

An annual audit of pre-employment checks will be carried out by the Senior Manager Talent Acquisition, Retention and Medical Workforce Services and this will be reported to the Workforce Committee for assurance and the Workforce Board to monitor the performance of the Talent Acquisition Team. A copy of the audit will also be submitted to the Trust's Counter Fraud specialist to ensure NHS Counter Fraud Authority's Functional Standards (GovS 013 (11)) are adhered to.

Time to hire performance indicators will be implemented and these will be reported monthly, to Divisional Performance Boards and the Workforce Board.

4.15 Comments / Complaints

Any comments or complaints regarding the recruitment process or any individual recruitment episode should be directed to the Senior Manager Talent Acquisition, Retention and Medical Workforce Services in the first instance.

4.16 Suspicion of Fraudulent Activity

In order for the Recruitment and Selection policy to be successful, there has to be an element of trust between the employer and the applicant.

All applicants must accurately disclose all aspects of their employment history, qualifications etc. Failure to disclose all relevant information could be deemed as fraudulent activity, contrary to the Fraud Act 2006 (12). Further advice can be obtained from the Trust's Counter Fraud Specialist.

Any suspicion of fraudulent activity will be referred to the Trust's Counter Fraud Specialist for investigation, in accordance with the Trust's Counter Fraud, Bribery and Corruption Policy (13).

5 References and Associated Documents

1. **NHS Employers.** Employment standards and regulation. [Online] [Cited: 14 09 2021.] https://www.nhsemployers.org/topics-networks/employment-standards-and-regulation.

2. **BTHFT - Trac.jobs.** Trac Jobs. [Online] [Cited: 14 09 2021.] https://admin.trac.jobs/admin/?_ts=1.

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4. **BTHFT - Internet.** Trust Job Vacancies. [Online] [Cited: 14 09 2021.] http://jobs.bfwhospitals.nhs.uk/.

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Appendix 1 Recruitment Flowchart

1. identify the vacancy

- Appointing Manager identifies the need to recruit
- If new post a business case will need to be prepared and approved
- Ensure that the relevant finance team are supportive of the need to recruit

2. Prepare vacancy documents

- Please refer to OneHR for the most up to date Trust templates for the Person Specification and Job description (http://www.bfwh.nhs.uk/onehr/recruitment/recruitment-process/vacancy-requisition/)
- If needed submit documents for Agenda for Change banding

3. Add Vacancy to Trac

- Please contact the Talent Acquisition Team if you need any support using the TRAC system
- At this stage you will need to identify 2 shortlisters and state any Occupational health requirements

4. Vacancy Authorisation

- The vacancy will need approval from your Divisional Finance Team
- The Deputy Director of Operations or their nominated deputy]
- The HR team (for non medical vacancies) to check for possible redeployments)
- Workforce Education Department to see if post can be a Trainee or Apprentice post (for Band 2 - 4 only)
- Workforce Panel for all non-clinical posts, clinical posts band 7 & above (not Ward Managers or Matrons) & Consulltant posts
- This should be completed in 5 working days
- Once complete you will receive notification that the vacancy will be made live within 24 hours and will need to provide an interview date to be added to the advert. The interview date should be at least 2 weeks after shortlisting is completed to allow candidates to make arrangements to attend - amendment requested by Susan Page

5. Advertising the Vacancy

- The Vacancy must be advertised for a minimum of 7 days.
- The Talent Acquisition Team will not close vacancies early
- Once closed you will need to shortlist wiithin 5 working days

6. Shortlisting

- Use the shortlisting criteria to assess the suitablility of each candidate
- Must be completed by at least two people to ensure fairness
- Please make notes, either on the TRAC system or send the Talent Acquisition Team a copy of any notes to be added to the vacancy
- Inform the Talent Acquisition Team which candidates will be invited to interview

7. Interviewing/Assessment Centre

- Must be at least 2 interviewers
- Complete interview scoring sheet and make notes to allow you to review and justify any decision
- Ensure an assessment centre takes place for any Band 8d and above or medical consultant vacancies
- Inform the Talent Acquisition Team of successful candidates and provide copies of all interview notes

Appendix 2: Guidelines for Writing a Job Description

The Job Description is important so that the manager and employee/applicant know what is expected of the role and it forms a basis for measuring job performance. Without a job description a person cannot properly commit to, or be accountable for, a role.

When writing a job description many people start off with a list of around 20-130 tasks, this is actually more like an operational manual. Job descriptions should refer to any operational manuals, procedures or policies that need to be adhered to rather than include this detail in a job description. If you include this detail you will have to change it when the task detail changes, as it will often do. It is best to have approximately 8-15 points.

You must ensure that job descriptions do not contain any discriminatory aspects or any preferences in relation to gender, race, physical ability, religion, belief, sexual orientation or age.

Your completed job description should enable you to write your person specification. It might be helpful to group many individual tasks into main responsibility areas, such as those on the list below. You may have separate headings for different key responsibilities, e.g. Clinical, Managerial, or Training.

Not all points on this list will be applicable to all roles:

- Communicating (in relation to whom, what, how)
- Planning and organising (of what.)
- Managing information or general administration support (of what.)
- Monitoring and reporting (of what.)
- Responsibility of patient care
- Evaluating and decision making (of what.)
- Financial budgeting and control (of what.)
- Producing things (what.)
- Maintaining/repairing things (what.)
- Quality control (of what.)
- Health and safety (standard statement see below, some jobs will have additional, specific responsibilities for this)
- Using equipment and systems (what.)
- Creating and developing things (what.)
- Performance and development review
- (Standard statement, see below)

  plus any responsibilities for other staff if applicable, typically:

  - Managing / recruiting / sickness absence / disciplinary/personal development reviews / training

Senior roles will include more executive aspects:

- developing policy / duty of care and corporate responsibility / formulation of direction and strategy

Appendix 2: Guidelines for Writing a Job Description

All job descriptions will also include the following standard statements:

The post-holder must comply with all Trust policies and procedures and attend all necessary mandatory training.

Disclosure and Barring Service (DBS) Check

This post is *(not)* subject to a *standard / enhanced* Disclosure and Barring Service (DBS) check.

*delete as applicable

Confidentiality

In the course of your duties you may acquire or have access to confidential information which must not be disclosed to any other person unless in the pursuit of your duties or with specific permission given on behalf of the Trust.

Data Protection

You must ensure that the confidentiality and security of all information that is dealt with in the course of performing your duties is done so in accordance with the requirements of the Data Protection Act 2018 (14; 15).

Health and Safety

You are reminded that, in accordance with the Health and Safety at Work Act 1974 (16), and subsequent legislation, you have the duty to take reasonable care to avoid injury to yourself and others by your work activities, and are required to co-operate with the Trust in meeting statutory requirements.

Performance and Development Reviews

In the interest of your development you will be expected to take a positive role in your Performance and Development Review process

Infection control

You must ensure that all Trust Infection Control policies and procedures are adhered to at all times. All staff have a duty of care under the Health Care Act (17) to prevent the spread of infection.

For all **posts with responsibilities for data handling** the following paragraph must be included

Within the NHS, good patient care is reliant on the availability of complete, accurate, relevant and timely data. The quality of information will limit the capability to make operational decisions about the way care is planned, managed and undertaken. Poor information quality leads to poor decision making and may put service users at risk. High quality information means better, safer patient care.

Appendix 3: Guidelines for writing a Person Specification

A person specification is a list of criteria that should be:

Job Related

There should be a clear link between the criteria and the job description, since you are interested only in the person's ability to do the job.

Ability Based

The criteria must be expressed in terms that describe the abilities you are seeking.

Clearly Defined

It is important that everyone involved in the process has the same understanding of what they are looking for to fill the vacancy. The criteria should therefore be expressed in terms that allow for little or no scope in individual interpretation.

Measurable / Observable

The criteria must be described in terms of measureable and observable facts that cannot be distorted by personal feelings or prejudices.

Essential/Desirable Criteria

Some aspects of the job will be more important than others. The essential criteria are those which the role cannot operate without. It is preferable that a candidate also meets the desirable criteria; however it may be that the candidate is working towards these criteria or would have the opportunity to do so when in the role. It will be helpful to refer to the KSF outline and the competencies that are required at the Foundation Gateway and the Second Gateway when the person is expected to be fully competent in their role.

Agreed

Time must be made available for all panel members involved in the process to agree the criteria used. This process of agreement allows for differences in interpretation to be resolved.

Justifiable

You should ask yourself the question – 'If challenged how could I defend the use of each criterion?' Ask the question 'Is it required for the safe and effective performance of the job?' This serves as a final checking mechanism and helps to ensure that only those criteria needed are used.

Consistency Applied

Having identified the criteria to be used, they must remain unchanged throughout the process, and be applied equally by all panel members. If during the process it is found necessary to change any of the criteria, the exercise should be aborted and restarted.

What should NOT be included in a Person Specification?

- A requirement that candidates should be below/above a certain age
- A requirement for unnecessary qualifications
- A requirement relating to personal circumstances such as marital status, marriage plans, family plans

Appendix 4: Consultant Recruitment Flowchart

1
- Identify the need for a new consultant post within the division

2
- **New** and **replacement** posts - Presentation at Clinical Policy Forum to ensure discussion with HODs for Radiology, Pathology, Anaesthesics or Critical Care (where appropriate) to support posts
- Agreement of Clinical Policy Forum to proceed

3
- Business Case (detailed) prepared by HOD/DM/Finance/WFBP and taken to the next Divisional Board for agreement
- Business Case to include MDT costings, office/secretarial/IT support and any requirement for additional junior medical staff
- 1.5 core SPAs must be included in the job plan to support appraisal and revalidation

4
- Approved business case must be sent to PA to the Medical Director/Deputy Medical Director within 1 week of approval
- Business case and Job Plan signed off by Medical Director/Deputy Medical Director

5
- Business case is presented to next Executive Directors meeting and agreed

6
- HOD notifies the Talent Acquisition Team
- Talent Acquisition Team send Job Description to appropriate Royal College for Approval
- HOD and the Talent Acquisition Team agree AAC date
- Talent Acquisition Team source Royal College Representative (Please note 8 weeks notice is required)

7
- Directorate Manager raises a vacancy request using the Trac system

8
- Workforce Business Partner assists with arrangements for the pre-interview assessment centre

9
- Vacancy advertised

For new posts please follow all steps
For replacement posts only steps 2, 3, 4, 6, 7, 8 and 9

Appendix 5: Interview Guidance

These guidelines have been produced to give managers some assistance in conducting interviews.

The selection interview is often considered to be the most important and yet the most difficult part of the recruitment and selection process. Despite having its limitations in terms of ability to predict job performance, it can be a very effective selection method if the early stages of the process have been systematically followed.

Some of the main reasons why an interview can be an unreliable method of selection are as follows:

- Inadequate preparation by the interviewer
- Interviews lack structure and conducted in an unsystematic way
- Candidates are not assessed against job requirements
- Interviewers jump to conclusions based on misleading first impressions

Preparing for an Interview

The following gives a useful summary of the main points to consider when preparing for a selection interview:

- Prepare an interview timetable
- Be aware of any requirements candidates may have around access to the venue or e.g., use of a sign-language interpreter (HR will highlight this to you)
- Ensure that application forms, job descriptions, person specification, interview assessment forms and all other relevant documents are available for the interview (HR will provide necessary documentation)
- Review relevant terms and conditions of service so that panel members are aware of all the information a candidate may wish to know
- Decide on the composition of the interview panel, this should include the shortlisting panel and should be 2 as a minimum and include the person to whom the applicant will report if they are successful. At least one member should have attended a Trust Recruitment and Selection Workshop.
- Meet with the other panel members PRIOR to interview to: a) allocate roles, e.g. Chairperson; b) plan and agree the structure of the interview; c) agree what questions should be asked and who should ask them: d) decide who will take notes or whether all panel members will take notes.
- Review PRIOR to interview, the applications of candidates attending to identify any areas for ‘probing’
- Make the necessary housekeeping arrangements
- Ensure the proper layout of the interview room
- Ensure that there are no interruptions during the interview e.g. by using an engaged sign on the door and diverting telephone calls

Appendix 5: Interview Guidance

Conducting an Interview

Interview Structure

The structure needs to take into account the 2 main objectives of a selection interview, namely:

- To establish whether the candidate is suitable for the job
- To establish whether the job is right for the candidate

To meet these objectives, it is important that the interview is structured to give the opportunity or a rapport to be established between interviewer and candidate. It is also important to remember that whilst structure is essential, the interview should be flexible enough to accommodate the reactions of a candidate.

The structure of an interview should be based upon the 4 following 'phases':

- Welcome and introduction
- Gathering information
- Giving information
- Closing the interview

Welcome and Introduction

In a panel interview, the chairperson will be responsible for co-ordinating and controlling the interview and will therefore make the necessary introductions. To ensure best practice is followed please ask each candidate to sign their application form as their acceptance that the information contained within it is accurate and correct.

It is essential to put the candidate at ease (as much as possible) and to establish a rapport, which should encourage the candidate to talk. During the introduction it is important that:

- The candidate is greeted by name
- The interviewers are introduced
- The purpose of the interview is confirmed
- It is explained how the interview will be conducted, e.g., its format, at which stage the candidate can ask questions, whether the panel will be taking notes etc.

Gathering Information

This will be the most substantial and important phase of the interview. The interviewer will be trying to obtain information, which indicates the extent to which the candidate meets job requirements. If it is a panel interview, the chairperson will be responsible for co-ordinating the questioning amongst panel members.

It is during this phase that the candidate will be trying to make a good impression and therefore a time when the interviewer needs to be most aware of what is/is not being said.

A number of set questions that are directly related to the person specification should be **pre-prepared** and broadly the same questions should be asked of **all** candidates. In addition, individual questions may be asked of each candidate arising from the details given in his/her application or from the results of psychometric tests.

Notes should be taken by the interviewer(s) during the interview, since they provide crucial reminders when assessing candidates after the interview. It is important, however, to retain a high level of eye contact with the candidate and demonstrate a keenness to listen; note taking should not be a distraction.

Under the Data Protection Act job applicants can request to see any information you hold on them – therefore, any notes you make on an applicant in an interview/at the shortlisting stage can potentially be seen by the applicant. Equally if you have made up no notes then you have no justification for your decision which would not stand up well in front of a tribunal.

Giving Information

During the interview it is useful to outline the essential elements of the job and emphasise any particular points that the candidate should give thought to. The job requirements should be honestly and accurately portrayed at interview e.g., the requirement to undertake unsocial hours.

It is also good practice to ask candidates if they have any questions about the job for which they have applied.

Closing the interview

During this final stage, the interviewer(s) should review all information obtained and ensure that all points have been covered. Further clarification of certain areas may be necessary. In a panel interview, the chairperson will take lead responsibility for this.

It is important to close the interview by:

- Thanking the candidate for attending
- Informing him / her what will happen next, i.e., when a decision is likely to be made and how it will be communicated
- Stating that any offer of a job may be conditional on pre-employment checks

The chairperson then holds the responsibility for ensuring that objective assessments are made and recorded for each candidate.

Style and techniques

Listening

The interviewer's prime function in an interview is to listen to what is said. A well-balanced interview should allow candidates to do up to 70% of the talking. The interviewer should suppress any tendency to "get his/her point across" since this may colour a candidate's response.

To listen effectively, the interviewer should:

- Remain open-minded right up until the end of the interview. There is a real danger that interviewers can make a decision as soon as the candidate walks through the door. In such cases, the interviewer places less importance on the objective job requirements of the post and judges the candidate in terms of other irrelevant criteria.

- Concentrate – if an interviewer becomes pre-occupied with his/her own thoughts (perhaps as to the next question), lack of concentration may occur, which may in turn affect the answers that are given by the candidate.
- Use non-verbal communication – e.g., to indicate understanding of what is being said by a candidate.
- Avoid interrupting
- Avoid stereotyping candidates

Body language

As an interviewer, you should be aware of the effects of a) the degree of eye contact between yourself and the candidate and b) your body position.

A high degree of eye contact is very important because it enables you to establish rapport and indicates that you are giving the candidate your full attention. You should be aware, however, of cultural differences, e.g., in some Asian cultures it is regarded as disrespectful to maintain eye contact with a person in authority.

If your body position is such that you are "slouching" the candidate may feel that you are disinterested. If on the other hand, you sit rigidly on the edge of your seat, this may indicate that you are nervous yourself, which could damage the confidence on both sides.

<u>Questioning</u>

An interview should be conducted as a purposeful and structured conversation, enabling the candidate to reveal accurate and comprehensive factual information about him/herself. The interview can be controlled by asking appropriate questions based on the person specification, which will give the maximum amount of relevant information. This in turn will identify the degree to which a candidate matches the requirements of the job.

- Ensure you use clear and unambiguous questions.
- Remember to avoid using jargon or abbreviations, e.g. DOH unless you first explain to the candidate what it means.
- Candidates will judge the interviewer, the job and the organisation by the quality of questions asked. It is also a fact that the quality of an answer depends upon the quality of the question asked!
- If the candidate does not understand the question it is acceptable to rephrase or reword it.
- Initially use OPEN questions (see below)
- Follow with PROBING and LINKED questions to probe further and seek clarification (see below)
- Allow the candidate time to think and do not be afraid of pauses or silence

Interviewers need to be aware of different types of question:

Appendix 5: Interview Guidance

OPEN QUESTIONS –	which encourage the candidate to speak more freely and at greater length, e.g., commencing with what, why, when, where, which, how.
PROBING QUESTIONS –	Whatever type of questions you have asked, never be afraid to seek a more detailed understanding. E.g., ‘How do you mean?’ ‘Could you be a little more precise?’
LINKED QUESTIONS –	which link answers with further questions and encourage the interview to flow more naturally, e.g., “and what happened next?”
CLOSED QUESTIONS –	which invite a more exact answer, e.g. yes/no. These can be used to clarify/summarise but should be used with caution.
HYPOTHETICAL QUESTIONS –	could also be used to test skill/competency, e.g. “What would you do if….?”; “How would you deal with a situation where...?”

AND THE ONES TO AVOID:

LEADING QUESTIONS –	the answer is influenced by the way in which the question is asked. This sort of question should be avoided, e.g. “You would be able to supervise staff wouldn’t you?”
MULTIPLE QUESTIONS –	which may confuse the candidate. These should also be avoided, e.g. “What did you think would be the outcome, why and what could you have done differently?”

<u>Competency Based Questioning</u>

This type of questioning can be effective in predicting future job performance as it asks the candidate to give examples of when they have demonstrated particular competencies in the past that are required for the post. For example if the person specification asks for leadership skills a suitable question may be: “Could you give me an example of when you have used leadership skills effectively?”

Don’t ask	**Do ask**
Have you ever used communication skills	Tell me about a time when you have used communication skills effectively
Does your past experience relate to the responsibilities of this job	How would you relate your past experience to the responsibilities you would have in this job
Have you ever been required to demonstrate leadership	In what ways have you been required to demonstrate leadership in the past

Appendix 5: Interview Guidance

Wouldn't it have been better just to admit you made a mistake	Given the opportunity, what would you have done to rectify the situation
Were you ever asked to make decisions	What kind of decisions did you regularly make in this job

Discrimination and Prejudice

No questions should be asked which would have the effect of unfairly or illegally discriminating in respect of race, colour, nationality, ethnic or national origin, gender, sexual orientation, marital status, disability, age or religion. Many complaints of discrimination during the selection process to Employment Tribunals centre on the interview and in particular the questions asked. You must familiarise yourself with the Trust Equality and Diversity policy (18) and strategy (19).

It is essential that candidates are assessed on the basis of their ability to meet the job requirements and interviewers should not allow prejudice or bias to affect their judgement. Everyone is prejudiced or biased to some extent and it is important that you are able to recognise any biases you may hold and ensure that these do not affect your judgement of candidates, for example that older people are more reliable, or that blond people are less intelligent

Some examples of possible discriminatory questions that should **NOT** be used are:

- If appointed, you would be the first woman to have held this job. The staff you would be managing are male and some may find it difficult to adjust to being managed by a woman. How would you deal with this?
- You have been married for a number of years, but don't have any children. Do you plan to have any in the near future?
- You will, of course, be the only black person in the department. Do you think this will cause you any problems?
- Will you frequently want to take long holidays to go back to India?
- You do, of course, have a different cultural background from many of the patients that you will be dealing with. Do you think that this will sometimes make it more difficult for you to understand some of their problems?
- How would you feel about managing a team who are all older than you?
- Don't you think you are a bit mature for this post?

Appendix 6: Interview Assessment Form

INTERVIEW ASSESSMENT FORM

Job Title :	**Vacancy Ref. No.:**
Candidate name:	**Date:**

Panel Member:

All Panel Members must complete an assessment form for each candidate. Please retain for your own records.

QUESTION	NOTES	SCORE

Appendix 6: Interview Assessment Form

QUESTION	NOTES	SCORE

TOTAL SCORE:

OUTCOME:

Please record reasons for decision:

Signed____ Job Title____
Date__________________

Appendix 7 Interview Summary Sheet

INTERVIEW ASSESSMENT SUMMARY FORM

Job Title : **Vacancy Ref. No.:**

Panel Members: **Date of Interview:**

Name and Reference No. of Candidate	Total Score	Assesment Summary and Outcome

Appendix 7 Interview Summary Sheet

Name and Reference No. of Candidate	Total Score	Assesment Summary and Outcome

Chair of Panel ____________________________________

Signed____

Job Title____ Date_________________

Appendix 8: Equality Impact Assessment Form

Department	Recruitment	**Service or Policy**	CORP/POL/532	**Date Completed:**	June 2021

GROUPS TO BE CONSIDERED
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

QUESTION	**RESPONSE**		**IMPACT**	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	To set out standards for recruitment and selection that support the delivery of high-quality patient care, comply with employment legislation, follow best practice guidance, contribute to effective risk management, provide equality, ensure managers act responsibility and meet the requirements of the NHS Employment Check standards.	Conduct regular reviews of legislation which might see a change which requires action.	This policy will create a positive and supportive process for recruitment and selection	No negative impact has been identified
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	There is no identified impact on community safety/crime or community cohesion.	No action required at this time, but future reviews might see a change which will require action.	None identified at this time.	No negative impact has been identified
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	Currently there is no evidence that shows who should benefit does not. Data is monitored to ensure equity.	No action required at this time, but future reviews might see a change which requires action.	This document creates a positive and supportive process for recruitment and selection	No negative impact has been identified
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No negative impact has been identified for any geographical or sub group of the population	No action required at this time, but future reviews might see a change which requires action.	None identified at this time.	No negative impact has been identified
How does the service, leaflet or policy/ development promote equality and diversity?	It sets out standards for recruitment and selection to comply with employment legislation and equality and is applicable to all staff, irrespective of any protected characteristics.	No action required at this time, but future reviews might see a change which requires action.	This policy promotes a positive and inclusive approach to recruiting and selecting to vacant posts	No negative impact has been identified
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The policy does not explicitly include a commitment to equality and diversity but is inclusive in its approach to allow for all applicants to be treated equally.	No action required at this time, but future reviews might see a change which requires action.	This policy promotes a positive and inclusive approach to recruiting and selecting to vacant posts	No negative impact has been identified
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	The Trust is reflective of the community it serves: 96.3% White British and 3.3% BAME. The Trust is 91.65% White British and 8.35% BAME. The Trust employs people from disadvantaged groups i.e., those who have a disability/learning disability/low social economic status.	To continue monitoring staff across all protected characteristics and comparing with the local demographic figures from the Council and ONS.	This policy This policy promotes a positive and inclusive approach to recruiting and selecting to vacant posts	No negative impact has been identified
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	This policy does not have any direct impact in these areas	To continue monitoring this policy to ensure any review considers any changes	This policy This policy promotes a positive and inclusive approach to recruiting and selecting to vacant posts	No negative impact has been identified

Appendix 8: Equality Impact Assessment Form

Does the service, leaflet or policy/ development promote equity of lifelong learning?	No	N/A	N/A	N/A
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No	N/A	N/A	N/A
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No	N/A	N/A	N/A
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No	N/A	N/A	N/A
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No group has been identified as having an impact as a result of this policy, whether adverse/negative.	To continue monitoring this policy to ensure any review considers any changes	This policy This policy promotes a positive and inclusive approach to recruiting and selecting to vacant posts	No negative impact has been identified
Does the policy/development promote access to services and facilities for any group in particular?	No	N/A	N/A	No negative impact has been identified
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No	N/A	N/A	No negative impact has been identified

ACTION:

Please identify if you are now required to carry out a Full Equality Analysis		**No**	**(Please delete as appropriate)**
Name of Author: **Signature of Author:**	**Kath Barker**	**Date Signed:**	**May 2021**
Name of Lead Person: **Signature of Lead Person:**	Sam Trafford	**Date Signed:**	July 2021
Name of Manager: **Signature of Manager**	Jayne Taylor	**Date Signed:**	July 2021