SAFE EMPLOYMENT POLICY

Version: 11

| Name and Designation of Policy Author(s) | Adriana Roscoe  
Deputy Head of HR |
<table>
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<tbody>
<tr>
<td>Ratified By (Committee / Group)</td>
<td>Workforce &amp; Communications Group</td>
</tr>
<tr>
<td>Date Ratified</td>
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<tr>
<td>Target Audience</td>
<td>All Trust Staff</td>
</tr>
<tr>
<td>Other Associated Strategies, Policies, Procedures, etc</td>
<td>Recruitment Resource Pack and Key Recruiter Guidelines</td>
</tr>
</tbody>
</table>
1 Introduction

The vision of the Wirral University Teaching Hospital NHS Foundation Trust (WUTH) is “Excellence in Healthcare”. The Trust aims to provide the highest quality care to its patients and to minimise risk in all services that it provides. The Trust is committed to ensuring that only individuals who have been subject to appropriate due diligence will be employed.

2 Purpose

The purpose of this Policy is to set out the minimum standards for due diligence in terms of Safe Employment.

To ensure that the Trust meets its statutory and regulatory requirements, it defines the way in which areas of responsibility within the Trust have been determined, together with the process for checking, monitoring and follow up.

The policy for Safe Employment is based upon the following key principles:

a) The Trust complies with its legal obligations with particular regard to safe recruitment, employment and other related legislation;

b) Safe recruitment and employment is an essential component of the Trust’s governance framework and the risk management strategy and meets the regulatory requirements.

c) A consistent approach to safe recruitment and employment is applied throughout the organisation for all staff working within the Trust;

d) The Trust is prepared for pending or emerging legislation which may come into force during the ‘life’ of this policy.

3 Scope

This policy applies to all staff directly employed by and working within the Trust on a permanent, temporary, voluntary, fixed term or rotational basis. It also identifies the requirements for those who will be engaged on an honorary contract basis and other relevant circumstances including work experience, TUPE etc.

4 Employment Checks

All external applicants and volunteers are subject to full and rigorous pre-appointment enquiries that include satisfactory references from two previous employers, occupational health clearance, qualification and professional registration checks, Disclosure & Barring Service (DBS) clearance and the legal right to work in the UK. This includes all employees who may be applying to work within the Trust in a voluntary capacity, clinical attachment, research and development or student.

Internal applicants will be subject to occupational health clearance, DBS disclosure and verification of qualifications (if there is a greater or different requirement from those required for their existing role). Staff from overseas may require further evidence of their continued legal right to work in the UK.
The HR & OD Department is responsible for the validation of documentation produced during the pre-employment checking process and will request original documentation from the potential appointee.

Booking of Agency staff is managed by NHSP in accordance with the Health Trust Europe contract.

For those who require an honorary contract to undertake duties at WUTH, checks may be undertaken via confirmation from their current NHS employer. This is via the completion of a Current Employment Details Certificate submitted to HRWBS. Where satisfactory completion is not possible, as all the necessary information is not available, or they are not currently employed by an NHS Trust, advice must be taken at the earliest opportunity from a member of the HR Manager team.

A summary of appropriate Employment checks for different circumstances appears at appendix 3:

4.1 Disclosure and Barring Service

4.1.1 General Criminal Records Checks Requirements

All new appointments are subject to an Enhanced or Standard Criminal Records Check with the Disclosure and Barring Service (DBS).

Criminal Records checks are mandatory for the following staff groups:

- Permanent
- Fixed Term
- Temporary / Bank
- Volunteers
- Students
- Highly mobile staff supplied via agency and locums

Appointments into high risk areas as defined by the Trust must have a DBS check prior to commencing in post.

High risk areas defined as:

- A&E (inc Children’s A&E, AMU, EDRU)
- SAU
- Medical Short Stay Ward
- OPAU
- DME
- Women & Children’s
- Theatre & Anaesthetics
- Critical care
- ITU

Due to service demands the policy does allow for an exception to be made whereby an individual can commence in post prior to confirming DBS clearance as long as all the necessary paperwork has been completed and forwarded to the DBS. It may not be appropriate to apply the exceptions process for appointments to high risk areas. Further advice should be accessed from either HRWBS or your Divisional
HR Manager and approval in such circumstances must be sought from the appropriate Divisional Director and Senior member of the HR Team.

Any person commencing work prior to receipt of the DBS check should be supervised at all times.

For locum staff there must be evidence of a check having been undertaken within the last 12 months.

Student disclosures can be obtained by the higher education institute with the level agreed by the Trust.

Internal applicants, including those who flexibly retire, do not require criminal records checks for internal appointments unless the role within the Trust requires a higher level of disclosure, the work location is deemed to be a high risk area, clearance has never been sought or is subject to a service level agreement.

**Level of Checks**

<table>
<thead>
<tr>
<th>Level</th>
<th>Requirement</th>
<th>What it contains</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDARD</td>
<td>As a minimum for those not in regulated activity e.g. Domestics Assistants.</td>
<td>Lists all convictions (spent or unspent), cautions, reprimands or warnings.</td>
</tr>
<tr>
<td>ENHANCED</td>
<td>Mandatory for all staff working in regulated activity and who have regular patient contact and that the position held must regularly involve caring for, training, supporting or being in sole charge of:</td>
<td>Lists all convictions (spent or unspent), cautions, reprimands or warnings. And in relevant cases reveals if an individual is on any lists held by the Department of Health or Department of Education as unsuitable to work with children or vulnerable adults as well as any non-conviction information held locally as deemed appropriate by the police.</td>
</tr>
</tbody>
</table>

4.1.2 Additional requirements

a) Safeguarding

When recruiting staff to work in a regulated activity with either children or adults, a check can be made against the appropriate barred lists as part of the DBS disclosure.

b) Overseas Applicants

When recruiting staff from overseas the Trust should undertake DBS checks from both the UK bureau and obtain evidence from the individual’s country of origin.

c) Rehabilitation of Offenders

The Trust must balance the need to prevent unsuitable people from working in regulated activity against being in breach of the Rehabilitation of Offenders
Act (1974) which restricts our right to access data on future employees who do not clearly meet the eligibility criteria.

Disclosure Information should only ever be supplied for the purpose of a recruitment decision (or other relevant reason).

All applicants should be treated fairly and without discrimination. Please see the Trust’s Policy Statement on the recruitment of ex-offenders (appendix 3).

4.1.3 Unsatisfactory Disclosure
In the event of receipt of an unsatisfactory disclosure, the responsible manager, advised by the HR Manager will need to assess:

- Nature of the offence
- Timescale when the offence was committed
- Relevance to post in question
- Pattern of offending behaviour

Details of the content of the Disclosure will be considered by the Manager, together with the HR Manager. Any decision to continue with the appointment must be ratified by the Corporate Director/Divisional Head and the Director of Workforce or nominated deputy.

4.1.4 Payment for Disclosure Checks
Staff included within the scope of this policy will be required to pay the full costs of a disclosure check for both external and internal appointments. Payment will be administered via Payroll, if necessary staff can request to make payments in instalments over a maximum period of 3 months.

WUTH will pay full costs of a DBS disclosure check for Staff who is required to complete a further DBS disclosure check as a result of Organisational Change.

4.2 Verification of Identity Checks
The Centre for the Protection of National Infrastructure (CPNI) sees identity verification as the most fundamental of all pre-employment checks. It should be the first check performed and an appointment should not progress until the employer is satisfied that a person’s identity is proven.

There are two key elements that are required for checking in respect of an individual’s identity:

- **Attributed identity:** This is evidence of a person’s identity that was given at birth including name, place of birth, parents name and addresses.
- **Biographical identity:** This is evidence of a person’s personal history, including registration of birth, education and qualifications, electoral register information, details of taxes and benefits paid by or to the person, employment history interactions with banks and utilities providers.
Verification of identity checks are designed to determine that the identity is genuine and relates to a real person and establishes that the individual owns and is rightfully using that identity.

Original documents must always be requested and must allow for checks against:

- Full Name
- Signature
- Date of Birth
- Permanent Residence

Listed below are examples of acceptable personal identifiable documentation:

- UK Photo Cards
- Driving License
- Utility Bills (not from online sources)
- Tax Bills
- Bank / Mortgage Statements
- Rent Cards

Two forms of photo ID should be obtained, one confirming address, (e.g. Driving Licence). If this proves difficult then one form of photo ID with two examples of acceptable personal identifiable documentation confirming an address would be required.

If photo ID cannot be obtained, then 4 alternative documents from the list of acceptable personal identifiable documentation should be sought.

In the event of an individual being unable to provide original documents then copies must be signed by a solicitor.

Signatures should be obtained during the pre-employment checking process and all documents provided should be copied, signed and dated by the member of the HRWBS who verified them.

4.3 Right to Work Checks

4.3.1 General Right to Work Requirements

The Immigration, Asylum and Nationality Act (2006), effective from February 2008, made it an offence to knowingly employ anyone who does not have permission to be in, or work in, the UK. To avoid making assumptions about such permission, all successful candidates are required to provide evidence of eligibility to work in the UK.

Evidence must be presented in the form of:

- A British passport, national identity card from an EEA country or Switzerland;
  or
- A passport or other travel document endorsed to show that the holder can stay indefinitely in the UK or that they can stay in the UK and are allowed to undertake the type of work that they are being offered; and
- An Application Registration Card issued by the Home Office stating that the holder is permitted to take employment

Please note that a National Insurance number is not evidence that an individual is eligible to work in this country.
4.3.2 Additional Requirements

a) Appointees from Non EEA Countries

If the person to be appointed is a migrant worker i.e.; a national from a non – EEA country then an application will need to be made to the UK Border Agency under the arrangements of the Points-Based System (PBS) for migrant workers.

Applicants will need to consider the requirements for each of the Tiers within the system before submitting an application.

If the successful applicant is a migrant worker requiring sponsorship under Tier 2 arrangements then this should be made known to the HRWBS before an appointment is made, using the Request to appoint form as soon as the selection process is complete in order that we can apply for a Certificate of Sponsorship. In submitting a Tier 2 application the Trust will need to declare that as an employer we are either recruiting to a “Shortage Skill Occupation” or that we have not displaced a worker from the UK labour market.

4.4 Employment History & Reference Requests

Previous employment must be checked before an offer of employment is made. For external appointments the Trust requires all applicants to provide two satisfactory references, (three for Consultants) one must be from the most recent employer or education provider and must be cross-checked against the application form by the Key recruiter. If a reference cannot be sourced from the most recent employer then the key recruiter should seek advice from a Senior Divisional HR Manager as to a suitable alternative, that can be applied based on the individual candidate’s circumstances.

For internal appointments, excluding Consultants, one satisfactory reference is required.

If an offer is to be made then the references, application form and a request to appoint form should be forwarded to the HRWBS.

Reference requests should be made in writing on the Trust’s headed paper using the standardised format or via the NHS jobs online process.

4.5 Occupational Health Checks

All external offers of employment, including bank registrations and volunteers will be subject to medical clearance to ensure individuals are fit to undertake the post offered to them.

Successful candidates must complete a medical questionnaire and may be required to attend a health screening appointment with Occupation Health, who in turn will advise on suitability for employment.

For internal appointments, occupational health clearance would only be required if moving from administration to clinical duties.
4.6 Professional Registrations & Qualifications

Registration of Health professionals is designed to maintain a record of:

- Standards of competence, ethics and conduct
- Standards of training
- A register of those who meet the standards is maintained
- Current restrictions which may affect the duties proposed
- Any investigations against the individual in relation to their fitness to practice

Key Recruiters are advised to verify Professional registration and Qualifications for shortlisted candidates and should request evidence of original certificates and registration documents at interview. As outlined in Section 5.1.2 of this Policy, copies of these documents should be forwarded as supporting information with the Request to appoint form. Following receipt of the Request to Appoint proforma, the HRWBS will undertake a further check of the successful candidate’s Professional registration direct with the relevant Professional body website. This will be undertaken prior to completing the contractual arrangements. A record of this will be held on the compliance tracker within HRWBS. The Trust’s health professionals are covered by the following regulatory bodies:

4.6.1 General Medical Council (GMC)

The medical register can be checked:

- The GMC website (www.gmc-uk.org) should be used to check the name or registration number against the List of Registered Medical Practitioners
- In writing, to The General Medical Council, Regents Place, 350 Euston Road, London, NW1 3JN.

- If other information is required relating to a doctor's registration or licence to practice which is not in the public domain, the dedicated information service for employers should be used by telephone 0161 923 6602 or email registrationhelp@gmc-uk.org

The GMC will confirm a doctor's:

- Full name
- Registration number
- Dates of registration
- Status of registration (i.e. provisional, full, specialist or limited)
- Current registered address
- Gender
- Primary medical qualifications
- Annual retention fee due date

The GMC has the power to suspend or place conditions on a doctor's registration. Interim orders do not amount to a “finding of fact” against the doctor but are imposed to protect the public, pending a full investigation. Details of interim orders appear on the GMC website news page.

4.6.2.1 Nursing & Midwifery Council (NMC)

The NMC offers 3 methods of confirming registration status:
Policy 136 – Safe Employment Policy

It will not show if someone is under investigation. For further information on the status of a practitioner, the Trust can write to the NMC’s Fitness to Practice Department, see address below. The NMC website also contains an NMC circulars page, which includes recent circulars providing details of practitioners who have been struck off, suspended or cautioned during the previous month. The NMC keeps this information online for three months.

The Trust can also write to: The NMC, 23 Portland Place, London W1B 1PZ.

4.6.2.2 Nursing & Midwifery Council (NMC) Revalidation

In addition to the annual registration for nurses and midwives, every 3 years commencing from April 2016, NMC registrants must ensure that they have met the NMC revalidation requirements (revalidation has replaced Post Registration Education and Practice (PREP)). If registrants fail to complete the revalidation requirements they will be unable to practice as a registrant until this is achieved and they will have to apply to the NMC to return to the register.

All registrants must subscribe to NMC Online as this is how the NMC will communicate with nurses and midwives. Via NMC online the NMC will contact registrants 90 days prior to their revalidation renewal dates. Then 30 days prior to revalidation the NMC will ask registrants to complete an electronic form stating that they have completed the approved practice hours, have professional indemnity in place and give details of who their third party confirmer is.

Under revalidation, nurses and midwives will be required (every 3 years) to declare they have:

- 450 Practice hours (900 if dual qualified)
- 35 hours of CPD (20 hrs must be participatory learning)
- 5 Pieces of practice-related feedback
- 5 Pieces of reflection (linked to The Code) discussed with another NMC registrant
- Health and character declaration
- Professional indemnity arrangement
- Confirmation regarding all of the above from a third party

4.6.3 Health Professions Council (HPC)

The following health professionals are all regulated by the HPC:
• Therapists
• Biomedical Scientists
• Chiropodists
• Podiatrists
• Clinical Scientists
• Dieticians
• Occupational Therapists
• Operating Department Practitioners
• Orthoptists
• Physiotherapists
• Radiographers

A health professional’s registration can be checked on the HPC’s website at www.hpc-uk.org. If a health professional’s registration status has changed this is immediately entered onto the register. Fitness to practice cases are listed on the HPC’s website and after hearing the decision is then posted online.

The HPC strongly encourages employers to use the HPC’s online register, but if this is not possible, registration can also be checked via telephone (0845 3004 472), or fax (0207 840 9801). The Trust can also write to: The Health Professions Council, Park House, 184 Kennington Park Road, London. SE11 4BU.

4.6.4 General Pharmaceutical Council (GPhC)
The GPhC website, http://pharmacyregulation.org allows for employers to check a Pharmacist's and Pharmacy Technician's registration status. Searches can be performed by either entering the Pharmacist's or Pharmacy Technician's registration number or by using their surname. There is also the option of entering the forename or a 'sounds like' for their surname but this is not compulsory. Pharmacists and Pharmacy Technicians are only eligible to practice in Great Britain if their entry status on the register states "Registered". The date of expiry of their registration is also stated on this page.

Supplementary / Independent Prescribers
In order to prescribe legally, Pharmacists must gain a Practice Certificate in Supplementary or Independent Prescribing by successfully completing one of the supplementary or independent prescribing courses accredited by the General Pharmaceutical Council (GPhC) and then apply to the GPhC to have their registration details annotated with "Supplementary Prescriber" and / or "Independent Prescriber" (as appropriate). Pharmacists have six months to register with the GPhC after being awarded the Practice Certificate in Supplementary or Independent Prescribing.

5 Checking and Compliance Processes

5.1 Pre Employment

5.1.1 Pre Interview

HR & Wellbeing Business Services receive all applications. The Key Recruiter is provided with Recruitment Guidelines and supporting documentation to assist with shortlisting. Application Forms are accessed via NHS jobs. For posts requiring professional registration, candidates are required to evidence registration details on the relevant section of the application form.
5.1.2 Post Interview

Following the interview the Key Recruiter must complete a Request to Appoint pro forma. This must be completed in full and sent to the HR & Wellbeing Business Services together with the following supporting information:

- Application Form
- Two references (including one from the current or most recent employer)
- *Copies of Registration and qualifications as appropriate

The HR & Wellbeing Business Services will only action requests accompanied by the required supporting information. Upon receipt of the completed Request to Appoint pro forma and supporting information, the HR & Wellbeing Business Services prepares the offer documentation.

The successful candidate is required to produce:

<table>
<thead>
<tr>
<th>Information</th>
<th>External Appointment</th>
<th>Internal Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of the legal right to work in the UK or Completed Application for relevant permission (see section 6.3)</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Evidence of Identity</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Completed DBS Application</td>
<td>Yes</td>
<td>If new role requires a higher level of Disclosure (see Section 6.1)</td>
</tr>
<tr>
<td>Completed Health Assessment Form and appointment booked for pre-employment assessment if appropriate</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>*Evidence of Qualifications and Registration as appropriate</td>
<td>Yes</td>
<td>If new role requires a different set of qualifications</td>
</tr>
</tbody>
</table>

*(This is also checked directly with the Professional Body)*

The offer of employment is subject to production and satisfactory responses to each of the checks outlined above in accordance with the Guidance outlined in Section 6 of this policy. Failure to comply with the requirements set out above would result in a review and potentially a withdrawal of the offer of employment.

In the event that details provided by the applicant during the Recruitment process are found to be incorrect, consideration must be given by the Key Recruiter, advised by the HR Manager to determine whether appropriate action needs to be taken e.g. Disciplinary if existing member of staff, Fraud Alert etc.

5.1.3 Exceptions

In cases where the timescale required for all of the relevant checks to be undertaken between the offer of employment and the date of commencement would cause serious operational difficulties, the Key recruiter may submit an Exceptions request to the HR & Wellbeing Business Services using the pro forma attached at Appendix 2. Please see section 4.1.1 on High Risk Areas.

This requires the manager to submit a written statement undertaking that the necessary risk management procedures will be put in place and that the individual concerned will be appropriately supervised.
An Exceptions request will only be considered if the following have been undertaken:

- Verification of the legal right to work in the UK;
- Verification of Identity;
- Verification of Registration and Qualifications;
- Occupational health assessment undertaken and clearance confirmed.
- Submission of the completed DBS Application form.

5.2 In Employment

5.2.1 Criminal Records Checks

a) Change in Role requiring a higher level of check

Internal applicants for another role within the Trust which requires a higher level of check will be subject to the process described in 5.1.2 of this policy.

b) Criminal Investigations and/or Convictions

All staff are contractually obliged to declare to the line manager and HR & OD Department, any criminal investigation and/or conviction immediately. Failure to notify the Trust of such investigations and/or convictions will be addressed in accordance with the Disciplinary Procedure and could ultimately result in dismissal.

Staff reporting that they are subject to criminal investigation and/or conviction will be asked to provide full details of the investigation and/or conviction in order for a risk assessment to be undertaken by the line manager with the support of the HR & OD Department. This risk assessment should be used to determine the appropriate action required e.g. suspension in accordance with the Disciplinary or Capability Procedure, supervision or restricted practice/role.

The risk assessment, together with the action to be taken and review requirements must be provided to the individual by the line manager in writing.

5.2.2 Right to Work

Staff subject to permission to work in the UK from the UK Visas and Immigration are responsible for ensuring that this permission is updated prior to the expiry of the current term.

The HR & Wellbeing Business Services produce a monthly report highlighting any members of staff whose current term of permission is due to expire within the following 6 months.

These members of staff, together with their responsible manager will be notified of the date of expiry and the requirement to submit the necessary documents to the HR & Wellbeing Business Services. One reminder letter will be sent if no response has been received within 4 weeks of the original notification, following which, if there is no response within the following 2 weeks, the case will be escalated to the relevant Senior Manager and Senior Divisional HR Manager.

In circumstances where an application for renewal of the necessary permission has been submitted and evidence of submission provided to HRWBS the member of staff may be permitted to remain in work. The member of staff must not be permitted to attend work if they do not provide the appropriate evidence or their
request for permission to remain has been refused. In these circumstances the member of staff will be deemed to be in breach of their employment contract and a formal meeting with their line manager accompanied by a HR manager must be held.

Without the necessary permission, the Trust cannot continue to employ the individual and as such the contract of employment must be terminated. Consideration must be given to the personal circumstances of the individual and appropriate support and advice accessed as a matter of urgency and before any final decision is taken to terminate the contract.

Upon receipt of the necessary permission, the member of staff may resume work.

5.2.3 Professional Registration
Staff requiring registration for continued practice are responsible for ensuring that this registration is updated prior to the expiry of the current term.

There is an interface between the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and ESR.

Each month (the 1st, 15th, 23rd, 30th /31st), HRWBS will run a report, from ESR. HR and Wellbeing Business Services will check the outstanding registrations for those individuals who do not have either a GMC or NMC registration against the appropriate website to ascertain if the individual has renewed with the professional body.

If the professional body website is showing an updated renewal date, then the information is recorded in ESR.

The team can continue to monitor those who are covered by the interface to ensure the registrations are renewed in a timely manner.

15 days before expiry, the individual and their Line Manager are contacted by HR and Wellbeing Business Services by email to remind them of the expiry date and the consequences of not renewing in time. If the individual does not have an email account, the Line Manager has the responsibility of contacting them regarding their professional registration.

If there is no response from the individual, 7 days prior to the expiry date, an email alert is then sent to the Manager and the appropriate HR Manager asking them again to prompt the employee and pointing out the consequences (downgrading or exclusion) of not renewing in time. The email alert also advises the individuals of the various methods which can be used to update their registration, with Notification of Practice (NOP) forms and instructions. Failure to provide evidence of renewed registration may result in the member of staff being unable to practice in their professional role. Alternative roles may be undertaken until confirmation has been received from the appropriate body. If no alternative roles are appropriate, then the member of staff may need to be suspended from duty.

Upon receiving verification of the necessary registration from the appropriate Registered Body website, the individual may return to their role or resume work.
5.3 Compliance Monitoring and Reporting

Compliance against the Policy will be monitored by the Workforce and Communication Group. It is recognised that there may be a level of temporary non-compliance with professional registration updates which is “unavoidable” for a short period of time (e.g. Maternity Leave, sickness absence etc.). This level will be determined on an annual basis, informed by risk levels, absence levels and improvement objectives. This may be applied universally or by subject or staff group and will be subject to approval by the Workforce & Communication Group.

Compliance will be reported as follows:

- W&CG – Quarterly Performance Report;
- Responsible Manager Alerts

6 Definitions

HR and Wellbeing Business Services (HRWBS)
Provider of HR transactional services

Pre-Employment Checks
Checks undertaken prior to an offer of appointment or as a condition of appointment.

NHS Employment Check Standards
Mandatory standards developed by NHS Employers and the Department of Health for all applicants for NHS positions and staff in ongoing NHS employment. Standards cover:

- Criminal Record checks
- Verification of identity
- Right to Work
- Registration and qualification
- Employment history and references
- Occupational Health checks

Criminal Records Checks
A check undertaken by the Disclosure and Barring Service presented in the form of a ‘disclosure’. Two levels of disclosure, standard and enhanced. Standard or enhanced checks are mandatory in the NHS for all staff, who, as part of their employment, work in a regulated activity.

Verification of Identity
Checks undertaken in accordance with the standards set out by the Centre for the Protection of National Infrastructure (CPNI). The checks are designed to:

- Determine that the identity is genuine and relates to a real person.
- Establish that the individual owns and is rightfully using that identity.

Right to Work
A check required to establish an individual’s Right to Work in the United Kingdom. All employers are required to check all prospective employees and existing employers subject to limited permission (e.g. work permit/leave to remain). Failure to apply checks could result in a civil penalty under the Immigration, Asylum and Nationality Act (2006) of up to £10,000 per illegal worker. (*figure at 2008).
Registration and Qualification
Checks required to ensure that prospective employees are recognised by the appropriate Regulatory Body and that they can demonstrate that they have the right qualifications to do the job.

Professional regulation is intended to protect the public, making sure that those who practice as a health professional are doing so safely.

Employment History and References
Checks in respect of previous employment history including dates of employment, positions held, duties undertaken and personal qualities undertaken prior to an offer of appointment.

Occupational Health Checks
Pre appointment health check including:

- A health questionnaire completed by the applicant;
- An interview with an Occupational Health nursing advisor, if the questionnaire answers need clarification;
- Onward referral to an Occupational Health Physician if appropriate.

7 Duties & Responsibilities

7.1 Individual Roles

7.1.1 Chief Executive
The Chief Executive is ultimately accountable to the Board for the Trust’s compliance with Statute and Regulation.

7.1.2 Director of Workforce
The Director of Workforce is responsible for ensuring that all pre-employment checks are undertaken in accordance with this Policy and that ‘in employment’ requirements are adhered to, by monitoring, reporting and escalating non-compliance.

7.1.3 Corporate Directors / Divisional Heads
Corporate Directors/Divisional Heads or equivalent are responsible for ensuring that staff within their Divisions/Departments comply with this policy.

7.1.4 Managers
Managers (medical and non-medical) are accountable for ensuring that all staff are appropriately registered and continue to adhere to requirements to maintain a right to work in the UK and are compliant with this Policy. Managers are also responsible for reporting any criminal action or conviction involving an existing member of staff to the HR and OD Department and taking appropriate action.

7.1.5 Key Recruiters
Key Recruiters are responsible for ensuring that they adhere to the requirements set out within this policy.

7.1.6 Staff
All staff are responsible for ensuring that they comply with the requirements of this policy. Health Professionals must ensure that they maintain appropriate
registration, providing the HR/OD Department with a copy of this registration, recording the registration in their portfolio.

7.2 Committee Roles

7.2.1 Workforce and Communication Group
The Workforce and Communication Group (W&CG) is responsible for the approval and performance management of this Policy.

8 References

Acts of Parliament
Equality Act 2010
Protection of Children Act (1999)
Rehabilitation of Offenders Act (1974)
Immigration, Asylum and Nationality Act (2006)

Regulations
The Employment Equality (Age) Regulation, October 2006
Protection of Vulnerable Adults Regulations 2002

Websites

NHS Sources
The NHS Confederation (Employers) Co. Ltd

Regulatory Bodies
General Medical Council – [www.gmc-uk.org](http://www.gmc-uk.org)
Nursing & Midwifery Council – [www.nmc-uk.org](http://www.nmc-uk.org)
Health Professions Council – [www.hpc-uk.org](http://www.hpc-uk.org)
Royal Pharmaceutical Society of Great Britain – [www.rpsgb.org.uk](http://www.rpsgb.org.uk) (change link_

Others
Protection of National Infrastructure (CPNI)
## Appendix 1 – Request for Exceptions Procedure

REQUEST FOR EXCEPTIONS PROCEDURE

<table>
<thead>
<tr>
<th>DIVISION:</th>
<th>LOCATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPOINTING MANAGER:</td>
<td>CONTACT NO:</td>
</tr>
<tr>
<td>POST:</td>
<td>BAND:</td>
</tr>
<tr>
<td>NAME OF PERSON TO BE APPOINTED:</td>
<td></td>
</tr>
</tbody>
</table>

**PROPOSED DATE OF COMMENCEMENT:**

Have any criminal conviction been declared on the application form:

- [ ] Yes
- [x] No

If yes then you will be contacted by a member of the HR & Wellbeing Business Services, prior to any decision being made.

**STATEMENT (This should highlight any operational issues and a written undertaking as outlined in the procedure, see paragraph 4)**

Signature of Appointing Manager:

Signature of Divisional Director:

(For appointments into high risk areas)

Date of Request:

**Please forward to:**
HR & Well Being Business Services
Moston Lodge
Countess of Chester Hospital NHS Foundation Trust
Liverpool Road
Chester  CH2 1UL
Appendix 2 – Policy statement on the recruitment of ex-offenders

Policy statement on the recruitment of ex-offenders

Introduction

The Code of Practice published under section 122 of the Police Act 1997 advises that it is a requirement that all registered bodies must treat DBS applicants who have a criminal record fairly and not discriminate because of a conviction or other information revealed.

Policy Statement

As an organisation assessing applicants’ suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS), Wirral University Teaching Hospital NHS Trust complies fully with the Code of Practice and undertakes to treat all applicants for positions fairly. Wirral Hospital University Teaching Hospital NHS Trust undertakes not to discriminate unfairly against any subject of a criminal record check on the basis of a conviction or other information revealed.

Wirral Hospital University Teaching Hospital NHS Trust can only ask an individual to provide details of convictions and cautions that Wirral Hospital University Teaching Hospital NHS Trust are legally entitled to know about. Where a DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended) and where appropriate Police Act Regulations (as amended), Wirral Hospital University Teaching Hospital NHS Trust can only ask an individual about convictions and cautions that are not protected.

Wirral Hospital University Teaching Hospital NHS 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.

Wirral Hospital University Teaching Hospital NHS Trust has a written policy on Safe Recruitment which refers to the recruitment of ex-offenders at 4.1.2, and is made available to all DBS applicants at the outset of the recruitment process.

Please also see the DBS website which has more information on the filtering of old and minor cautions and convictions, which are now ‘protected’ so not subject to disclosure to employers. [https://www.gov.uk/government/news/disclosure-and-barring-service-filtering](https://www.gov.uk/government/news/disclosure-and-barring-service-filtering)
### Appendix 3 – summary of employment checks for circumstances

<table>
<thead>
<tr>
<th></th>
<th>Internal new appointment</th>
<th>External new appointment</th>
<th>Honorary Contract</th>
<th>Return From Career Break</th>
<th>Work Experience</th>
<th>volunteers</th>
<th>Retire &amp; Return</th>
<th>TUPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBS</td>
<td>No – unless moving to a role which requires a higher level of disclosure</td>
<td>Yes although a standard check may be applicable depending upon area of work</td>
<td>Yes via current Employment Check Certificate. If not available speak to HRM</td>
<td>Yes - level depends on the area of work.</td>
<td>No but should be supervised at all times and provided no clinical hands on work</td>
<td>Yes although a standard check may be applicable depending upon area of work</td>
<td>No – unless higher level disclosure needed, high risk area, never had clearance or subject to a service level agreement.</td>
<td>Yes for High Risk Areas only</td>
</tr>
<tr>
<td>OH</td>
<td>no</td>
<td>Yes</td>
<td>Yes via current Employment Check Certificate. If not available speak to HRM who will discuss with OH</td>
<td>Not under normal circumstances. If career break was for health reasons, an ordinary management referral may be necessary</td>
<td>No</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>ID checks</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>No</td>
<td>yes</td>
</tr>
<tr>
<td>References</td>
<td>yes</td>
<td>Yes</td>
<td>Yes via current Employment Check Certificate. If not available speak to HRM</td>
<td>No</td>
<td>Yes (2)</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Induction</td>
<td>Local only</td>
<td>Yes – Trust and local ( for contract over 8 weeks)</td>
<td>Yes via current Employment Check Certificate for contracts less than 8 weeks.</td>
<td>Yes - if over 12 months</td>
<td>Local induction only</td>
<td>Yes – Trust and local</td>
<td>No</td>
<td>Yes –Trust and local</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>yes</td>
<td>Yes</td>
<td>Yes via current Employment Check Certificate or speak to HRM</td>
<td>If Trust Induction not needed, Mandatory Training Required if out of date</td>
<td>No</td>
<td>yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Wirral University Teaching Hospital NHS Foundation Trust  
Policy 136 – Safe Employment Policy  
Date Published: 6th February 2018  
Page 18 of 18  
Review Date: 2nd February 2021
Consultation, Communication and Implementation

<table>
<thead>
<tr>
<th>Consultation Required</th>
<th>Authorised By</th>
<th>Date Authorised</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality Analysis</td>
<td>Adriana Roscoe</td>
<td>December 2017</td>
<td>Screened for relevance – full impact assessment not required.</td>
</tr>
<tr>
<td>Policy Author Checklist</td>
<td>Adriana Roscoe</td>
<td>December 2017</td>
<td>Checked for workforce / development, medicines, finance, NHSLA standards or wider corporate implications.</td>
</tr>
<tr>
<td>Other Stakeholders / Groups Consulted as Part of Development</td>
<td>Partnership Steering Group 16/1/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Staff Consultation via Intranet</td>
<td>Consultation via Collective Bargaining Process</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date notice posted in the News Bulletin.</th>
<th>Date notice posted on the intranet</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2018</td>
<td>February 2018</td>
</tr>
</tbody>
</table>

Describe the Implementation Plan for the Policy / Procedure
(Considerations include; launch event, awareness sessions, communication / training via DMTs and other management structures, etc)

By Whom will this be Delivered?

- Relevant guidance and/or training for appropriate staff within the HR & Organisational Development Department to enable them to fully implement this policy.
- Communication of responsibilities to relevant managers/committees via Divisional Management Boards
- Establishment of processes to underpin compliance and quality review

- HR & OD to lead the communication of the Policy
- Divisional and line managers responsible for ensuring that all existing staff are aware of the revised Policy

Version History

<table>
<thead>
<tr>
<th>Date</th>
<th>Ver</th>
<th>Author Name and Designation</th>
<th>Summary of Main Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2008</td>
<td>1</td>
<td>Angela Callcott, Service Delivery &amp; Compliance Manager, HR&amp;OD  Jill O’Callaghan, HR&amp;OD Manager, Contract Services Sue Green, Director of HR&amp;OD</td>
<td>Previously incorporated within Recruitment Guidelines. Updated to include provision for requirement in Oct 2009 for registration with the Independent Safeguarding Authority (ISA)</td>
</tr>
<tr>
<td>May 2009</td>
<td>2</td>
<td>Angela Callcott, Service Delivery &amp; Compliance Manager, HR&amp;OD  Jill O’Callaghan, HR&amp;OD Manager, Contract Services Sue Green, Director of HR&amp;OD</td>
<td>Update to include NHSLA assessment recommendations from Dec 2008. Updates are purely wording changes to reflect current practice.</td>
</tr>
<tr>
<td>Dec 2010</td>
<td>3</td>
<td>Jill O’Callaghan, ESC Service Manager</td>
<td>Updated to detail process – no change in practice</td>
</tr>
<tr>
<td>March 2011</td>
<td>4</td>
<td>Jill O’Callaghan, ESC Service Manager</td>
<td>Updated to reflect the revised Trust governance structure</td>
</tr>
<tr>
<td>July 2011</td>
<td>5</td>
<td>Jill O’Callaghan, Senior HR &amp; OD Manager</td>
<td>Remove section 6.3.2a Worker Registration Scheme as this closed on 30th April 2011 and is therefore no longer applicable. Amend section 6.4 to offer further clarity when sourcing references.</td>
</tr>
<tr>
<td>Nov 2011</td>
<td>6</td>
<td>Linda Cunningham, Recruitment &amp; Advisory Business Services Manager</td>
<td>Brought in line with Shared Service procedures which were out of sync with policy.</td>
</tr>
<tr>
<td>Jan 2012</td>
<td>7</td>
<td>Jill O’Callaghan, HR&amp;OD Manager</td>
<td>Amended section 6.6.4 to reflect current practice with pharmaceutical independent regulators. Minor changes to aid clarity eg; reference to HR Shared</td>
</tr>
<tr>
<td>Date</td>
<td>Page</td>
<td>Name</td>
<td>Details</td>
</tr>
<tr>
<td>------------</td>
<td>------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>May 2012</td>
<td>8</td>
<td>Jill O'Callaghan, HR&amp;OD Manager</td>
<td>Amended section 6.6 re checking registration with professional body website &amp; 7.2.3 changing “permission” to registration and reporting parameter to 3 months</td>
</tr>
<tr>
<td>May 2012</td>
<td>9</td>
<td>Jill O'Callaghan, HR&amp;OD Manager</td>
<td>Minor amend to section 3 – Scope and KPI’s to aid clarity.</td>
</tr>
<tr>
<td>Dec 2012</td>
<td>9.1</td>
<td>Jill O'Callaghan, HR&amp;OD Manager</td>
<td>Amendments to section 7.2.3 with regards to the process for checking professional registration on an ongoing basis for staff employed within the Organisation.</td>
</tr>
<tr>
<td>Feb 2013</td>
<td>9.2</td>
<td>Jill O'Callaghan, HR&amp;OD Manager</td>
<td>Remove reference to Workforce &amp; Communications Programme Board and replace with Workforce &amp; Communication Group to reflect revised governance structure.</td>
</tr>
<tr>
<td>May 2013</td>
<td>9.3</td>
<td>Linda Cunningham, Recruitment &amp; Advisory Business Services Manager</td>
<td>Remove reference to CRB and replace with Disclosure and Barring Service to reflect the integration of the CRB and ISA.</td>
</tr>
<tr>
<td>August 2013</td>
<td>9.4</td>
<td>Joe Roberts, Head of Assurance</td>
<td>Additional KPI to reflect NHSLA criterion 1.10 – no change to practice, refers to audit which is already undertaken</td>
</tr>
<tr>
<td>January 2015</td>
<td>10</td>
<td>Jill O'Callaghan HR Manager, Linda Cunningham, Recruitment &amp; Advisory Business Services Manager</td>
<td>Comprehensive review undertaken to reflect regulatory requirements, Disclosure and Barring Service requirements and procedural change to employment checks. In summary, DBS checks for external &amp; internal appointments. Reference requirements for Consultants, Occupational Health Screening for internal appointments and a comprehensive review of Section 5.2.3 Professional Registration in order to streamline process. 4.4 Change from two to one satisfactory reference required for internal applicants. Minor changes to make clear the responsibilities of HR&amp;WBS and Director of Workforce.</td>
</tr>
<tr>
<td>February 2015</td>
<td>10.1</td>
<td>Barbara Lewis, HR Manager (temporary)</td>
<td>Policy statement on the recruitment of ex-offenders added at Appendix 3 as advised by DBS</td>
</tr>
<tr>
<td>August 2015</td>
<td>10.2</td>
<td>Jill O'Callaghan, Snr. HR&amp;OD Manager</td>
<td>Section 5.1.3 revised to make clear that the Occupational Health Assessment is excluded from the exceptions process and therefore OH clearance must be confirmed prior to commencement.</td>
</tr>
<tr>
<td>Nov 2015</td>
<td>10.3</td>
<td>Jill O'Callaghan, Snr HR &amp; OD Manager</td>
<td>Section 4.6 updated, insertion @ 4.6.2.2 to explain NMC Revalidation requirements from April 2016.</td>
</tr>
<tr>
<td>Sept 2016</td>
<td>10.4</td>
<td>Jill O'Callaghan, Snr HR &amp; OD Manager</td>
<td>Sub section inserted at section 4 : 4.1.4 to include requirement for staff to make payment for DBS checks and when a staff member would be excluded from making payment.</td>
</tr>
<tr>
<td>August 2017</td>
<td>10.5</td>
<td>Jill O'Callaghan, Senior Medical Workforce Manager</td>
<td>Review of section 4: 4.1.1 to include definition of high risk areas and DBS requirements for appointments to those areas. Removal of HRWBS linked to Agency Staff. Inclusion of table to clarify checks in different employment circumstances.</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>11</td>
<td>Adriana Roscoe, Deputy Head of HR</td>
<td>Full Review - school age work experience applicants will require two references; an educational reference and a character reference. High Risk Areas – Section 4.1 should be reworded to say “The only internal move that requires a new DBS check is a move from a low risk area to a high risk area. High Risk Areas are defined below”</td>
</tr>
</tbody>
</table>
## Monitoring Compliance with the Policy

<table>
<thead>
<tr>
<th>Describe Key Performance Indicators (KPIs)</th>
<th>Target</th>
<th>How will the KPI be Monitored?</th>
<th>Which Committee will Monitor this KPI?</th>
<th>Frequency of Review</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff requiring registration, registered at commencement.</td>
<td>100%</td>
<td>Quarterly Performance report, audit</td>
<td>W&amp;CG</td>
<td>Quarterly (audit annual)</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td>Compliance with professional registration updates whilst in employment.</td>
<td>100%</td>
<td>Quarterly Performance report, audit</td>
<td>W&amp;CG</td>
<td>Quarterly (audit annual)</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td>Compliance by agencies with requirement to provide verification.</td>
<td>100%</td>
<td>Quarterly Performance report Agency compliance audit</td>
<td>W&amp;CG</td>
<td>Quarterly Annual</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td>Permanent staff not registered are followed up</td>
<td>100%</td>
<td>Quarterly, Performance report Alert reports, audit</td>
<td>W&amp;CG / DMTs</td>
<td>Quarterly Monthly (audit annual)</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td>Compliance with requirements of this policy undertaken.</td>
<td>100%</td>
<td>Performance report</td>
<td>W&amp;CG</td>
<td>Quarterly</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td>Employment checks are conducted in accordance with this policy for all employees (criminal record, professional registration and qualification; verification of identity; references; right to work in the UK; occupational health checks)</td>
<td>100%</td>
<td>Quarterly Performance report, audit</td>
<td>W&amp;CG</td>
<td>Quarterly (audit annual)</td>
<td>Director of Workforce</td>
</tr>
</tbody>
</table>

## Performance Management of the Policy

<table>
<thead>
<tr>
<th>Who is Responsible for Producing Action Plans if KPIs are Not Met?</th>
<th>Which Committee Will Monitor These Action Plans?</th>
<th>Frequency of Review (To be agreed by Committee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W&amp;CG, Director of Workforce for Corporate Actions</td>
<td>Divisional Management Teams</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Clinical Head of Division / Associate Director of Operations or equivalent for Divisional actions</td>
<td>Divisional Quarterly Reviews</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workforce &amp; Communication Group</td>
<td></td>
</tr>
</tbody>
</table>