

Cover Sheet

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TB2023.116

Title: Trust Management Executive Report

Status: For Decision

History: Regular Reporting

Board Lead: Chief Executive Officer

Author: Neil Scotchmer, Head of Corporate Governance

Confidential: No

Key Purpose: Assurance

Trust Management Executive Report

1. Purpose

- 1.1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.
- 1.2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report provided aims to contribute to the fulfilment of that purpose.

2. Background

- 2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:
 - 14 September 2023
 - 28 September 2023
 - 12 October 2023
 - 26 October 2023

3. Key Decisions

Enhanced Recovery Unit at the Nuffield Orthopaedic Centre (NOC)

- 3.1. TME heard that the Nuffield Orthopaedic Centre had received a visit from NHS England as part of the steps to accreditation as an elective surgical hub.
- 3.2. The establishment of a six bedded Intensivist-Led Enhanced Care Unit at the NOC would address patient safety concerns and adverse events following complex surgery undertaken at the NOC and ensure national guidance and standards were being met in relation to patients with significant comorbidities or undergoing complex procedures.
- 3.3. TME approved the establishment of an Enhanced Care Unit with the requisite staffing which would support hub accreditation.

Substantive appointment of a 10PA Respiratory Consultant and admin support for the Adult Cystic Fibrosis and Bronchiecstasis Service

- 3.4. TME approved the recruitment of a substantive 10PA Respiratory Consultant and related administrative support for OUH's flagship Adult Cystic Fibrosis and Bronchiecstasis Service.
- 3.5. It was noted that the Oxford Adult Cystic Fibrosis Service had seen a 100% increase in patient numbers since 2010 and that further growth of 35% was predicted for the next two years. The Bronchiecstatis Service, which treats patients who are living with this chronic lung condition, had seen a 36% increase in activity over the last four years in the wake of the COVID-19 pandemic.
- 3.6. TME members supported this proposal which aimed to improve staff morale, recruitment, and retention while reducing patient waiting times and improving access to emergency assessment and treatment, thus reducing hospital admissions.

Structural Cardiology Service Development

- 3.7. TME supported a significant investment in the multidisciplinary team which provides the Trust's Structural Cardiology Service to proceed for consideration to the Investment Committee before being considered for Trust Board approval.
- 3.8. TME heard that the service was growing rapidly, with fewer than 200 procedures carried out in 2017, increasing to more than 550 in 2022, with a projection that the final figure in 2023 would be more than 650 procedures.
- 3.9. Procedures carried out by the service included Transcatheter Aortic Valve Implantation (TAVI). The TAVI service started in 2008 and had grown significantly since then.
- 3.10. Current levels of activity were unsustainable within the current workforce and so an investment in 12.5 whole time equivalent (WTE) posts and an increase in the non-pay budget to support the future expansion of the service was proposed.
- 3.11. It was noted that there would be a return on investment by carrying out more work as elective (planned) procedures and that, due to improvements in technology, an increased number of patients could be offered structural intervention as a definitive treatment.

Replacement Incubators for Newborn Care Unit

- 3.12. TME heard that there were currently 39 incubators on the NCU and that 32 were ten years or older, which was beyond their expected life. The

need to replace these items has been recommended by the Infection Prevention and Clinical Engineering teams.

- 3.13. TME approve capital expenditure to purchase 40 incubators for the Neonatal Unit and three associated shuttles.
- 3.14. This would allow replacement of the 32 oldest incubators, purchase of two existing incubators on short term leases (improving value for money) and an increase in the total number incubators by a further eight.
- 3.15. Seven of the additional eight incubators would be transport incubators, providing additional capacity to allow time for the full decontamination of units between use and helping to avoid some unnecessary neonatal unit admissions as they can be used for babies that required thermal care.

Staff Networks Business Case

- 3.16. Staff Networks were noted to play a key role in informing and supporting the delivery of the Equality, Diversity, and Inclusion (EDI) agenda in the Trust, by creating forums where staff could share their lived experience and strengthen a culture of inclusion and belonging.
- 3.17. The Networks were run by staff volunteers who undertook their duties in addition to their primary job role in the Trust. They currently received no protected time to undertake this role and so the capacity of Network Leads was a significant barrier to the further growth of Staff Networks and risked the Trust not being able to deliver on aspects of the OUH People Plan and EDI Objectives.
- 3.18. TME approved a proposal to introduce 50 hours pf protected time for each of the Trust's Staff Networks to distribute among Network Leads to enable them to build on the work that they were already doing.

In-house Medical Bank Solution

- 3.19. TME approved the purchase of a new online booking system for medical bank staff which many other trusts within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) were already using.
- 3.20. It is intended that the system will be in use by the end of the year, with improvements in useability and governance.

BadgerNet Maternity System Rollout

- 3.21. TME heard that in July 2022 the Trust had approved an investment in the Maternity Electronic Patient Record BadgerNet project which would improve the quality of care for women who using the Trust's Maternity

Services, and would enable the Maternity team to meet existing and future national standards and directives.

- 3.22. The original 'go live' date for the system had been October 2023 but TME members approved the recommendation to change the 'go live' date to late January/early February 2024 on the recommendation of the Project Board based on the need for additional preparatory work.

Clinical Strategy Implementation Plan

- 3.23. TME received an update on developments since the March 2023 approval of the new Clinical Strategy for 2023-2028 which formed a blueprint for the Trust's clinical services, sites, and the role which OUH would play as an organisation over the next five years.
- 3.24. Initial Clinical Strategy Implementation Plans had been developed with input from colleagues across the Trust structures. A Clinical Strategy Implementation Planning Group would now be established to oversee the process for finalising details across all themes, so that a full and complete set of Implementation Plans would be in place by the end of December 2023.
- 3.25. TME approved the high-level implementation plans developed for 2023/24 and 2024/25 and the arrangements for developing the remaining detailed plans.

Winter Preparedness Plan

- 3.26. The Trust Management Executive approved the Winter Plan which had a strong emphasis on the importance of working in partnership with OUH's partners in the health and social care system as the challenges of the winter months went beyond the Trust's Emergency Departments and other acute hospital services.
- 3.27. It was therefore important for all partners to work together to provide joined-up care for the patients and populations the Trust served and this year's Plan had a particular focus on working collaboratively to provide hospital level care in people's homes or in care homes.

Policies

- 3.28. The Trust's Website Policy was approved by TME. The policy governed the information that was held about the Trust on the world wide web and had been consulted upon and updated. The policy also set out the need to ensure that information on OUH's website was not duplicated on external sites but that links to the Trust's site were set up.
- 3.29. TME recommended to the Trust Board that the revised Recruitment and Selection Procedure be approved. The procedure had been considered

and was supported by the People and Communications Committee and had been circulated for Trust-wide consultation. This procedure required approval by the Trust Board as it related to the appointment of staff.

- 3.30. TME recommended to the Trust Board that the revised Supporting Employee Performance Procedure be approved. The procedure had been considered and was supported by the People and Communications Committee and had been circulated for Trust-wide consultation. This procedure required approval by the Trust Board as it related to the removal of staff.

4. Other Activity Undertaken by TME

Workforce Hotspots Analysis

- 4.1. TME heard that work had been underway to develop an approach to reviewing workforce hot spots to triangulate data and provide an approach that could identify the need for interventions at an early stage.
- 4.2. An online dashboard was presented, noting that the preparation of the dashboard was currently a manual process and that options for automation were being reviewed.
- 4.3. TME agreed that the dashboard be used in shadow form for three months and then reviewed to further refine the methodology and use of the tool which was also subsequently reviewed by the Integrated Assurance Committee.

Oxfordshire's Health and Wellbeing Strategy

- 4.4. TME reviewed the draft Health and Wellbeing Strategy for Oxfordshire and the outcomes from extensive ongoing engagement with local people and communities. This represented a systemwide approach to act as the primary place strategy for health and wellbeing in Oxfordshire.
- 4.5. TME noted that a robust strategy of engagement had taken place and that there was good strategic alignment for OUH with both its clinical strategy and approach as an anchor institution.

Anaesthetic Recruitment and Retention

- 4.6. The Trust Management Executive received a review of Anaesthetic recruitment and retention over recent years.
- 4.7. It was noted that the Trust had recruited to a number of additional posts which represented considerable success in a national context. For the first time in recent memory, there were no substantive anaesthetic vacancies.

- 4.8. TME noted the progress that had been made in recruiting to match the theatre baseline; the initiatives being undertaken to bridge the current gap between capacity and demand; and the future plans to increase anaesthetic capacity to further support surgical work.

Industrial Action Update

- 4.9. TME continued to be updated on the impact of industrial action on the Trust's staff, patients, performance and finances.
- 4.10. Patient safety and staff wellbeing remained the priorities at all times, while respecting the right of colleagues to take industrial action. TME members were reminded of the services to support staff wellbeing and thanked staff for their support for each other and the Trust's patients.
- 4.11. TME recognised the importance of planning and preparation in advance of strikes and of debriefs and reviews of harm after strike action was emphasised.

Financial Forecast

- 4.12. The Trust Management Executive continued to be updated on the financial position including a summary of current forecast performance, the actions that TME had approved to improve this and the key current risks and opportunities.
- 4.13. The wide range of scenarios which reflected the ongoing significant uncertainty over key assumptions was noted, as was the new approach to cash forecasting which was to be presented to the Audit Committee.

65 Week Target Demand and Capacity

- 4.14. An update was presented on progress made on key elective standards.
- 4.15. A 73% reduction in patients waiting 65 weeks or longer had been achieved and the Trust had just under 10,000 patients to treat by 31 March 2024.
- 4.16. Specialties with particular challenges had additional mitigations in place to bring 65 week waits to zero but these were dependent on workforce, the pattern of industrial action and the impact of winter.
- 4.17. It was agreed that further updates would be provided to the Delivery Committee as part of its tracking of operational performance.

Patient Initiated Mutual Aid System (PIDMAS)

- 4.18. TME noted the national publication in May 2023 regarding the development of a Patient Initiated Mutual Aid System and a briefing was

provided that gave an overview of the system and the approach for the Trust to deliver PIDMAS.

- 4.19. The Trust Management Executive noted the national requirements and methodology. It approved the development of a Standard Operating Procedure to ensure that eligible patients were contacted and that patients who expressed interest in being seen by an alternative provider on the PIDMAS tool were managed accordingly.

Review and Update of Standing Financial Instructions, Board Reservation and Delegation of Powers and Limits of Delegation Policy

- 4.20. The Trust Management Executive supported amendments to Standing Financial Instructions, Board Reservation and Delegation of Powers and Limits of Delegation Policy recommended following review and proposed that the Audit Committee consider these changes prior to adoption by the Trust Board.

Internal Audit Reports

- 4.21. TME received internal audit reports on the Performance Framework which achieved a rating of substantial assurance for design and moderate assurance for effectiveness and on Getting It Right First Time which achieved a rating of moderate assurance for both design and effectiveness.

Safeguarding Annual Report

- 4.22. The Trust Management Executive received the Trust's Safeguarding (Adults and Children) Report 2022-2023 and noted that safeguarding children and maternity consultations had increased by 50% in the previous year while safeguarding activity in pregnancy had increased by 79%. Safeguarding adult consultations had increased by 34%.
- 4.23. TME heard that not only had the amount of activity increased sharply, but so has the complexity of many cases, which required close partnership working with colleagues across the health and social care system in Oxfordshire.
- 4.24. Thanks were expressed to the Safeguarding team and all staff across the Trust for their professionalism, dedication, and continued support in this essential and challenging work to keep patients safe.

Other Annual Reports

- 4.25. TME also received the following annual reports:
- Emergency Preparedness, Resilience and Response Annual Report

- Freedom to Speak Up Annual Report

5. Regular Reporting

5.1. In addition TME received the following regular reports:

- Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
- Capital Schemes: The TME continues to receive updates on a range of capital schemes across the Trust;
- Divisional and Corporate Performance Reviews: TME receives a summary Performance Reviews that documents key themes and issues presented and actions agreed;
- Finance Report: The TME continues to receive financial performance updates;
- Workforce Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
- Clinical Governance Committee Report;
- People and Communications Committee Quarterly Report;
- Digital Oversight Committee Report;
- Procurement Pipeline Report; and
- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

6. Key Risks

- 6.1. **Risks associated with industrial action:** TME continued to be updated on planning to manage and mitigate the risks associated with industrial action and the impact on waiting times.
- 6.2. **Risks associated with the financial performance:** TME continued to recognise the risks and opportunities to deliver at pace the changes required to recover the financial position.
- 6.3. **Risks associated with workforce:** TME maintained continued oversight on ensuring provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of substantial operational pressures. The impact on staff of cost-of-living pressures continued to be recognised.

- 6.4. **Risks to operational performance:** TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

7. Recommendations

7.1. The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on 14 September 2023, 28 September 2023, 12 October 2023 and 26 October 2023;
- **approve** the revised Recruitment and Selection Procedure (Appendix 1); and
- **approve** the revised Supporting Employee Performance Procedure (Appendix 2).

Recruitment and Selection Procedure

A [toolkit](#) supporting this procedure is available.

Category:	Procedure
Summary:	The purpose of this procedure is to ensure that the NHS Employment Check Standards are understood and implemented consistently across Oxford University Hospitals NHS Foundation Trust.
Equality Impact Assessment undertaken:	July 2023
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via:	
Distribution:	Trust-wide via Human Resources Intranet
Related Documents:	<ul style="list-style-type: none"> Criminal Record Check Policy (previously known as Disclosure and Barring Service Checks Policy) Fit and Proper Persons Policy Honorary and Observer Contracts Procedure Induction Procedure Job Evaluation Procedure Managing Organisational Change Procedure NMC Revalidation Policy Pay on Appointment and Pay Progression Policy Probationary Period Guidance Procedure for the Recruitment and Appointment of Consultant Medical Staff Professional Registration Procedure Service Level Agreement for Recruitment Sickness Absence Management Procedure Temporary Staffing Booking Procedure Voluntary Services Procedure Workforce Equality, Diversity and Inclusion Policy Working Time Regulations Policy

Author(s):	Assistant Director of Workforce – Corporate and Resourcing
Further Information:	General Recruitment Team NHS Employers
This Document replaces:	Recruitment and Selection Procedure v6.0

Lead Director: **Chief People Officer**
Issue Date:

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Introduction

1. Oxford University Hospitals NHS Foundation Trust (“the Trust”) recognises our staff are our greatest asset and are central to delivering compassionate excellence for our people, our patients, and our population. To achieve this, it is essential that the Trust attracts and retains a highly skilled and productive workforce in a timely and safe manner.
2. This Procedure sets out the responsibilities and processes to be followed to ensure equality of opportunity and best practice in recruitment and selection and should be read in conjunction with the Workforce Equality, Diversity and Inclusion Policy and the Disclosure and Barring Service Checks Policy.
3. The Procedure will ensure all recruitment activities are carried out in a safe and effective manner and in line with the NHS Employment Check Standards which set out the pre-employment checks required to verify that the successful candidate meets the requirements of the role they have applied for.
4. The Trust is committed to ensuring that any international recruitment campaigns are ethical and comply with the Code of Practice for the International Recruitment of Health and Social Care Personnel.
5. There are six [NHS Employment Check Standards](#) that outline the type and level of checks employers must carry out before recruiting staff into NHS positions:
 - 5.1. Identity checks standard;
 - 5.2. Criminal records checks standard;
 - 5.3. Work health assessments standard;
 - 5.4. Professional registration and qualification checks standard;
 - 5.5. Right to work checks standard; and
 - 5.6. Employment history and reference checks standard.

Procedural Statement

6. The Trust is committed to equality of opportunity in employment and the recruitment of a diverse workforce regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
7. All applicants for positions within the Trust will be selected for appointment/promotion on merit and all successful candidates will be required to undertake pre-employment checks as outlined in this Procedure which should be used in conjunction with the NHS Employment Check Standards.

Scope

8. The procedure and recruitment process applies to all Trust employees including all medical and dental staff apart from the following groups:
 - 8.1. The recruitment of permanent consultant medical staff and locum consultants is contained in the Procedure for the Recruitment and Appointment of Consultant Medical Staff.
 - 8.2. The appointment process for honorary and observer contracts is contained in the Honorary and Observer Contracts Procedure.
 - 8.3. The enrolment process for volunteers is contained in the Voluntary Services Procedure.
 - 8.4. Executive Directors, whose appointment is overseen by the Remuneration and Appointments Committee however all pre-employment checks are undertaken in accordance with this procedure and the Fit and Proper Persons Policy.

9. All employees are subject to the pre-employment checks contained in the NHS Employment Check Standards. This includes those being recruited to internal and external permanent roles, employees on fixed term contracts, Retention of Employment (RoE) employees, agency and temporary workers, observers and honorary contract holders plus volunteers and contractors.

Aim

10. The aims of this Procedure are to:
 - 10.1. set out the standards and processes to be followed and provide guidance to all those involved in the recruitment and selection process;
 - 10.2. support values-based recruitment, to attract and recruit on the basis that the successful candidates' individual values and behaviours align with the Trust's values;
 - 10.3. provide a fully inclusive and accessible recruitment process that encourages applications from everyone, regardless of any protected characteristic;
 - 10.4. ensure consistent and justifiable criteria are established and used for decisions in selection, transfer and promotion of employees as without consistency, decisions can be subjective and affected by unconscious bias; and to
 - 10.5. ensure any decision to withdraw a conditional offer of employment is made in conjunction with the relevant divisional workforce team and the Assistant Director of Workforce – Corporate and Resourcing

Definitions

11. The terms in use in this document are defined as follows:
 - 11.1. **The Disclosure and Barring Service (DBS)** is an Executive agency of the Home Office which provides wider access to criminal record and barring information for England and Wales. The DBS service enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying if the successful candidate may be unsuitable for certain work, especially work that involves children or vulnerable adults.
 - 11.2. **Electronic Staff Record (ESR)** is the electronic people management system used by the Trust, providing an integrated HR and payroll system and is also used for administering vacancies and managing establishment.
 - 11.3. **TRAC** is the recruitment application management system used by the Trust to administer and manage applications through the advertising, shortlisting, interview and conditional offer stages of the recruitment process.
 - 11.4. As part of the selection process the Trust advocates the use of a **Values Based Interviews (VBI)** to assess to what extent an applicant's values align with those of the Trust. The interview technique is concerned with exploring **how** and **why** people react and take certain actions in any given situation – there are no right or wrong answers to questions. The interviewers will ask the applicant an agreed number of questions which will relate to the Trusts values and will require the applicant to give real life situations they have experienced either in the workplace or elsewhere.
 - 11.5. A **link grade** is a vacancy that offers an opportunity for the candidate to progress from one band to another upon the achievement of competencies as set by the appointing manager. Specific provisions apply in the advertisement and job evaluation requirements for link grade posts.
 - 11.6. A **hidden vacancy** is a vacancy that is loaded by the appointing manager to TRAC as a hidden vacancy. These posts require the normal approval process to be followed but are not advertised and are mainly used in circumstances where bulk recruitment

takes place, for example international recruitment of band 5 nurses, or to facilitate an agreed late application.

11.7. Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 sets out the criteria a director or equivalent must meet, these criteria are known as the **Fit and Proper Person Requirements**. To meet these requirements, the Trust must be able to demonstrate that appropriate systems and processes are in place to ensure that all new directors and existing directors are, and continue to be, fit and that no appointments meet any of the unfitness criteria set out in the Regulations. The Trusts Fit and Proper Persons Policy provides further guidance.

11.8. The **Equality Act 2010** is the legislation that defines discrimination and provides the legal framework to protect the individuals and advance equality of opportunity in relation to the recognised **protected characteristics**: age; disability; sex; gender reassignment; sexual orientation; race; marriage and civil partnership; religion or belief; and pregnancy and maternity.

Responsibilities

12. The **Chief People Officer** is responsible for compliance and ensuring this procedure is kept updated.
13. The **Appointing Managers** are responsible and accountable for:
 - 13.1. Selection decisions, ensuring they work within the equal opportunities and immigration legislation framework and NHS Employment Check Standards.
 - 13.2. Keeping the Recruitment Team informed through-out the recruitment process and complying with the timescales set out in the Service Level Agreement for Recruitment (see Toolkit).
 - 13.3. Providing required personnel to undertake selection decisions, including for the values-based interview.
 - 13.4. Providing feedback to unsuccessful applicants or those being withdrawn.
 - 13.5. Engaging with the successful candidate through-out their recruitment experience, ensuring a smooth on-boarding experience.
 - 13.6. Ensuring that communication with candidates in relation to starting salary is entirely consistent with the Trust's Pay on Appointment and Pay Progression Policy.
 - 13.7. Upholding the integrity of fair recruitment for all.
 - 13.8. Ensuring that they complete any recruitment training that may be required by the Trust before appointing staff and/or chairing interview panels.
14. Retention of Employment (RoE) appointing managers are responsible for conducting all pre-employment checks in accordance with this procedure and the Criminal Record Check Policy.
15. The **Recruitment Team within the People Function** are responsible for:
 - 15.1. Adhering to the principles set out in this procedure, including the Recruitment SLA, and within the NHS Employment Check Standards, ensuring the procedure is followed by appointing managers and applicants/candidates, escalating any instances of non-compliance to the manager of the Recruitment Team.
 - 15.2. Ensuring pre-employment checks for all employees are carried out satisfactorily.
 - 15.3. Along with the divisional workforce teams, providing expert advice on the process, best practice and NHS Employment Check Standards to all stakeholders.
 - 15.4. Being responsive to all stakeholders in a timely manner.

16. The **Centre for Occupational Health and Wellbeing** are responsible for:

- 16.1. For reviewing all pre-placement questionnaires and other health assessments, providing confirmation the preferred candidate is medically fit for employment.
- 16.2. Providing advice regarding any appropriate reasonable adjustments the preferred candidate may require.
- 16.3. Responding to all requests for occupational health advice prior to any decision being taken to withdraw a conditional offer of employment.

17. **Prospective and Current Employees** are responsible for completing the requisite pre-employment checks and engaging in the process.

Recruitment and Selection Process

Authorisation to Appoint

18. When a vacancy occurs or a new post is established, the manager holding the budget must raise the request to recruit on TRAC, the Trust's Recruitment platform. Where the vacancy arises following the resignation of the current postholder the request to recruit must be raised on the day of resignation (or the first working day thereafter). All necessary signatures must be obtained before the vacancy can be advertised. No advertisement or appointment will progress without a fully authorised vacancy on TRAC.
19. The vacancy must clearly outline the flexible working arrangements applicable to this role and these must be consistently applied whether the advertisement is internal, external or applied to a redeployee.
20. The manager must ensure there is sufficient budget, that the post fits with their workforce plan and that the skill mix for the team is correct for delivering the service.
21. If a manager is appointing to a 'link grade' role either by design or for training purposes e.g., ACPs, the role must be added to TRAC at the higher band, clearly stating that it is a link grade and have both the lower and higher evaluated job descriptions uploaded along with the competencies.
22. Any existing member of staff for redeployment will be given consideration for the new post prior to advertisement.

Temporary Variations to the Authorisation Process

23. At certain times, for example during increased financial pressures, there may be additional steps required to obtain authorisation to recruit. Further information on any additional actions will be communicated to budget holders and can also be obtained from the Recruitment Team.

Vacancy Management

24. Hidden vacancies are only used for the management of overseas recruitment or large-scale recruitment activities. Using hidden vacancies affects the time to hire as once a vacancy is approved the time to recruit commences therefore these should be used sparingly.
25. All positions to be offered should be created as vacancies and approved ahead of the interview. It is recognised there may be occasions where an appointing manager is awaiting approval of additional vacancies, however it is not a good experience to leave successful candidates waiting for vacancies to be approved. Therefore, if there is no approved vacancy to allocate a successful candidate to, they receive a communication that they will be entered into a talent pool and they will be sent a regret email for the specific vacancy they were not appointed to, they can then be moved to the newly created like for like vacancy after it has been fully approved. Once a fully approved vacancy is received the candidate's application can be made live and the role offered via TRAC.

Job Description and Person Specification

26. Every post must have a job description and person specification, written by the relevant manager in a clear and concise manner and following the standard format (see toolkit). It should be dated, referenced and reviewed each time the post is advertised. The person specification should be in the form of a list of essential and desirable criteria set out under the headings provided in the template, to identify the skills, experience, qualifications, and personal qualities required. Each applicant must be measured against the criteria at both the shortlisting and interview stage of the process.
27. Any skills specified should be strictly relevant to the requirements of the job and be justifiable. These should not be unnecessarily restrictive so as to exclude any particular or disadvantaged groups.
28. A library of standard job descriptions templates is available from the Job Evaluation Lead (email job.evaluation@oxnet.nhs.uk). If a standard job description and person specification exists, this version must be used and there must be no deviation from the contents of the job description and person specification or the approved pay band of the role.
29. When a job becomes vacant, the job description including person specification should be reviewed to assess whether the post is still required or whether changes are necessary. Any changes should be made before the recruitment process commences and may need job evaluation. Managers should be aware that where a job description is used for multiple roles any re-banding may affect the other postholder(s). Please see the Job Evaluation Procedure for further information and seek advice from the relevant divisional HR team.
30. If the vacancy is a new role, or the role has changed significantly following review then job evaluation is required to determine the appropriate pay band in accordance with the Job Evaluation Procedure. This must be done before adding the post to TRAC and requesting authorisation to recruit.
31. Where the job involves unsocial or irregular hours, travel, or certain professional qualifications (or equivalent experience) as a requirement of the role, this should be made clear in the job description.

Job Advertisements

32. To commence a recruitment activity an authorised TRAC vacancy with a written advertisement, a job evaluated job description and person specification should be attached enabling the Recruitment Team to advertise in timely manner and place the advert in other chosen media as required.
33. If the post is of a temporary or fixed term nature, this must be clearly stated in the advertisement along with the likely duration, the reason (please refer to the Fixed Term Contract Procedure for further information) and whether a secondment will also be considered (please refer to the Secondment and Acting Up Procedure for further information). If a role is fixed term but there is a possibility that it will be made permanent, this should be stated on the advertisement.
34. The Trust is committed to ensuring that no international recruitment campaigns take place in countries listed as red or amber on the World Health Organisation Workforce Support and Safeguard List. Further information is available from the Recruitment Team.
35. If the post is a 'link grade' role this must be clearly stated in the advertisement and the job descriptions provided must be for the lower and higher evaluated band showing clear competencies to be achieved between the two bands. Candidates cannot be appointed as 'link grade' if this was not the initial intention, it was not clearly advertised and/or both job descriptions have not been evaluated.
36. If the appointment is subject to satisfactory DBS disclosure (see Disclosure and Barring Service Checks Policy) this should be entered into TRAC by the recruiting manager at the point of uploading the vacancy. It is the responsibility of the manager to assess the activities

- of the role and the level of DBS requirement. If further guidance is required, please discuss with the manager of the Recruitment Team.
37. All posts will be advertised via [NHS jobs](#) and [healthjobsuk](#) plus on the Trust's external website.
 38. The wording of the advertisements must not be discriminatory in any way. Advice regarding any concerns or queries about the wording of an advertisement can be obtained from the Recruitment Team. Where needed, recommendations for revisions will be given by the Recruitment Team or the line manager.
 39. Applicants without access to the internet will be provided with paper copies of the information relevant to the role upon request. If a paper application form is required, the Recruitment Assistant will notify TRAC who will send a paper application form to the applicant. If the paper application form is submitted within an applicable timescale by other means (other than through the jobs website) this will be accepted by the Recruitment Team.
 40. If an applicant with a disability asks to apply in a particular medium (e.g., audio) this is likely to amount to a reasonable adjustment and this should be facilitated.
 41. The Recruitment Team can provide information to managers if required on the effectiveness of advertising and publications.
 42. Vacancies at all levels, including internal advertisements must be advertised at least with the 'internal only' setting on the OUH jobs board. Exceptions can be made in the case of where employees are being redeployed or where the Trust has obligations to employ trainees upon completion of a training post.
 43. The minimum time to advertise is five working days. Advice can be sought from the Recruitment Team if a post is known to attract many applicants in this period of time and can be, by agreement of the Talent and Recruitment Manager, posted for a shorter period of time or closed early.
 44. The maximum time to advertise is usually 14 calendar days as evidence shows that periods that exceed this may cause candidates to be lost from the process. Where managers may need to extend the advertisement, for example, lack of enough suitable candidates, shortlisting of any applicants should still take place in line with the Service Level Agreement (see Toolkit). The post may, however, be immediately re-opened for advertisement, by agreement of the Recruitment Manager.
 45. Online media on websites/social media channels linked to the role can take place. Expenditure on paid media platforms will be charged to departmental budgets.

Shortlisting Process

46. It is a requirement that shortlisting is based only on the information provided by the applicant in their application form, using the person specification as the criteria. This will be consistently applied to all applicants. The shortlist of applicants must be drawn up independently by at least two of the panel members, ideally by three or more.
47. Late applications will only be accepted in exceptional circumstances where there is clear reasoning and must be submitted in the same format as other applicants. A hidden link will be sent to the applicant, and they will have 24 hours to submit their application. If the application is not submitted within this timeframe, then it will not be considered for shortlisting and the applicant will not be considered for the role.
48. The shortlisting should be completed within the timescale outlined in the Service Level Agreement for Recruitment (see Toolkit).
49. It is best practice that wherever possible when more than one candidate meets the essential criteria that more than one applicant is shortlisted per vacancy, with the utilisation of a reserve list for those with the nearest lower scores.

50. The Trust operates a guaranteed interview scheme which means that an applicant with a disability, who meets the essential criteria for the role, must be shortlisted for interview.
51. The equal opportunities monitoring section of the application form will not be made available to panel members when shortlisting applications.
52. Full reasons for not shortlisting an application must be recorded on TRAC. Shortlisting must be completed as stated in the Service Level Agreement for Recruitment.
53. No-one connected by close friendship, marriage/partnership or related to an applicant should be involved in the selection process. If a member of the appointing team has a conflict of interest, they must raise this with their line manager and declare it to others involved in the process and be managed accordingly.
54. Rejection emails to all applicants not shortlisted will automatically be sent via TRAC when the manager moves the candidates into rejected. This is a generic email stating that their application has not been successful at this time.

The Interview Process

55. Appointing managers and those chairing interview panels must ensure that they have completed any recruitment training required by Trust in advance of the interview process. The Recruitment Manager or Divisional Workforce teams can advise on the up to date training requirements.
56. Where reasonable, if a candidate with a disability requests any special arrangements at interview, these should be considered and accommodated as reasonable adjustments. Any difficulties with complying with a request for reasonable adjustments should be discussed with the Recruitment Team/Assistant Director of Workforce – Corporate and Resourcing.
57. The appointing manager must ensure they give sufficient notice to the shortlisted applicants of the interview, as outlined in the Service Level Agreement for Recruitment.
58. The interview process should take the form of a technical interview, and wherever possible a values-based interview (VBI). For certain roles a VBI is required (see Values Based Interview section below). All information regarding the interview, including selection tests if required must be provided to the Recruitment Team.
59. Where selection tests or presentations are deemed to be necessary, applicants will be informed of the selection process in their interview notification. Any selection test should be specifically related to the job requirements and should measure an applicant's suitability for the role.
60. Selection tests must be administered in such a way that the nature of the test itself does not put applicants with a protected characteristic at a disadvantage e.g., the test format or the time allowed for completion.
61. Applicants will be informed of the format of the interviews (including the VBI) for the role and any selection tests prior to attending the interview.
62. All selection interviews must be conducted by a minimum of two panel members, the panel members should be consistent for all interviews for the vacancy. If a panel member has a conflict of interest (for example they are related to an applicant) please refer to paragraph 53 above. One panel member should act as Chair and lead the interview. The panel should explore by questioning (using the same questions), how the applicant meets each aspect of the person specification, including their qualifications and professional registration. Evidence of qualifications (such as original certificates) should be brought to the interview for scrutiny and copying by the panel.
63. Copies of the interview and VBI notes along with the outcome of any other selection tests must be sent back to the Recruitment Team for retention on the vacancy/applicant record. Notes of the interview for successful and unsuccessful should only be retained for 12 months following the interview.

64. It is essential to ensure that interview questions are related to the requirements and circumstances of the job and must not be of a discriminatory nature. Where the role requires travel or unsocial work hours, the panel should ensure applicants have understood the requirement.
65. The Interview panel will ensure referee details are provided in the application form to cover at least three years of previous employment. Where referee details are missing, or where the current line manager is not provided as a referee (e.g., a colleague has been provided instead) or there are gaps in employment, the interview panel should ask the applicant to provide these details at interview.
66. If at any time during the technical or VBI, concerns are raised about the safety of a child or vulnerable adult the interviewers should gather as much information as possible from the applicant to see if the concerns have been appropriately dealt with. The concerns should then be escalated to the appropriate Designated Safeguarding Officer.
67. Selection decisions must not be influenced by any of the protected characteristics as set out in the Equality Act 2010. If any interviewer feels that discrimination has or may occur in the selection process, the matter must be reported immediately to the Recruitment Team. No decision should be made until the issue is resolved.

Payment of Interview Expenses

68. The Trust does not pay expenses to any candidates attending an interview, assessment centre, meeting, or other pre-employment activity.
69. The Trust does not pay expenses to any external party who is involved in interviewing, assessing or invigilating an activity as part of a recruitment process.

Values Based Interview (VBI)

70. A Values-Based Interview (VBI) is required for all senior corporate roles (Band 8a and above). The VBI must usually take place at least two weeks in advance of the technical interview. The VBI is pass/fail and therefore if the applicant is not aligned, they will not proceed to the technical interview.
71. For all other roles, it is best practice to conduct a VBI and is encouraged. All VBIs should happen in advance of the technical interview and a pass/fail approach is recommended.
72. The VBI will be based on an agreed number of values-based questions, chosen by the recruiting manager from the available question banks, covering an agreed number of separate values. The recruiting manager is responsible for sourcing the appropriate values-based interviewers and arranging the values-based interviews, including inviting the shortlisted applicants.
73. To undertake a VBI there must be two trained values-based interviewers. The only exception to this is if reasonable adjustments have been made to the recruitment process, for example provision of a sign language interpreter.
74. Recruiting managers will choose the values and the agreed number of questions that are most relevant to the specific role they are recruiting to and advise the values-based interviewers in a timely manner of these questions.
75. Recruiting managers should ensure that the values-based interviewers are notified of any reasonable adjustments that the applicant needs, and these arrangements should be put in place. The values-based interviewers or the recruiting manager can discuss this with the Recruitment Team.
76. It is the responsibility of the appointing manager to take the feedback from the values-based interviewers and feed this back to the applicants. A standard rejection email will be sent by the Recruitment Team when the applicant is moved on TRAC to reject by the appointing manager.

77. Values based interviewers must ensure they adhere to the agreed VBI best practice, including using the approved scoring mechanism. Values based interviewers are responsible for ensuring the original interview notes and summary of the outcome are returned to the Recruitment Team for uploading into TRAC.
78. Further information on values based interviews can be found on the [intranet](#) and internet or following discussion with the Culture and Leadership Team.

The Selection Decision

79. The aim of the selection process is to appoint the most suitable applicant to the post by following a clearly defined and fair process. It is important that the selection decision is at all times based on individual merit, the necessary attributes for the post and is in line with employment legislation and is not discriminatory. This involves an assessment against the selection criteria as outlined in the person specification.
80. Applicants should be advised at the interview when they are likely to be informed of the outcome. Unsuccessful applicants should be notified by the Chair of the interview panel and they should be given the opportunity to receive feedback, which should be provided to the applicant by the recruiting manager or the panel themselves. When the candidates are moved into the reject stage, the recruitment team will then send the generic regret email to the unsuccessful candidates.
81. The selection decision should be made by the interview panel, with input from the values-based interviewers regarding the performance in the VBI.
82. The interview panel Chair will communicate the details of the successful candidate to the Recruitment Team by completing the 'offer pending' details on their candidate record in TRAC.
83. Interview outcomes are only valid for three months. If a recruiting manager wishes to appoint an applicant that they interviewed more than three months ago, the applicant will need to be re-interviewed before they can be appointed to a post.
84. Starting salary will be offered in accordance with the Trust's Pay on Appointment and Pay Progression Procedure.

Failure to Recruit

85. If the advertisement closes without suitable candidates or there are no appointable candidates at any stage of the recruitment process the appointing manager should discuss with the Recruitment Team the options available. Where use of a recruitment agency is being considered, this must be discussed and agreed in advance with the Talent and Recruitment Manager before any recruitment agencies are contacted.

Postgraduate Doctors in Training

86. Information on the recruitment to Medical Speciality Training posts is provided in the [Speciality Recruitment Applicant Guide](#).
87. All doctors in training must make every effort to complete the pre-employment checks in line with the code of practice which is outlined in the offer letter. If any checks remain outstanding, they must be completed on the doctor's first day of employment. Failure to complete the checks will result in the doctor being unable to start or be added to payroll.
88. For large cohorts, doctors in training will be processed on a first cleared basis.
89. All doctors in training appointed to the Trust must complete core skills training and complete or attend the induction. The trainee must also attend a departmental induction arranged by the appointing manager.

Conditional Offer of Employment

90. Once the Appointing Manager has identified the successful candidate by moving the vacancy to the offer stage on TRAC the Recruitment Team will email the successful candidate a conditional offer of employment which outlines which pre-employment checks must be undertaken.

Pre-Employment Checks

91. All prospective employees will be subject to pre-employment checks in line with the NHS Employment Check Standards, comprising of six standards which NHS organisations must adhere to for the appointment of all new employees to NHS organisations.
92. Where the successful candidate is required to provide documentation, they must present the original document. For all non-medical employees, these checks will be carried out by the Recruitment Team. For medical employees, the Medical Staffing Team will conduct the checks.
93. If a pre-employment check relevant to the post is not completed satisfactorily, the conditional offer of employment may be held open whilst this is explored, but normally this will be for a period of no longer than one month. The Recruitment Team will follow up with the successful candidate to complete all checks within this period. Where the Recruitment Team cannot resolve issues arising with pre-employment checks satisfactorily, the offer will subsequently be withdrawn following discussion with the relevant Divisional HR Team.
94. The Recruitment Team will review the personal file of anyone who has left within the last 6 months and re-use any checks they can. Roles that require a DBS will need to be managed in accordance with the Trust's DBS Policy.

Verification of Identity

95. Photo identification is required of every prospective employee to the Trust. Where this is unavailable, a passport photograph of the successful candidate is required endorsed on the back with a signature of a 'person of standing' in the community who is known to the candidate for at least two years. A 'person of standing' could be a magistrate, medical practitioner, officer of the armed forces, teacher, lecturer, lawyer, bank manager or civil servant. The photograph must be accompanied by a signed statement from the person signing the photograph. They must supply their name, address, and telephone number.
96. The Trust will take steps to verify the identity of every successful candidate in accordance with the latest requirements outlined in the NHS Employment Check Standards. A list of identification documents that can be used to verify identity, confirm the right to work in the UK and can accompany a DBS disclosure application is available via [TRAC](#).
97. Any discrepancies in names on identity documents against other documents provided must be queried with the candidate and evidence provided where available or a statement from the candidate explain the discrepancy.

Right to Work in the UK

98. A right to work check determines whether an individual has the legal right and permission to work in the UK. The Trust is legally required to carry out a right to work check on all successful candidates before they are allowed to take up employment.
99. No assumption should be made about an individual's right to work on the grounds of colour, race, nationality, ethnic or national origins, accent, of the length of time they have been resident in the UK.
100. The type of right to work check will depend on the status of the successful candidate:
 - 100.1. Identity Service Provider (IDSP) – British and Irish citizens who hold a valid passport (including Irish passport cards) can have their right to work check completed virtually using the Trust's appointed IDSP. Where the successful candidate does not

have a valid British or Irish passport (or Irish passport card) they will need to undertake their right to work check manually.

100.2. Manual checks – the [Home Office provides guidance which outlines the type and range of acceptable right to work documents \(List A and List B\)](#) that a successful candidate must present to the Trust in person for verification to prove their right to work in the UK. This will usually be a passport, including a current visa detailing the holder's leave to remain in the UK (if applicable). If a valid passport cannot be provided the guidance document above provides information about other documents the Trust can accept.

100.3. Home Office online checking portal – non-British and non-Irish nationals can confirm their right to work through the Home Office online checking portal by generating a 9-character long share code which will enable the Trust to access the required information to confirm an individual's right to work in the UK. Where the online portal is used the new employee will be asked to present their documentation to the Trust in person on their first day of employment.

101. If an individual is unable to provide evidence of their right to work in the UK (including the provision of original documents in the case of manual checks), the offer of employment will be withdrawn.

Recruiting People from Outside the UK

102. Freedom of movement between the UK and EU has ended and the UK has introduced an immigration system that treats all applicants equally, regardless of whether they come from.

103. If the successful candidate is from outside the UK (excluding Irish citizens) and they do not already have the right to work in the UK, the Skilled Worker route will have to be followed. This includes the successful candidate being able to demonstrate that:

103.1. they have a job offer from a Home Office licensed sponsor;

103.2. they speak English at the required level;

103.3. the job offer is at the required skill level of RQF3 or above (equivalent to A level);

103.4. they will be paid at least the set minimum rate as determined by the [UK Government](#) or the 'going rate' for the job offer, whichever is higher.

104. If the job will pay less than this the successful candidate may still be able to apply by 'trading' points on specific characteristics against their salary. Please see the [Government Guidance on Recruiting people from outside the UK](#).

Recruitment Expenses

105. The Trust will pay for all expenses associated with the cost of obtaining a work permit or visa that are mandated by the Home Office as 'employer expenses' such as the cost of a Certificate of Sponsorship or Immigration Skills Charge.

106. The Trust does not pay expenses for any worker-incurred expenses associated with the cost of working in the UK, including the cost of a work permit or visa, immigration health surcharge, or other administration expenses.

107. This section applies equally to candidates from outside the UK as it does to candidates already resident in the UK.

References

108. References should be obtained from the present or most recent employer and should provide direct knowledge of the individual's work performance and attendance record. In the case of students, references will be sought from their present place of study. All references from employers or places of study will only be accepted from official business/education email addresses. Character and personal references may be

requested where necessary in accordance with the guidance set out in the NHS Employment Check Standards.

109. If employment references or history show an incomplete record of employment history or where there are discrepancies, the Recruitment Team will follow up with the successful candidate to complete the check. Where the Recruitment Team cannot resolve the issues arising with pre-employment checks, the offer will be withdrawn (see Withdrawing a Conditional Offer of Employment section for further information)
110. If the employment references show that the successful candidate has an unsatisfactory sickness absence record, the Recruitment Team after discussions with the appointing manager may request further information or advice from the Centre for Occupational Health and Wellbeing about the successful candidate's health following the information received. This is to establish if there is any underlying health reason for the successful candidate's absences from work.
111. Where appropriate the Centre for Occupational Health and Wellbeing will make recommendations with regards to reasonable adjustments under the Equality Act 2010. If, following receipt of the opinion from the Centre for Occupational Health and Wellbeing, the appointing manager wishes to withdraw the job offer, they should consult their Divisional Workforce team and the Assistant Director of Workforce – Corporate and Resourcing in the first instance.
112. For all new appointments to the NHS the Recruitment Team must seek references to validate a minimum period of three consecutive years of continuous employment or training immediately prior to the application being made.
113. Where a successful candidate has been with one employer for three years or more, one reference to confirm employment or training is sufficient, providing that all requested details have been confirmed by the previous employer. The information received in the reference will be cross referenced with the successful candidate's application form. If any discrepancies are found, additional references will be requested.
114. If the individual has indicated on their application form that they have previously worked for the Trust, the last line manager will be contacted for a reference and dates of sickness absence will be obtained and shared with the appointing manager for approval. If dismissed by the Trust, reasons for dismissal will also be reviewed. It is a successful candidate's responsibility to fully disclose their work history including periods when they worked at the Trust and provide their line manager details. Failure to disclose the dates and information accurately may result in withdrawal of their conditional offer of employment.
115. A Reference Risk Assessment (see Toolkit) can be completed by the Recruitment Team and the outcome will be discussed with the appointing manager.

Centre for Occupational Health and Wellbeing

116. All successful candidates joining the Trust will be required to undergo health screening through the Centre for Occupational Health and Wellbeing to ensure their fitness to undertake the role.
117. Once the successful candidate is declared 'fit' or 'fit with conditions' and the conditions have been communicated to and accepted by the appointing manager, this element of the pre-employment checking process is complete. The Recruitment Team will update TRAC.
118. If the successful candidate is not deemed 'fit' by the Centre for Occupational Health and Wellbeing, or the appointing manager is unable to accommodate the reasonable adjustments recommended by the Centre for Occupational Health and Wellbeing, the offer of employment may be withdrawn, subject to the provisions of the Equality Act 2010 in relation to reasonable adjustments, if applicable. Advice must be sought from the Divisional Workforce Team before any decision is communicated to the candidate.

119. The reason(s) why the recommendations, including reasonable adjustments, from the Centre for Occupational Health and Wellbeing cannot be accommodated must be recorded by the line manager in TRAC and will form part of the candidate's recruitment pack. This will provide justification of any decision made to withdraw the job offer. See section below on withdrawing an offer.
120. Internal candidates will also be subjected to an occupational health check in cases where the requirements of their new role are different to the role they were originally appointed to e.g. now require exposure prone procedures (EPP) clearance.

Disclosure and Barring Service (DBS) Disclosures

121. For guidance on when a DBS is required for a successful candidate, refer to the Disclosure and Barring Service Checks Policy.

Professional Registration

122. Where professional registration is a requirement of the role, the Recruitment Team will carry out an online check of the professional registration status of the successful candidate. A copy of the online check will be recorded on the successful candidate's file. Where necessary, the Trust will request original documents which will be checked and validated to establish qualifications.
123. If the successful candidate cannot demonstrate satisfactory professional registration or qualification when required for the role, the Recruitment Team will follow this up with them. Where the Recruitment Team cannot resolve these issues arising with pre-employment checks within a reasonable timeframe then the offer will be withdrawn. Please refer to the Trust's Professional Registration Procedure or NMC Revalidation Policy for further details.
124. All successful candidates for nursing posts will be assessed for their readiness for revalidation in line with the Trust's NMC Revalidation Policy. If the Trust deems that they are not ready for revalidation, the offer may subsequently be withdrawn or postponed until appropriate evidence is produced and the Trust is satisfied that they will secure revalidation of their NMC registration.

Qualifications

125. Qualification checks should be undertaken to validate an applicant's educational and/or professional qualifications.
126. In the case of registered healthcare professionals, their professional regulatory body (e.g., NMC, GMC, HCPC etc.) will have undertaken checks to ensure that they have the relevant qualifications to be on the register and can practise in their chosen profession.
127. For non-healthcare professionals and non-registered healthcare professionals, qualifications that are pre-requisite for the position must be checked. Where a qualification is essential for the position, original certificates must be requested, and a copy will be retained on file.
128. Checks should be made that the details on the certificates match the information provided by the applicant in their application.
129. Once they have commenced employment, the successful candidate may also be asked to upload their qualification certificates to My Learning Hub for Pathway to Excellence.

Staff Moving Internally

130. For information on the checks that will be conducted for staff moving internally, please see the standard operating procedure.

Recruiting 16-year-old Candidates

131. The Trust can appoint applicants who are aged 16. Their maximum working day is 8 hours and a maximum working week is 40 hours. Please refer to the Working Time Regulations Policy for further information about employing young workers.

Expressions of Interest

132. In certain circumstances, for internal vacancies, expressions of interest (EOI) can be used to attract candidates. All EOIs should be loaded to TRAC as restricted (hidden) vacancies, they will be subject to the usual approvals processes. Once approved, the Recruitment Team will advertise the role as a hidden vacancy and a link will be sent to the Appointing Manager for circulation to all members of staff who may be eligible for this role. Consideration must be made on whether there are members of staff performing the same type of role in other Divisions, if applicable, these staff members must also be included.

Employing an applicant who was previously dismissed by the Trust

133. Where an applicant was dismissed due to conduct or capability the Trust will consider their application on an individual basis.

Fit and Proper Person Checks

134. The fit and proper persons checks are detailed in the Fit and Proper Persons Policy available on the intranet.

Unconditional Offer (Contract of Employment)

135. Where the candidate successfully completes the required pre-employment checks, a date of commencement is agreed with the Trust. The Recruitment Team will draw up a statement of terms and conditions of employment and the new employee will be booked onto mandatory induction courses appropriate to their role.
136. All new employees to the Trust (apart from medical appointments) will receive an offer of employment subject to a probationary period. This offer will be in line with the Trust's Probationary Periods Guidance.
137. The Recruitment Team will verify completion of pre-employment checks and relevant paperwork for ESR for the prospective employees prior to or on their commencement date with the Trust. If the requirements for presenting original identification documents and/or a completed DBS disclosure application are not met, the new employee cannot commence employment within the Trust. The commencement date will be postponed until these requirements have been satisfactorily met. If the pre-employment checks are not completed within a reasonable timeframe (as set out in the Service Level Agreement for Recruitment) then the offer may be withdrawn.
138. The new employee's personal file is finalised with all pre-employment check paperwork, copies of original identification documents and copies of the signed Statement of Terms and Conditions of Employment.
139. A quality control check is undertaken to ensure all elements of the NHS Employment Check Standards have been met.
140. If information is received that affects the unconditional offer or organisational change impacts the role that was offered advice should be sought from the relevant Divisional Workforce team.

Withdrawing a Conditional Offer of Employment

141. If, after careful consideration, it is decided to withdraw a conditional offer of employment, the grounds for withdrawal must be very clear and the offer of employment rescinded verbally by the Appointing Manager and they must confirm the decision in writing to the candidate, copying in the Recruitment Team. This decision must be made in conjunction

with the Divisional Workforce Team and the Assistant Director of Workforce – Corporate and Resourcing.

Recruitment Records

142. Copies of the advert, job description, person specification, application forms and interviewers shortlisting and interview notes for all unsuccessful applicants should be retained for a period of 12 months after the interview date. At the 12-month period this must be destroyed by all parties. Unsuccessful applicants can request for their information to be destroyed earlier than this 12-month period.

Monitoring Key Performance Indicators

143. The Workforce Information team will circulate monthly divisional KPI data which measures the Trusts performance against the Service Level Agreement for Recruitment.

Recruitment Fraud

144. Recruitment fraud in the NHS is common, this includes staff who submit false or misleading information in respect of their personal data, work history and experience. It may also include the recruitment process being unduly influenced by a relationship. For example, by a family member or friend serving on the interview panel.
145. It is a criminal offence of fraud to obtain a job using false or misleading information, examples include (this list is not exhaustive):
- 145.1. fake qualifications either the declaration of qualifications not obtained or the submission of a forged or counterfeit document;
 - 145.2. fake references from bogus employers; and
 - 145.3. false identity documents or right to work status.
146. The NHS Counter Fraud Agency provides further information on [fraud types](#) and [guidance](#) on the prevention of recruitment fraud.
147. The Trust has a Counter Fraud and Bribery Policy and a counter fraud service that is responsible for investigating any allegations of fraud, corruption or bribery at the Trust. Further information can be found on the Trust's [Counter Fraud intranet site](#).
148. If a member of staff is concerned that fraud, bribery or corruption is taking place these should be reported directly to the [Trust's Anti-Crime Specialist](#).

Training

149. There is no mandatory training associated with this procedure. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

150. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Pre-Employment checks being completed as outlined in this procedure and complying to the NHS Check Standards	Internal quality control check for all new or promoted employees.	Recruitment Co-Ordinators	For all recruitment records	Talent & Recruitment Manager/Assistant Director of Workforce – Corporate and Resourcing

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Pre-Employment checks being completed as outlined in this procedure and complying to the NHS Check Standards	Internal audit of a sample of recruitment records	Trusts appointed internal auditors	Bi-yearly	People and Communications Committee
Relative likelihood of staff from different protected characteristic groups of being appointed from shortlisting.	WRES and WDES Reporting	EDI Manager	Annually	EDI Steering Group

151. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

- 151.1. Commissioned audits and reviews
- 151.2. Detailed data analysis
- 151.3. Other focused studies
- 151.4. Results of this monitoring will be reported to the nominated Committee.

Review

- 152. This procedure will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.
- 153. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

- 154. [NHS Employment Check Standards](#)
- 155. [Immigration, Asylum and Nationality Act 2006](#)
- 156. [Equality Act 2010](#)
- 157. [Oxfordshire Safeguarding Children's Board](#)
- 158. [The Disclosure and Barring Service](#)
- 159. [The Fraud Act 2006](#)
- 160. [The Bribery Act 2010](#)
- 161. [NHS Counter Fraud Authority – Counter Fraud Guidance](#)
- 162. [NHS Counter Fraud Authority – NHS employees](#)
- 163. GOV.UK – [The Seven Principles of Public Life](#)
- 164. GOV.UK - [Right to work checks: an employer's guide](#)

165. NHS England – [Fit and proper persons requirements](#)

Equality Impact Assessment

166. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 1.

List of Appendices


167. Appendix 1 – Equality Impact Assessment

Document History

Date of revision	Version number	Reason for review or update
August 2011	3.0	Updated for Level 1 NHSLA Assessment
March 2012	4.0	Updated following feedback from internal audit to make manager responsibilities clear on checking agency workers photo identification.
June 2012	4.0	Updated following advice from the Assurance Team
January 2013	4.1	Updated following the merger CRB and ISA to the Disclosure and Barring Service (DBS) change in definition names only.
April 2014	4.2	Updated following change in recruitment process following implementation of TRAC.
June 2014	4.3	Updated following advice from Employment Lawyers
June 2017	5.0	Update following 3-year review.
December 2017	5.1	Updated following approval by Workforce Committee to include Fit and Proper Person Requirements
November 2022	6.0	Updated due to review date and changes to authorisation process.

Appendix 1: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	Existing Procedure
Job title of staff member completing assessment	Assistant Director of Workforce – Corporate and Resourcing
Name of policy / service / function:	Recruitment and Selection Procedure
Details about the policy / service / function	This procedure details the procedure for recruitment in the Trust, and the standards which must be adhered to, from advertisement, shortlisting, interview the final decision and preemployment checks.
Is this document compliant with the Web Content Accessibility Guidelines ?	<i>Delete as appropriate</i> Yes
Review Date	3 years
Date assessment completed	12/07/2023
Signature of staff member completing assessment	Laura Bick
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment.

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		The workforce metrics at the Trust show a higher proportion of females than males being employed. There are pockets of specialty's where proactive advertising could support the increase of more diverse recruitment and the procedure supports this.
Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.				X	ESR and TRAC data does not currently enable the Trust to monitor this. Systems are evolving and it is hoped this can be monitored in the future.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		The WRES data shows that white candidates are 1.8 times more likely to be successful than BAME candidates however, this procedure does refer to inclusive recruitment training for appointing managers which should support a change in this metric. It is anticipated that, with implementation of the training, this should lead to a neutral impact, however this will be closely monitored.
Disability - disabled people and carers	X				The Trust has signed up to the Disability Confident Scheme meaning that disabled candidates who meet the essential criteria should be guaranteed an interview. The WDES metric shows that the relative

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					likelihood of appointment from shortlisting is relatively equitable.
Age			X		The data shows difference in likelihoods for different age groups to be shortlisting, with the likelihood of shortlisting generally increasing with age. The inclusive recruitment training will provide further support in this area which should mitigate issues and lead to a neutral impact.
Sexual Orientation			X		At application stage, there is a high number of people (64.1%) who are not specifying their sexual orientation showing that there is signposting the Trust can do to support why this data is important. Of those that have specified, the data shows that the appointment process has relatively equitable outcomes.
Religion or Belief			X		At application stage, there is a high number of people (62%) who are not specifying their religion or belief showing that there is signposting the Trust can do to support why this data is important. When looking at the breakdown of likelihood to appoint and shortlist, some groups have worse outcomes (notable Muslim and Hindu candidates) however it is believed that this is likely more related to ethnicity rather than religion. Overall, it is believed this policy should have a neutral impact.
Pregnancy and Maternity				X	This data is not captured during the recruitment stages and only after appointment.
Marriage or Civil Partnership				X	This data is not captured during the recruitment stages and only after appointment.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.				X	ESR and TRAC data does not currently enable the Trust to monitor this. Systems are evolving and it is hoped this can be monitored in the future.

Sources of information

- TRAC data for candidates at varying stages of their recruitment journey

Consultation with protected groups

List any protected groups you will target during the consultation process and give a summary of those consultations.

Group	Summary of consultation
BAME Network	Circulation of the procedure for comment
Disability Network	Circulation of the procedure for comment

4. Summary stage

Outcome Measures

Whilst Trust data shows that there currently are inequitable outcomes in recruitment processes, it is not believed that this policy is the driver behind these – rather they are symptoms of wider systemic issues. Having said that, this policy does have measures built in to mitigate those wider issues including:

- Aligning the policy to the No More Tick Boxes and If Your Face Fits reports on inclusive recruitment in the NHS.
- Disability Confident Guaranteed Interview Scheme
- Removal of identifying information during shortlisting, including equality monitoring sections not being made available to panel members.
- Requirement to have at least 2 people involved at shortlisting and interview to prevent individual biases from having a disproportionate impact on the process.
- The ability for individuals to request a different application format as a reasonable adjustment for disability.
- The requirement that the selection decision should be based on individual merit when comparing candidates against the person specification rather than criteria beyond that.

Additionally, there is work taking place beyond this procedure to address potential inequalities. This includes:

- The introduction of the ED&I dashboards will support the divisions in their decision making and monitoring of their actions.
- The introduction of the inclusive recruitment training will underpin this procedure and as part of the training, the action learning sets will continue to embed the learning. It is anticipated that, once a critical mass of staff are trained on this, it will become policy that at least one member of a recruitment panel has undergone the training.
- A quality improvement project on our Values Based Interviewing process to ensure that candidates are not disadvantaged based on neurodiversity or cultural background.

As part of the monitoring of this procedure, audits are conducted using the TRAC data. This will be closely monitored and further interventions will be undertaken as necessary.

With all this considered, it is believed that this procedure will enable fair and equitable access and outcomes regardless of protected characteristic.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

The Trust runs a guaranteed interview scheme for disabled candidates that meet the essential criteria for the role.

Unjustifiable Adverse Effects

Our data shows inequality between different groups on recruitment outcomes – for example white candidates are 1.8 times more likely to be successful at interview than BME candidates. However, it is believed that the procedure itself is not the cause of those and is written in a way to proactively encourage more inclusive practice. Work is being undertaken in addition to the procedure to enable effective embedding of that inclusive practice.

Justifiable Adverse Effects

None

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
Bias in recruitment decision making	Inclusive recruitment training	Assistant Director of Workforce – Corporate and Resourcing	Time to attend the training	July 2024	Ongoing
Bias in recruitment decision making	Cultural Diversity Training	Assistant Director of Workforce	Time to attend training	July 2024	Ongoing

Supporting Employee Performance Procedure

A supporting toolkit is available – [Supporting Employee Performance Procedure Toolkit](#)

Category:	Procedure
Summary:	This procedure provides clear guidance to managers to support improvement of performance with employees. A framework is provided within the procedure which focuses on supporting employees to improve their performance to the required standards. This procedure combines the previous Managing Work Performance Procedure and the Capability due to Ill Health procedure.
Equality Analysis undertaken:	July 2023
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this procedure will remain valid.
Approval Via:	
Distribution:	Trust-wide
Related Documents:	Core Skills Policy (previously known as Statutory and Mandatory Training) Disciplinary/Conduct Procedure Handling Concerns Related to Conduct, Capability or Health of Medical and Dental Practitioners Procedure Pay on Appointment and Pay Progression Policy Probationary Periods Guidance Sickness Absence Management Procedure
Author(s):	Deputy Divisional Head of Workforce
Further Information:	HR Department Supporting Employee Performance Procedure Toolkit
This Document replaces:	Managing Work Performance Procedure v 3.0 Capability due to Ill health Procedure v1.0

Lead Director: Chief People Officer

Issue Date:

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Introduction

1. Oxford University Hospitals NHS Trust (the Trust) is committed to providing a positive work environment which encourages development and promotes the health and well-being of employees.
2. The performance of every employee is integral to the Trust's success and in line with the Trust's values and the principles of [Just Culture](#). This procedure is intended to provide a structured approach to support and manage employees, in a fair, consistent, positive, and timely manner to improve their knowledge, skill and/or ability to undertake their role.
3. Any shortfalls in performance should be discussed promptly with the employee concerned and the causes identified.
4. In some circumstances issues of poor performance may be dealt with under alternative policies and advice should be sought from the Divisional Workforce Team if uncertain. For example:
 - 4.1. if work performance concerns arise during an employee's probationary period this should be managed under the Probationary Periods Guidance;
 - 4.2. where an issue is considered to be one of both inadequate performance and misconduct, then the matter will usually be dealt with under the Disciplinary/Conduct Procedure and the employee advised accordingly. However, if there are separate performance and conduct then they should be handled separately under each of the appropriate procedures.
5. The manager must inform and regularly update the Divisional Workforce Team about the progress of any case which reaches the formal stages of the procedure. Workforce colleagues may offer advice and/or guidance in order to maintain consistency and fairness in the application of the procedure.

Scope

6. This procedure applies to all employees of Oxford University Hospitals NHS Foundation Trust (excluding medical and dental employees) on substantive or fixed term contracts and Retention of Employment (ROE) employees.
7. Where there is a concern about the performance of a doctor or dentist, this should be managed under the Handling Concerns Related to Conduct, Capability or Health of Medical and Dental Practitioners Procedure in the first instance.

Aim

8. The purpose of this procedure is to provide a framework for the Trust to support employees (excluding medical and dental employees) with work performance (capability) concerns; encouraging them to achieve effective work standards as described in their job description and in line with the Trust values.
9. A concern about an employee's ability to undertake their role may arise from complaints or criticisms of the employee's work from patients, visitors or colleagues; factual evidence; the manager's own observations or the employee asking for help to overcome a problem. It could also relate to performance that has been adversely affected by ill health.
10. This procedure is necessary to:
 - 10.1. Assist and encourage all employees to achieve and maintain effective standards of job performance.
 - 10.2. Support line managers with a framework and guidance to help improve the performance of employees and encourage personal and professional development.
 - 10.3. Ensure consistent and fair treatment for all employees who experience difficulties in performing the duties of the post or behaving in line with the Trust values.

- 10.4. Provide guidance on the fair and effective ways to support employees where their ill health is impacting on performance.

Definitions

11. The terms in use in this document are defined as follows:
 - 11.1. **Line manager** refers to the immediate manager of the employee;
 - 11.2. **RoE employees** refers to Retention of Employment employees who work for non-NHS organisations but who retain the NHS terms and conditions of service;
 - 11.3. **Performance** means the efficiency of how tasks are carried out against the standards expected;
 - 11.4. **Capability** means the knowledge, skill or ability needed to carry out the required duties of the role to an acceptable standard;
 - 11.5. **Conduct** means the behaviour exhibited by an employee against what is expected;
 - 11.6. **Informal Meeting** means the initial meeting between a manager and employee to discuss any performance concerns and to set objectives;
 - 11.7. **Formal Meeting** refers to a meeting held between a manager and employee to discuss performance concerns and to set objectives, and at which a formal warning may be issued;
 - 11.8. **S.M.A.R.T.** refers to the setting of objectives that are Specific, Measurable, Agreed, Realistic and Time-bound;
 - 11.9. **Supporting Employee Performance Plan (SEPP)** is a document that forms part of the Supporting Employee Performance process and clearly sets out the area(s) of concern, the objectives to be achieved, how the outcome will be measured and the timescales for achieving the objectives.
 - 11.10. **Disability** (as defined by the Equality Act 2010) refers to a physical or mental impairment that has a 'substantial' and 'long-term' adverse negative effect on an employee's ability to carry out normal day to day activities;
 - 11.11. **Underlying Health Condition** is a condition that may amount to a disability under the Equality Act 2010.
 - 11.12. **Reasonable adjustments** are changes an employer makes to remove or reduce a disadvantage related to someone's disability. For example:
 - 11.12.1. making changes to the workplace;
 - 11.12.2. changing someone's working arrangements;
 - 11.12.3. finding a different way to do something; or
 - 11.12.4. providing equipment, services or support.

Responsibilities

12. The **Chief Executive Officer** has overall responsibility for this procedure.
13. The **Chief People Officer** has delegated responsibility for updates and implementation of this procedure.
14. **Divisional Directors** will ensure that instances of poor performance are managed consistently and appropriately, in accordance with the relevant policy.
15. **Line Managers** are expected to ensure that:
 - 15.1. they demonstrate the Trust's values and standards through their actions and behaviours;
 - 15.2. a proactive approach is taken to supporting employees and that the procedure is applied fairly and consistently;

- 15.3. development and continuous improvement are supported at a team and individual level;
 - 15.4. employee performance against agreed standards is reviewed during annual appraisals and at regular ongoing meetings;
 - 15.5. they address performance concerns as soon as they have been identified;
 - 15.6. accurate records are kept at all stages of the process, with copies provided to the member of staff for their information and records;
 - 15.7. feedback provided is constructive, including specific examples;
 - 15.8. all employees within their team(s) are aware of and understand the levels of performance and standards expected of them;
 - 15.9. options for overcoming any barriers to performance are explored;
 - 15.10. training, support and guidance are offered where appropriate;
 - 15.11. realistic objectives are set with reasonable timeframes to achieve and maintain the standard of work;
 - 15.12. they explain to the employee what action may be taken if the required levels of performance are not met; and
 - 15.13. advice is sought from the Centre for Occupational Health and Wellbeing and the Divisional Workforce Team where performance concerns may be related to a disability or an underlying medical condition.
16. The **Workforce Directorate (Human Resources)** is responsible for:
- 16.1. providing advice which is in accordance with current employment law and guidance on the application of this procedure;
 - 16.2. ensuring that the procedure is applied consistently and in a non-discriminatory manner throughout the Trust.
17. **Employees** are responsible for:
- 17.1. identifying and raising with their manager any areas of development, concern or any other matters which may affect their ability to undertake their duties effectively to the required standard;
 - 17.2. seeking support from their Trade Union representative at the earliest opportunity and confirming their availability for attendance at relevant meetings; and
 - 17.3. striving to maintain the expected performance standards, as set out in their objectives and/or values-based appraisal.
18. The **Welfare Officer** is responsible for supporting the employee once a formal Supporting Employee Performance Process begins. The Welfare Officer will ensure the employee has a nominated individual to speak to about the process and what to expect at each stage. The Welfare Officer will also be trained to recognise and escalate concerns in relation to employee wellbeing.

Supporting Employee Performance Procedure

19. Supporting employee performance should be a continual process of feedback through the usual management cycle as well as through annual values-based appraisals.
20. Managers should clearly explain to each employee what is expected of them when they begin employment and on an ongoing basis, ensuring there is an up-to-date job description and clear objectives, with regular review, including at the annual values-based appraisal.
21. The Trust is committed to providing guidance to managers on how to support their teams to achieve the expected levels of performance and further guidance is available in the Toolkit.

22. Before any stage of the Supporting Employee Performance Procedure is commenced (including the Early Resolution stage) it is usually expected that below expected levels of performance have been discussed and addressed as part of the regular feedback process.
23. However, there may be exceptional circumstances where, due to the nature of the performance issue and/or the seriousness of the performance deficiency, it is considered necessary to commence the Supporting Employee Performance Procedure without first having raised these issues as part of the regular feedback process..
24. The process set out below includes both informal and formal meetings, however not all stages may be necessary if the employee reaches and sustains the required level of performance:
 - 24.1. Early Resolution
 - 24.2. First Formal Meeting – potential Written Warning
 - 24.3. Second Formal Meeting – potential Final Written Warning
 - 24.4. Final Formal Performance Hearing – potential Dismissal
 - 24.5. Appeal (after all formal stages)
25. A procedural flowchart can be found in **Appendix 2**.

Early Resolution

26. The Early Resolution Checklist can be found in the Toolkit, which should be used as a guide during this meeting.
27. Early Resolution is the informal step in this procedure, it will occur when the manager identifies an employee's performance is below the required standard.
28. Following the Early Resolution Meeting the manager will put in writing an outline of the discussion and actions agreed using the Record of Discussion (see Toolkit). This will remain on the employee's file for a period of 6 months and attached to this will be a completed Supporting Employee Performance Plan (SEPP).
29. The duration of the monitoring time period for the SEPP should be between 4 and 12 weeks, depending on what is deemed reasonable based on the objectives set. Further information is set out in the toolkit.
30. If the employee states that their health condition or disability is having an impact on their ability to carry out their duties, the manager should complete a referral to the Centre for Occupational Health and Wellbeing. This referral should ask specific questions around the potential impact of the stated health condition on the employee's ability to carry out their role, whether any reasonable adjustments would be recommended and whether redeployment should be considered.
31. If the manager, following advice from the Centre for Occupational Health and Wellbeing considers that the failure to meet the expectations of the post are wholly or substantially related to health issues, then a further review meeting should take place to review the report and take the appropriate steps to ensure the recommendations are carried out, where possible. Where it is not possible to implement some or all of the recommendations the reasons why should be documented and advice sought from the relevant Divisional Workforce team regarding the next steps.

Supporting Employee Performance Plan (SEPP)

32. An individual Supporting Employee Performance Plan (SEPP), which will form part of both the informal and formal stages, should include:
 - 32.1. the area(s) of concern;
 - 32.2. specific individual objectives or standards that could reasonably be expected and the dates by which they should be achieved;

32.3. The objectives should be S.M.A.R.T objectives that are:

- Specific – to clarify the area of concern to ensure the employee understands the expected standards required to perform their role to a satisfactory level;
- Measurable – to define what the objective outcome will look like and be measured against to assess whether it has been achieved to the required standard;
- Achievable and Realistic – to ensure that the objective, the target and the deadline being set is reasonable and attainable;
- Time-bound – this will confirm the time period over which the objective needs to be reviewed and achieved, this should take into consideration any training time that may be required (this will be dependent upon the type of objectives that have been set but usually should be a maximum of 3 months).

32.4. any changes in working arrangements and practices designed to support the achievement of the required standard of performance;

32.5. any further training or personal development measures that will be undertaken, such as mentoring or advice from an external source;

32.6. Training can be in the form of in-house training, external training, shadowing, coaching, assigning a mentor, a secondment (see Secondment and Acting Up Procedure for further guidance) or any other suitable type of training/development.

33. The **Toolkit** provides a template for a Supporting Employee Performance Plan (SEPP) which should be used.

34. Performance will be monitored and reviewed during progress monitoring meetings (see Progress Monitoring Meetings section for further information).

Progress Monitoring Meetings

35. The purpose of a Progress Monitoring Meeting is to review an employee's progress against their SEPP and will occur during each of the performance stages.

36. The manager will keep notes of these meetings capturing progress and any further agreed objectives. A copy of the notes will be given to the employee and during the formal stages of the process to the HR representative for the employee's HR file. The progress monitoring documentation will form part of both the early resolution and formal process.

37. The meetings should occur on a regular basis (e.g. weekly or fortnightly) and will usually be held on a one-to-one basis between the employee and their manager.

38. Where the SEPP is being monitored by another person, then the manager must ensure that the employee receives regular feedback regarding their progress. It may also be appropriate for this individual to attend the progress monitoring meetings, so that a transparent conversation can take place.

39. The Progress Monitoring Meeting Checklist can be found in the manager's toolkit, which should be used as guidance during this meeting.

40. At the end of the progress monitoring period, as set out in the SEPP, the line manager will make an assessment as to whether the employee has achieved all, some or none of the objectives set.

41. If at the end of the progress monitoring period:

41.1. the employee has achieved the objectives set out in the SEPP; they should be informed that no further action will be taken. If there is a recurrence of similar issues action may be resumed at the appropriate point of the procedure, as determined by the manager. At the formal stages this would be during the time period a formal written warning is live and at the informal stage this would be during the six month period the record of discussion is held on an employee's file.

- 41.2. the employee has not achieved the objectives set out in the SEPP they should be informed that progression to the next stage of the procedure will occur; provided the manager is satisfied that all agreed development/support identified in the SEPP has been made available to the member of staff. If this is not the case, then it may be necessary to extend the review period before moving into the next stage in the procedure. It may also be appropriate to extend the review period, due to absence or other issues beyond the employee's control.

Formal Process

Support for Employees During the Formal Process

42. The Trust recognises the formal Supporting Employee Performance process can be difficult for an employee and may impact on both their professional and personal life.
- 42.1. An employee can seek advice and support from their trade union or professional body.
- 42.2. The Trust's [Employee Assistance Programme \(EAP\)](#) is available 24/7 by phone or online and employees can speak to a professional counsellor or information specialist in confidence.
- 42.3. A Welfare Officer will be appointed by the Employee Relations team once an employee reaches the formal stage.
- 42.4. Where there is a concern about the health and wellbeing of the employee or the employee has a health condition or disability that is affecting their performance, referral should be made to the Centre for Occupational Health and Wellbeing.
- 42.5. Where there are concerns about an employee's welfare during this process, the relevant Divisional Workforce Team should be consulted, to enable correct and immediate sign posting to the right team for support.
- 42.6. Employees are able to speak to their Divisional Workforce Team at any stage of this procedure, if they are having wellbeing concerns.

First Formal Meeting

43. The First Formal Meeting forms will normally only happen when the employee has not achieved the objectives set out in the SEPP that was agreed during the Early Resolution stage of the procedure.
44. The manager will confirm in writing to the employee the aspects of their performance that are considered to be unsatisfactory and will arrange a meeting to discuss how they should be addressed, including any SEPP previously agreed at the Early Resolution stage and any documentation completed during this stage.
45. Usually 14 calendar days' notice of the meeting should be given, using the template in the toolkit, and the employee may be accompanied by a colleague, or trade union representative. The employee should also be provided with a copy of this procedure. An HR representative will be present at this meeting.
46. If the employee is a trade union officer/representative no action will be taken until the circumstances of the case have been discussed with a full-time officer of the union or senior trade union representative.
47. The First Formal Meeting Checklist can be found in the manager's toolkit, which should be used as guidance during this meeting.
48. The continued support during the formal stages will mirror the Early Resolution process, however the manager will need to:
- 48.1. remind the employee that this is a formal meeting that is being held in accordance with the Trust's Supporting Employee Performance Procedure;
- 48.2. clarify the expected performance standards and how they are currently not being met;

- 48.3. endeavour, through discussion to establish the causes for the continued unsatisfactory performance;
- 48.4. invite the employee to put forward any evidence and/or to provide an explanation in support of their case. It is important that during this meeting any mitigating circumstances that could be affecting the employee's unsatisfactory performance are discussed. It may also be appropriate to refer the employee to the Centre for Occupational Health and Wellbeing, if this has not been done at the informal stage or if any new health information comes to light.
- 48.5. If the employee's work performance is related to a health condition or disability, then a review of the recommendations for reasonable adjustments by Occupational Health should also take place.
49. The meeting will then be adjourned for the manager to consider the information presented during the meeting. After careful consideration has taken place, the manager will reconvene the meeting to confirm the meeting outcome which could be:
 - 49.1. the employee is given a further appropriate period of time, determined by the outstanding actions on the SEPP and factors such as the availability and frequency of training, to meet the objectives;
 - 49.2. a written warning is issued for a period of 12 months and failure to improve performance will result in the commencement of the second formal stage of the procedure.
50. Following the meeting the manager will put in writing, using the letter template in the toolkit, an outline of the discussion that took place, any actions agreed, and any monitoring and review arrangements. If a written warning was issued, the outcome letter must also confirm the details of the written warning, that the employee has the right to appeal against the outcome (see Appeals Process section for further information) and that any pay progression will be delayed whilst the employee has a formal performance/capability process in place (see the Pay on Appointment and Pay Progression Policy for further information). A copy of the SEPP will also be included with the letter.
51. Performance will be monitored and reviewed during the progress monitoring meetings which will take place on a regular basis (please refer to the Progress Monitoring Meeting section for further information).
52. If there is sufficient improvement in performance, no further action will be required and copies of the documentation will be retained on the employee's HR file for the duration of the written warning, at which point it will no longer be relevant. Should there be a recurrence of similar problems within the written warning period; action may be resumed at the appropriate point of the procedure, as determined by the manager.
53. If performance remains unsatisfactory at the end of the review period, the employee will be advised that the Second Formal Meeting will be arranged.

Second Formal Meeting

54. The Second Formal Meeting should only happen if the employee has not achieved the objectives as set out the SEPP agreed as part of the First Formal Meeting within the review period.
55. The manager should write to the employee usually giving at least 14 calendar days' notice of the Second Formal Meeting, using the template in the toolkit. The following information should also be included in/attached to the letter:
 - 55.1. the meeting will be chaired by the manager;
 - 55.2. the name of the HR representative supporting the manager;

- 55.3. the areas of poor performance that will be discussed during the meeting, with any supporting evidence which should include:
 - 55.3.1. a summary of the supporting employee performance process that has been followed and all action taken;
 - 55.3.2. the meeting checklists;
 - 55.3.3. notes taken during the progress monitoring meetings;
 - 55.3.4. the Supporting Employee Performance Plan(s);
 - 55.3.5. any other documentation relevant to the case, for example training records.
 - 55.3.6. a copy of this procedure.
 - 55.3.7. If the employee has a disability or health condition that is affecting performance, copies of Occupational Health reports should be included.
56. If an employee is absent from work due to sickness at the time of the Second Formal Meeting, an alternative date will be arranged for the meeting. Advice should be sought from the Centre for Occupational Health and Wellbeing about the employee's fitness to attend a formal meeting if it appears the illness will not be resolved in a short period of time and reasonable adjustments should be made where appropriate. If the employee is deemed not fit to attend a meeting within a reasonable time frame, then they may be invited to provide written submissions and the meeting will proceed in their absence. Alternatively, they may be represented by a Trade Union representative in their absence.
57. Where the employee fails to attend a meeting without good reason, the meeting may proceed in their absence. If the employee cannot attend the meeting because their representative is unavailable on the date given, one attempt will be made to rearrange the hearing usually within 7 calendar days. If this is not possible to achieve within the timescale, the employee must seek alternative representation or the meeting will go ahead. Prior to the date of the meeting the employee must notify their line manager that they will not be attending and explain the reasons for their non-attendance. Failure to do this may result in the meeting proceeding in their absence.
58. Any documentary evidence that the employee wishes to rely on during the meeting must be provided to the Chair of the Second Formal Meeting at least 5 calendar days before the meeting. If the employee wishes to call witnesses to the meeting, then a list of the witnesses and a statement from each witness must be provided to the Chair at least 5 calendar days before the meeting. The Chair will then circulate this to all parties.
59. The purpose of the meeting is to:
 - 59.1. consider the information presented by the manager and the employee in relation to the performance concerns;
 - 59.2. review the steps that have been taken to support the employee to improve their performance;
 - 59.3. review the outcome of any training that has been undertaken to secure an improvement in performance;
 - 59.4. review the written documentation from all the previous meetings;
 - 59.5. call for any other evidence which is felt necessary to establish whether the employee is failing to meet the reasonable expectations of performance for the post; and
 - 59.6. if relevant, hear the evidence of witnesses called by the manager and/or employee.
 - 59.7. If the employee's performance is related to a health condition or disability, then a review of the advice received from the Centre for Occupational Health and Wellbeing, including any reasonable adjustments recommended and whether or not they have been implemented should take place. If any of the reasonable adjustments recommended by the Centre for Occupational Health and Wellbeing have not been

implemented the chair should explore with the manager and employee the reasons for this.

60. An option that may be considered at this stage of the process is redeployment to another post via mutual agreement (please refer to the Redeployment Standard Operating Procedure for further information). This should only be considered where it is agreed with the employee that redeployment may provide a more suitable role. This may be at a lower band and will not attract pay protection. In these circumstances the employee should seek advice on pension implications where applicable. When redeployment is pursued details of the discussion and outcome should be confirmed in writing, including any SEPP which may accompany the redeployment.
61. Where redeployment is not considered, the manager will discuss and review the previously agreed SEPP and the required improvements in performance with the employee.
62. After careful consideration has taken place, the manager will reconvene the meeting to confirm the meeting outcome which could be:
 - 62.1. no further action;
 - 62.2. further performance targets:
 - the manager may recommend that the employee undergo a further supported period to allow them to demonstrate improvement. They may also recommend further support and actions.
 - normally, this extended period should be no more than 3 months. At the end of the agreed extended period, the meeting should reconvene. If at this time improvement is still not evident, to the required standard, then the manager must consider an alternative outcome.
 - 62.3. adjourn the meeting to seek advice or further advice from the Centre for Occupational Health and Wellbeing if additional health information comes to light;
 - 62.4. changes to working arrangements:
 - changes may be recommended to the working practices, arrangements and patterns of work for either the employee, and/or the department in which they are employed. Support and training provisions that are available to the employee concerned should be detailed;
 - 62.5. the issuing of a final written warning for a period of up to 24 months, whereby a failure to improve performance will result in the commencement of the Final Formal Performance Hearing of the procedure.
63. Following the meeting the manager will put in writing, using the letter template in the toolkit, an outline of the discussion that took place, including any actions agreed, and the outcome of the meeting including any monitoring and review arrangements. A copy of the SEPP (see the Supporting Employee Performance Plan section for further information) will also be included with the letter (unless the outcome is no further action).
64. If a written warning was issued, the outcome letter must also confirm the details of the written warning, that the employee has the right to appeal against the outcome (see Appeals Process section for further information) and that any pay progression will be delayed whilst the employee has a formal capability process in place (see the Pay on Appointment and Pay Progression Policy for further information).
65. All ongoing actions/recommendations will be monitored and reviewed on a regular basis during the supporting employee performance meetings (see Performance Management Meeting section for further information). The manager will keep notes of any meetings that take place, capturing progress of the actions/recommendations and any further agreed objectives. A copy of the notes will be given to the employee and to HR for the employee's HR file.

66. If there is sufficient improvement in performance, determined by the employee's line manager, no further action will be required and copies of the documentation will be retained on the employee's HR file for the duration of the final written warning, at which point it will no longer be relevant. Should there be a recurrence of similar problems within the final written warning period of up to 24 months; action may be resumed at the appropriate point of the procedure, as determined by the manager.
67. If performance remains unsatisfactory at the end of the review period and a final written warning has been issued, the employee will be advised that the Final Formal Performance Hearing will be arranged. If a final written warning has not been issued then the Second Formal Meeting should be reconvened with the original previous attendees.

Final Formal Meeting

68. If despite all the measures outlined above, the desired improvement has still not been achieved a Final Formal Meeting will be convened by a new manager with the authority to dismiss. Usually 14 calendar days' notice of the meeting be provided and the following information should also be included in/attached to the letter, sent by the employee's line manager:
 - 68.1. the names of the panel hearing the case and any witnesses being called by the manager. The composition of the panel is outlined in **Appendix 4**;
 - 68.2. the areas of poor performance with any supporting evidence which should include:
 - 68.2.1. the management case detailing the performance management process that has been followed and all action taken;
 - 68.2.2. the meeting checklists;
 - 68.2.3. notes taken during the progress meetings;
 - 68.2.4. copies of the SEPP(s) from all previous stages;
 - 68.3. any referrals to and advice from the Centre for Occupational Health and Wellbeing if the performance relates to health conditions or a disability;
 - 68.4. the possible outcomes from the hearing including:
 - 68.4.1. mutually agreed redeployment (including to a lower banded role) or;
 - 68.4.2. dismissal;
 - 68.5. the right to be accompanied by a trade union representative or colleague and to call witnesses in support of their case; and
 - 68.6. a copy of this procedure.
69. If an employee is absent from work due to sickness at the time of the Final Formal Meeting, an alternative date will be arranged for the meeting. Advice should be sought from the Centre for Occupational Health and Wellbeing about the employee's fitness to attend a formal meeting if it appears the illness will not be resolved in a short period of time and reasonable adjustments should be made where appropriate. If the employee is deemed not fit to attend a meeting within a reasonable time frame, then they may be invited to provide written submissions and the meeting will proceed in their absence.
70. Where the employee fails to attend a meeting without good reason, the meeting may proceed in their absence. If the employee cannot attend the meeting because their representative is unavailable on the date given, one attempt will be made to rearrange the meeting within 7 calendar days. If this is not possible to achieve within the timescale, the employee must seek alternative representation or the meeting will go ahead. Prior to the date of the meeting, the employee must notify their line manager that they will not be attending and explain the reasons for their non-attendance. Failure to do this may result in the meeting proceeding in their absence.

71. Any documentary evidence that the employee wishes to rely on during the meeting must be provided to the Chair of the Final Formal Performance meeting at least 5 calendar days before the meeting. If the employee wishes to call witnesses to the meeting, then a list of the witnesses and a statement from each witness must be provided to the Chair at least 5 calendar days before the meeting. The Chair will then circulate this to all parties.
72. The purpose of the Final Formal Meeting is to:
 - 72.1. consider the evidence presented by the manager and the employee in relation to the performance concerns;
 - 72.2. review the steps that have been taken to support the employee to improve their performance;
 - 72.3. review the outcomes of any training that has been undertaken to secure an improvement in performance;
 - 72.4. review the written documentation from all the stages of the process;
 - 72.5. review any recommendations that have been made by the Centre for Occupational Health and Wellbeing in all cases related to health conditions or disability; including any reasonable adjustments recommended and whether or not they have been implemented. If any of the reasonable adjustments recommended by the Centre for Occupational Health and Wellbeing have not been implemented the chair should explore with the manager and employee the reasons for this.
 - 72.6. call for any other evidence which is felt necessary to establish whether the employee is failing to meet the reasonable expectations of performance for the post;
 - 72.7. hear the evidence of witnesses called by the manager and employee.
73. The format of the Final Formal Meeting is contained within **Appendix 4**.

Outcome

74. After the presentation of the evidence and an adjournment, the Chair will reconvene the Final Formal Meeting to inform the employee of the outcome and of any action to be imposed.
75. Following consideration of all evidence and any mitigating circumstances the Chair of the panel will reach a decision and may take one or more of the courses of action as outlined below:
 - 75.1. no further action;
 - 75.2. further performance targets;
 - the Chair may recommend that the employee undergo a further supported period to allow them to demonstrate improvement. They may also recommend further support and actions.
 - normally, this extended period should be no more than 3 months. At the end of the agreed extended period, the Chair will reconvene the Final Formal Meeting, with the same panel wherever possible. If at this time improvement to the required standard is still not evident, the panel will consider the other courses of action available.
 - 75.3. changes to working arrangements;
 - changes may be recommended to the working practices, arrangements and patterns of work for either the employee, and/or the department in which they are employed. Support and training provisions that are available to the employee concerned should be detailed;
 - 75.4. transfer to alternative role via mutual agreement;

- If redeployment was not considered at the previous stage, then it could be considered at this stage (please refer to the Redeployment Standard Operating Procedure for further information). This should only be considered where it is felt that redeployment may provide a more suitable role for the employee. This may be at a lower band and will not attract pay protection. In these circumstances the employee should seek advice on pension implications where applicable. When redeployment is pursued details of the discussion and outcome should be confirmed in writing, including any SEPP which may accompany the redeployment.

75.5. termination of employment due to poor performance;

- the employee may be dismissed based on the evidence, and/or cases, where:
 - transfer to an alternative role is not a realistic option;
 - transfer to an alternative post has failed, either as no post was available or the employee has failed to participate / engage in the transfer option;
 - the employee refuses to accept a suitable alternative post identified and offered.

76. The written decision of the panel will be provided by the Chair to the employee, their representative and to the manager, normally within 7 calendar days of the meeting.
77. The employees should be advised of their right of appeal against the outcome of the Final Formal Meeting, if a formal sanction such as a warning or dismissal is given, in accordance with the Appeal process outlined in this procedure.
78. Where the decision has been made to dismiss, the outcome letter will confirm the reason for dismissal, state the date on when the employment will be terminated, specify whether the employee is expected to work their notice period or to receive pay in lieu of notice, and confirm the employee's right to appeal, including a copy of this procedure which contains the appeals process.
79. The employee will be entitled to statutory or contractual notice, whichever is greater.

Appeals Process

80. Employees have a right of appeal against the outcome of each formal meeting of the Supporting Employee Performance Procedure. In all cases appeals should be addressed to the Director of Workforce within 7 calendar days of receiving written notification of the outcome and should state their full grounds for appeal.
81. An appeal hearing will normally be arranged within 14 calendar days of receipt of the appeal documentation. Where practicable, the appeal hearing will be conducted by a manager more senior than the one who chaired the original meeting and who has not been previously involved in the case.
82. The chair of the appeal hearing may ask anyone previously involved to be present. The employee has the right to be accompanied by trade union representative or colleague to the appeal hearing.
83. The Trust will confirm the final decision in writing, normally within 7 calendar days of the appeal hearing.
84. The purpose of an appeal is to consider whether the action taken was fair and reasonable at the time that the action was taken, and whether the correct procedure was applied in deciding on the action. The appeal must take account of any evidence that has emerged since the initial meeting, including any further advice or information from the Centre for Occupational Health and Wellbeing. The purpose of an appeal is not to rehear the original meeting.
85. The decision of the appeal at any stage is final, and there is no further right to appeal within that stage of the process.

Confidentiality

86. Statements, letters and other communications are confidential to those involved in the Supporting Employee Performance process.

Training

87. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

88. Compliance with the procedure will be monitored in the following ways.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
A review of cases will occur Monthly to monitor compliance with the Procedure	Internal audit	Assistant Director of Workforce – Employee Relations	Monthly	ER Oversight Group
Regular review of the data to understand the proportion of staff with a protected characteristic who are managed formally under the Procedure	Internal audit	Assistant Director of Workforce – Employee Relations	Quarterly	Trust Board

89. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

- 89.1. commissioned audits and reviews;
- 89.2. detailed data analysis;
- 89.3. other focused studies.

Results of this monitoring will be reported to the nominated committee.

Review

90. This procedure will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.
91. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

92. [ACAS](#) website
93. [CIPD](#) website

Equality Analysis

94. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 1.

List of Appendices

95. Appendix 1 – Equality Impact Assessment
96. Appendix 2 – Supporting Employee Performance Procedure Flow Chart
97. Appendix 3 – Format of the Final Formal Meeting
98. Appendix 4 – Composition of the Final Formal Meeting Panel

Document History

Date of revision	Version number	Reason for review or update

Appendix 1: Equality Analysis Impact Assessment

1. Information about the policy, service or function

What is being assessed	New Policy / Procedure Existing Policy / Procedure
Job title of staff member completing assessment	Deputy Divisional Head of Workforce
Name of policy / service / function:	Supporting Employee Performance Procedure
Details about the policy / service / function	<p>This procedure supports and promotes the Trust values and the strategic aim to deliver compassionate excellence for all our patients through the effective management and development of all our employees. The performance of every member of staff is integral to the Trust's success and in line with the Trust's values and the principles of Just Culture this procedure is intended to provide a structured approach to supporting improvement to performance.</p> <p>Oxford University Hospitals NHS Trust (the Trust) is committed to providing a positive work environment which encourages development and promotes the health and well-being of employees.</p> <p>The Trust's People Plan sets out the following commitments for all employees: Supporting our leaders, teams and managers to shine, Careers our people feel excited by, Making continuous improvement a priority, Right Skills in place to deliver our services.</p>
Is this document compliant with the Web Content Accessibility Guidelines?	<i>Delete as appropriate</i> Yes
Review Date	June 2023
Date assessment completed	28/06/23
Signature of staff member completing assessment	<i>J. Ball</i>
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

Delete as appropriate

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Delete as appropriate

Yes - continue with full equality impact assessment

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3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		This new procedure does not change anything that will impact on a particular Sex. It is felt there will be a neutral impact, with the procedure being applied fairly to anyone regardless of sex.
Gender Re-assignment.			x		This new procedure does not change anything that will impact on people included within the Gender Re-assignment category. It is felt there will be a neutral impact, with the procedure being applied fairly to anyone regardless of gender or gender re-assignment.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			x		It is not felt that this procedure will have an impact on people from different Race's. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably across all race's.
Disability - disabled people and carers			x		It is felt by combining the Managing Work Performance Procedure and Capability Due to Ill Health procedure, that this will provide more robust support for people with Disabilities which impact on their performance at work. By providing guidance on when managers should be seeking support at each stage, along with greater impetus on informal conversations at the

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					outset, this should mitigate potential impacts that could arise where disability may impact capability leading to an overall neutral impact.
Age			x		It is not felt that this procedure will have an impact on people of different Age's. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably to people of all ages.
Sexual Orientation			x		This new procedure does not change anything that will impact on any particular sexual orientation. It is felt there will be a neutral impact, with the procedure being applied fairly to anyone regardless of sexual orientation.
Religion or Belief			x		It is not felt that this procedure will have an impact on people from different Religions. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably across all religions.
Pregnancy and Maternity			x		It is not felt that this procedure will have an impact on people who are pregnant or on Maternity leave. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably across all staff groups.
Marriage or Civil Partnership			x		It is not felt that this procedure will have an impact on people who are Married or in a Civil Partnership. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably across all staff groups.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.			x		It is not felt that this procedure will have an impact on people who are within this group. The procedure itself has not been altered from its predecessor and should be applied fairly and equitably across all staff groups.

Sources of information

- ACAS website consulted

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation
N/A	N/A

Consultation with others

There will be a consultation with all staff groups following initial approval of this procedure.

4. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

Key benefits include: Greater support offered to people with health conditions or disabilities at the informal stage, more check points for managers to review reasonable adjustments for staff throughout this process. This would result in them being treated fairly and equitably.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

N/A

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

N/A

Equality Impact Assessment Action Plan

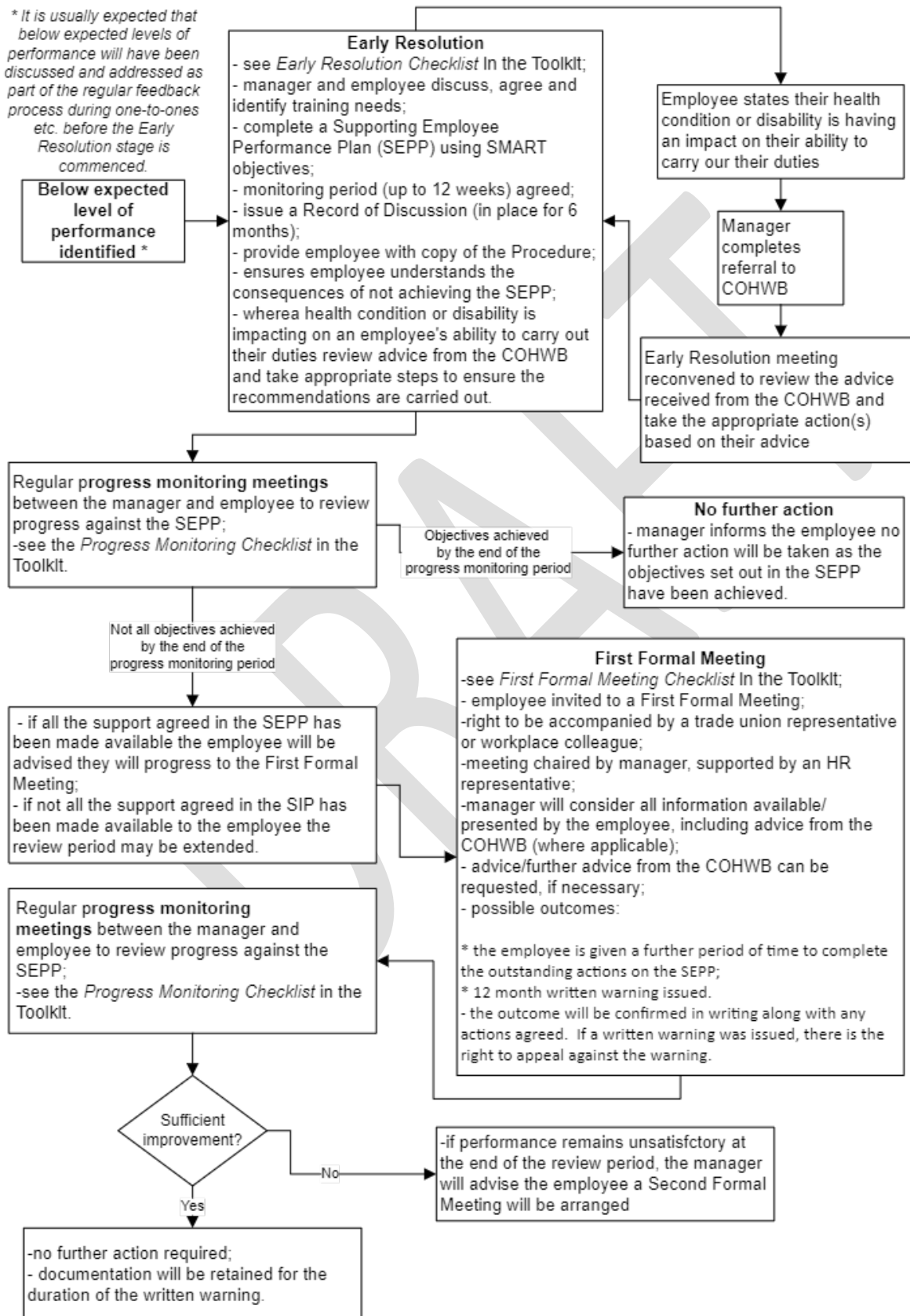
Complete this action plan template with actions identified during the Research and Summary Stages

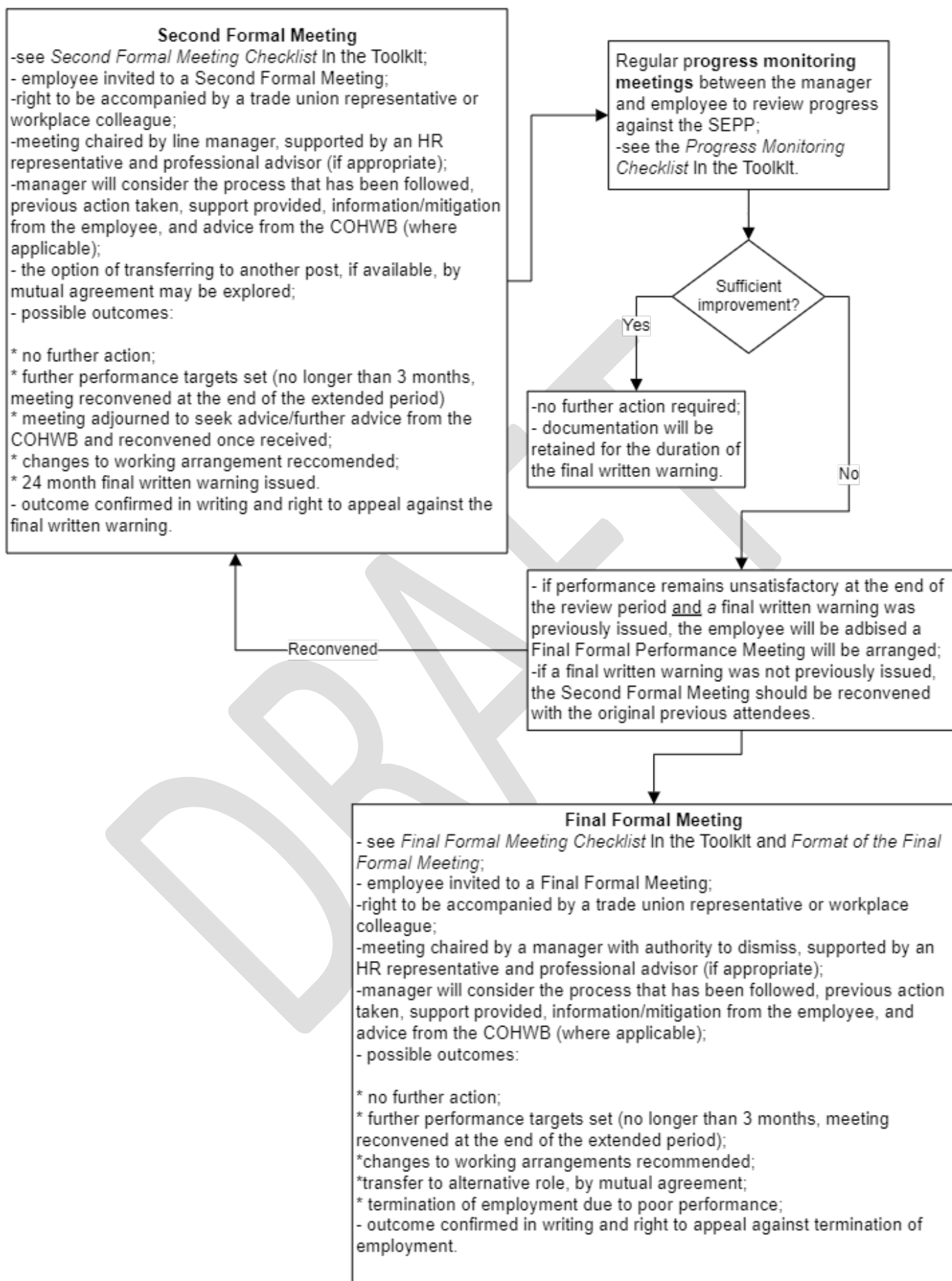
Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
N/A					

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Appendix 2: Supporting Employee Performance Flow Chart

Please note that this flowchart provides a summary of the main stages in the Supporting Employee Performance Procedure, however it should be read in conjunction with the Procedure and not used in isolation.





Appendix 3: Format of the Final Formal Meeting

1. The following should be present throughout the meeting:
 - 1.1. The Panel (See Appendix 4 for full list);
 - 1.2. The employee's line manager, who will present the case;
 - 1.3. The employee;
 - 1.4. If requested, the employee's representative (a trade union representative or work place colleague); and
 - 1.5. A confidential note taker.
2. It is the responsibility of the Chair person to:
 - 2.1. Ensure that all the relevant facts available pertaining to the case have been obtained.
 - 2.2. Ensure that the meeting is conducted fairly.
 - 2.3. Consider new evidence which may come to light during the hearing, if necessary.
 - 2.4. Decide what action, if any, is reasonable based on the facts and evidence presented.
 - 2.5. Arrange for a confidential note taker to be present and record accurate notes of the hearing.
3. Witnesses may be asked to attend the meeting and may be questioned about the statement they have provided. However, there may be situations where this may not be deemed necessary or appropriate, for example where the evidence of the witness is uncontested. In such situations the manager/employee may seek to agree the position with the party in advance and the witnesses may not be required to attend.
4. If witnesses are to be called to give evidence, they should only be present at the meeting during the time that they are actually giving evidence. Witnesses may be recalled if required for clarification.

Order of Events

5. The line manager:
 - 5.1. Will present the management case and supporting evidence to the Panel;
 - 5.2. Will respond to any questions raised by the employee or his/her representative; and
 - 5.3. Will respond to any questions raised by the Panel.
6. If applicable, the line manager will then call any witnesses (one at a time), who:
 - 6.1. Will confirm their evidence/statement, as set out in the management case;
 - 6.2. Will answer any additional questions from the line manager;
 - 6.3. Will answer questions raised by the employee or his/her representative;
 - 6.4. Can be questioned again by the line manager presenting the case on any point that has been raised during the questioning; and
 - 6.5. Can be questioned by the Panel at any time during the proceedings.
7. The employee or his/her representative will then present their case, and may be questioned by the line manager and the panel. Witnesses in support of the employee's

case will then be called. The format for each witness will be as set out in paragraphs 6.1 – 6.5 above.

8. The line manager will be given the opportunity to summarise their case followed by the employee or his/her representative.
9. A request for an adjournment may be made at any time. This is particularly relevant where new facts emerge requiring further investigation.
10. After both parties have summarised their cases an adjournment will then be made to consider the facts.
11. The meeting will reconvene for the outcome decision to be delivered; this may be at a later date in certain cases.

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Appendix 4: Composition of the Final Formal Meeting Panel

1. The Panel to hear the evidence at a Final Formal Meeting will usually consist of:
 - 1.1. The Chair (manager hearing the case).
 - 1.1. A Human Resources representative appointed to advise the Chair person and ensure consistency.
 - 1.2. If the matter is related to a professional issue another manager, with relevant experience, may also be present to advise the Chair person.
 - 1.3. For staff directly accountable to the Chief Executive, a non-Executive Director should also be appointed to be present at the hearing.
2. Any member of the panel may ask questions throughout the hearing.
3. The Trust views a decision to dismiss an employee as being exceptional. In cases where the hearing outcome may potentially result in dismissal, the role of the Chair will be restricted to those with the authority to act as dismissing officer. These are as follows:
 - 3.1. Chief Executive Officer
 - 3.2. Chief Officers
 - 3.3. Directors
 - 3.4. Deputy Directors
 - 3.5. Divisional Directors of Nursing
 - 3.6. Divisional Directors of Operations
4. If a hearing might be postponed as a result of a dismissing officer not being available to attend a hearing, the dismissing officer may ask a manager with an appropriate level of seniority to chair the hearing. Should the Chair decide that dismissal is the appropriate action, this decision must be ratified by the dismissing officer.
5. The dismissing officer should not normally be the employee's immediate manager.