

Policy/Procedure/Guideline**Recruitment Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance  
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 1 Year**Identifiable Document Code:** PTUK015**Last Review:** April 2020**Next Review:** April 2021

<b>POLICY AWARENESS</b>	
People who need to know this policy in detail	Directors, Human Resources
People who need to have a broad understanding of this policy	Directors, Human Resources, Management
People who need to know this policy exists	All staff

<b>CHANGE CONTROL DETAILS</b>			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1.0	New Policy	New Policy

**Policy location:**

Main Policy Folder in Control Room and Crew Room.  
On PTUK Server

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## **1.0 Introduction**

- 1.1 It is the aim of Patient Transport UK (PTUK), to fairly and cost-effectively recruit and select quality staff, in the right numbers, with the right skills, knowledge and experience to provide high quality service.
- 1.2 PTUK recognises that its workforce is fundamental to its success. A professional and systematic approach to the recruitment processes will help to attract and appoint staff with the necessary skills and attributes to fulfil its aims and objectives.
- 1.3 PTUK is fully committed to ensuring that the recruitment and selection of staff is conducted in a manner that is systematic, efficient, and effective and promotes equality of opportunity.
- 1.4 PTUK will take all necessary steps to ensure that it's Recruitment Procedures, including pre and post-employment checks are fully implemented. All planned PTUK recruitment will follow this procedure. Any immediate unplanned staffing needs should be sourced as temporary staff through a recruitment agency, where a vetting/selection process will have been undertaken on staff they send.
- 1.5 Temporary agency staff will be replaced by staff selected through this procedure at the earliest opportunity.

## **2.0 Purpose**

This policy is in place to ensure a systematic approach to the recruitment and processing of all new staff. The survival and development of a company within a commercial environment depends on the attitude and actions of the staff making up that company and therefore also dependant on a process to ensure that the right staff are recruited to do the right job. A systematic approach to recruitment ensures uniformity in the selection process and in the information and processes new recruits will receive.

## **3.0 Duties**

- 3.1 The Human Resources department (HR) have the overall responsibility for undertaking and managing the recruitment process.
- 3.2 The Directors of PTUK will identify the need to recruit and inform HR of the number of staff required and in what capacity
- 3.3 The Integrated Care Partnership are the Occupational Health Service (OHS) providers for PTUK, and will scrutinise applicants and advise PTUK on the candidate's medical suitability for the proposed role.
- 3.4 The Occupational Health Service will also advise on vaccination and offer relevant vaccination to new employees.

- 3.5 The PTUK Directors will have ultimate decision on the employment of candidates in line with this policy.

#### **4.0 Consultation and Communication with Stakeholders**

- 4.1 This policy will be distributed to all staff and managers involved in the recruitment process. All PTUK staff or potential candidates are entitled to view this policy on request.
- 4.2 Printed copies of this policy will be kept in the Human Resources department and in the main policy folders in the crew room and control room.
- 4.3 An electronic copy of the latest version and older versions of this policy are available in the policies folder on the server.

#### **5.0 Definitions**

PTUK refers to Patient Transport UK.

The Occupational Health Service (OHS) provider is the Integrated Care Partnership.

#### **6.0 Disability, Access and Reasonable Adjustments**

- 6.1 In so far as is possible, all recruitment and selection procedures, including assessment centres and interviews, should be as accessible as practicable to the widest range of potential candidates.
- 6.2 Any candidate who indicates on their application form that they are disabled should also be asked if they require confirmation of any particular arrangements, or for any adjustments to be made during their selection process.
- 6.3 The adjustments might be, for example, large print documents, audio tapes etc. Most people will know what sort of adjustments they usually require given a specific situation or task.

#### **7.0 Advertising and Sourcing Staff**

- 7.1 All posts will be advertised at an appropriate time and in an appropriate place to attract the right calibre of staff in the right location.
- 7.2 Any wastage of staff or notice of staff wastage, or any planned company expansion should instigate the recruitment process. Time should be allowed for the entire recruitment and selection process to take place, before the operational need is expected.

## **8.0 Short Listing**

- 8.1 Short listing should not be given until the advertised closing date has expired.
- 8.2 A variety of methods of application will be used to enable short listing of candidates, this may vary depending on the job role and the amount of applications, all parameters will be applied to all candidates to ensure fairness.
- 8.3 All candidates will be short-listed against the person specification.
- 8.4 Candidates will not be short-listed on the basis of what is known about the individual, for example past “spent” disciplinary actions should not be taken into account.
- 8.5 All internal candidates, where they request it, should be entitled to know reasons why their application has been unsuccessful.
- 8.6 All short-listed applications should be asked if they require any particular arrangements to be made in the selection process to enable ease of participation.

## **9.0 Selection**

- 9.1 All staff involved in recruitment selection should be educated in fair and objective Recruitment and Selection techniques.
- 9.2 Panels will comprise of no less than two members, ideally one being the Manager for the department or job function.
- 9.3 At least one panel member should have received formal training with regard to selection interviewing.
- 9.4 There may be occasions when external assessors are required to participate in the selection process, where the post requires a specific expertise that may not be able to be assessed internally. The role of the external assessor is to determine the suitability for each candidate the post and not to participate in the decision making process.
- 9.5 Similarly, there will be occasions when Human Resources representation may be necessary or desirable. It is not appropriate for Human Resources to be involved in all interviews, but may be particularly useful when senior or sensitive internal appointments are being made or when managers are unable to identify any other suitable person to participate.
- 9.6 Selection for shortlisting should be consistently applied and based upon clear criteria, in-line with the job description and person specification.

- 9.7 If a scoring system is to be used then it must be agreed by the Recruitment Panel beforehand, and be used consistently for all candidates being assessed during that recruitment episode. The person specification can be marked as pass or fail, or marked under an agreed system.

## **10.0 Identity**

- 10.1 It is essential that all candidates are able to prove their identity satisfactorily to the Recruitment Panel (or other PTUK representative) at every stage of assessment, including Occupational Health (OH) checks, to avoid impersonation. Candidates will be informed what identification documents will be acceptable, e.g. passport, birth certificate, driving licence etc. Candidates should not be assessed at any stage where their identity is in doubt.
- 10.2 It is the Recruiting Managers responsibility to ensure that every people appointed to a post, regardless of their nationality, is eligible to work in the UK.

## **11.0 Interview Attendance**

- 11.1 All applicants will be expected to make themselves available for interview or assessment at the allotted time. If prior notice is given, the interview will be re-arranged.

## **12.0 Assessment Techniques**

- 12.1 There may be some posts where the use of assessments may be appropriate. The Manager should liaise with the Human Resources Department and the Training department where necessary, to discuss what is appropriate and how it should be carried out.

## **13.0 Employment Checks**

- 13.1 NHS Employers have published a set of six employment standards in conjunction with the Department of Health. These documents make up the *NHS Employment Check Standards (2011/12)* which outline the mandated requirements that independent sector providers of NHS care and NHS organisations must carry out on all prospective employees before they take up appointment regardless to their term of contract.
- 13.2 By nature of the fact that PTUK occasionally contract to and undertake work for or on behalf of the NHS, PTUK will carry out employment checks consistent with the *NHS Employment Check Standards*. As a minimum the following must be considered:
- Verification of identity checks
  - Right to work checks
  - Employment history and reference checks

- Professional registration and qualification checks
- Occupational health checks
- Disclosure and Barring Service (formally CRB)

13.3 In addition to this due to the nature of the care offered by ambulance services, driving licence checks is also be part of this checking process.

13.4 Individuals that fail to satisfy the checking arrangements will not be appointed.

13.5 If for any reason information relating to these checks is not provided by an organisation or individual, for example, if a nominated referee does not respond, the applicant will be given the opportunity to provide alternative referee or information source if it is practicable to do so.

#### **14.0 Post – Interview**

14.1 All written offers of employment, including the preparation of employment contracts, will be completed by the Human Resources Department.

14.2 References will be sought after interview, or at short-listing in some circumstances. The reference request will follow a set format with structured, relevant questions.

14.3 The job description and person specification will be provided to the referee with the reference request.

14.4 A minimum of two references covering a period of not less than five years will be obtained. A final offer of employment will not be confirmed until satisfactory references have been received.

14.5 All documentation used in the recruitment process will be retained by the Human Resources Manager.

#### **15.0 Convictions**

15.1 Candidates will be required to undergo Enhanced CRB checks to be eligible to undergo any regulated activity prior to commencement of any work requiring regulated activity.

#### **16.0 Occupational Health**

16.1 If successful at the interview stage, the HR manager will provide candidates with an Occupation Health questionnaire. The Health Questionnaire is confidential and will not be seen by PTUK staff or management. Completed questionnaires will be returned to the Occupational Health Service directly.

16.2 On receipt of their questionnaire at the OHS, candidates will be checked to ensure that they are fit to undertake their proposed duties. Potential operational staff will routinely have their vaccination status for the following screened and any required vaccinations offered:

- Tuberculosis
- Polio
- Tetanus
- Measles, Mumps and Rubella
- Varicella (Chicken Pox)
- Hepatitis B
- Hepatitis C if EPP
- HIV if EPP

16.3 Staff whose primary role includes driving will be also have their medical fitness to drive assessed.

16.4 If the Occupational Health Doctor considers a “paper screen” insufficient for a particular role or individual candidate following review of their health questionnaire, candidates may be called in to occupational health for further examination

16.5 Confirmation of the OHS check will be returned by the OHS Provider to the HR manager where it will be retained on the personal file.

16.6 Following satisfactory OHS check, a position can be offered to prospective candidates.

## **17.0 Process for Monitoring Compliance**

17.1 This policy will be reviewed on an annual basis, or amended with advent of any new employment legislation or relevant case law.

17.2 Reasons for decisions in relation to selection or rejection of candidates must be recorded any may be made available to candidates if requested. Applicants have the right to access any documentation help on them in accordance with the Data Protection Act (DPA).

17.3 A written record of all decisions taken in accordance with this policy should be kept for a minimum of one year.

17.4 Documentation relating to applicants will be treated with the utmost confidentiality.

**18.0 Standards/Key Performance Indicators**

18.1 The Human Resources Department will implement systems to monitor selection procedures both to obtain the necessary statistical information and to audit the procedural aspects of the recruitment process. This is necessary to meet statutory requirements and to ensure good employment practice.

**19.0 References**

Data Protection Act

NHSLA Risk Management Standards 2010/11 – Employment Checks Minimum Data Set

**20.0 Appendices**

**Appendix A**

**Appendix B**

**Appendix C**

### **Employment Checks Minimum Data Set**

NHS Employers have published a set of six employment standards in conjunction with the Department of Health and employers in the NHS. These documents make up the [NHS Employment Check Standards \(2010\)](#).

In addition to this due to the nature of the care offered by ambulance services, driving licence checks will also be part of this checking process.

The NHS Employment Check Standards outline the mandated requirements that NHS organisations and independent sector providers of NHS care must carry out on all prospective employees before they take up appointment in the NHS, regardless to their term of contract. Where trusts appoint locums and agency staff they will need to ensure that their providers comply with these standards.

As a minimum the following must be considered:

- Verification of identity checks
- Right to work checks
- Employment history and reference checks
- Professional registration and qualification checks
- Occupational health checks
- Criminal record checks
- Driving licence checks

## Appendix B - Equality Impact Assessment Tool

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

		Yes/No	Comments
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

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

### Appendix C - Checklist for the Review and Approval of Procedural Document

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

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	11.04.2020
Signature			
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	11.04.2020
Signature			