East Sussex Healthcare
NHS Trust

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East Sussex
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FOI REF: 26/281

18th August 2026

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I am requesting information relating to the impact of the April 2025 visa salary threshold changes on lower-paid NHS staff, particularly Band 3 and below roles. For the purposes of this request, please provide information covering the period: 9 April 2025 to 31 March 2026

1) Employees requiring visas in Band 3 and below:

Please provide the number of employees at Band 3 and below who, during the period above, required a visa in order to work for the Trust. Please break this down by:

a) Pay band.

Visa Type	Band 2	Band 3	Grand Total
British National (Overseas)	1	1	2
Dependant	5	13	18
Graduate	2	8	10
Health and Care Worker	0	1	1
Highly Skilled Worker	0	1	1
Refugee	1	3	4
Residence (Indefinite Leave to remain)	44	86	130
Right of Abode	1	0	1
Skilled Worker	0	24	24
Spouse of UK/EEA National	0	2	2
Spouse/Dependant	42	93	135
Tier 4	1	3	4
Youth Mobility Scheme	0	1	1
Grand Total	**97**	**236**	**333**

b) **Job title / role.**

Job Titles	Number of Staff
Assistant	23
Assistant or Associate Practitioner	1
Clerical Worker	26
Cook or Chef	3
Health Care Support Worker	175
Healthcare Assistant	9
Healthcare Science Assistant	20
Housekeeper	36
Maternity Support Worker	1
Medical Secretary	5
Nursery Nurse	1
Officer	7
Porter	5
Receptionist	1
Secretary	1
Student Nursing Associate	1
Support Worker	18
Grand Total	**333**

c) **Visa type, where recorded (for example: Skilled Worker visa, Graduate visa, Dependant visa, Health and Care Worker visa, or other)**

Please see above.

- **If visa type is not centrally recorded, please state this.**

2) **Staff whose employment ended or changed where visa status was a contributing factor:**

Please provide the number of employees whose employment ended or whose role changed during the period above where visa status, visa expiry, or visa-renewal ineligibility was a contributing factor.

Please include the following categories, if held:

a) **Formal dismissals.** 0

b) **Non-renewal of fixed-term contracts.** 0

c) **Resignations linked to visa-related issues.** 0

d) **Staff who left employment before visa expiry due to anticipated ineligibility.** 0

e) **Redeployments or transfers to different roles due to visa/salary issues.** 0

f) **Cases where sponsorship was not offered or not renewed.** 0

Please break this down by:

i) Pay band,

ii) Job title/role.

iii) Reason category.

Not applicable.

3) Staff in roles below the relevant visa salary threshold:

Please provide the number of employees who, at any point during the period above:

a) Required visa sponsorship (or would require sponsorship upon expiry of their current visa in order to remain employed) and were employed in roles whose salary was below the relevant visa salary threshold applicable to them at that time.

3.

Please break this down by:

i) Pay band.

Band 3.

ii) Job title / role.

Clinical Support Workers.

- **If the Trust does not hold this as a single dataset, please provide any equivalent recorded information, internal reports, or assessments used to identify staff potentially affected.**

4) Sponsorship decisions and Certificates of Sponsorship:

Please provide the following information for the period above:

a) The number of Certificates of Sponsorship (CoS) issued by the Trust, broken down by:

i) Pay band.

ii) Job title/role.

Staff Group	Band	No of Cos
Add Prof Scientific and Technic	6	1
Additional Clinical Services	3	8
Additional Clinical Services	4	1
Administrative and Clerical	5	2
Administrative and Clerical	6	3
Administrative and Clerical	8a	1
Allied Health Professionals	5	10
Allied Health Professionals	6	17
Allied Health Professionals	8a	1
Nursing and Midwifery Registered	5	119
Nursing and Midwifery Registered	6	21
Medical and Dental	Specialty Doctor	17
Medical and Dental	STR	5
Medical and Dental	FY2	10
Medical and Dental	Locum Consultant	5

b) The number of cases where sponsorship was:

i) Not offered. 0

ii) Not renewed. 0

iii) Withdrawn. 0

iv) Determined not to be viable. 0

v) Where the salary for the role did not meet the applicable visa salary threshold. 0

Please break this down by:

- **Pay band.**
- **Job title/role.**

Not applicable.

5) Policies, guidance, and mitigation measures:

Please provide copies of any policies, guidance, internal instructions, or briefing documents issued during the period above relating to:

a) Employees unable to meet visa salary thresholds.

b) Handling visa expiry where sponsorship or renewal may not be possible.

c) Any mitigation measures intended to retain affected staff.

Please see the attached documents – 'Recruitment and Selection policy_Redacted' and 'Visa Communication' – the subject of which is 'Support for Clinical Support Workers with Visa Dependency Concerns'.

Please note that it is the Trust's FOI policy to only provide the names of staff that are grade 8a or above, therefore staff that are below that grade have been redacted from the attached document.

Please also note that we have redacted the names of the Trust's IT Systems, names of staff that no longer work for the Trust, personal email addresses and phone numbers, and are applying Sections and 31(1)(a), 40(2) and 44 respectively, please see below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- *NHS England — London » Synnovis Ransomware Cyber-Attack*
- *NHS England confirm patient data stolen in cyber attack - BBC News*
- *Merseyside: Three more hospitals hit by cyber attack - BBC News*

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term ‘’public interest’’ does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the

prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: Freedom of Information Act 2000

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- *Organisations must do more to combat the growing threat of cyber attacks | ICO*

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:
"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability

- Provides information relevant to the IT systems and applications the Trust uses

- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation

- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention

- Public interest in avoiding disruption to our health services

- Public interest in maintaining the integrity and security of the Trust's systems

- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)

- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website http://www.esht.nhs.uk.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

6) Internal assessments, risk reviews, or communications:

Please provide copies of any recorded information created or held during the period above relating to the impact of the April 2025 visa salary threshold changes on staffing.

This may include:

a) Internal impact assessments.

b) Workforce risk reviews.

c) HR reports.

d) Board, committee, or senior management papers.

e) Internal emails or briefing notes.

f) Communications with NHS England, DHSC, UKVI, or the Home Office.

Please see the attached 'Visa Communication' and NHS Employers communication via the following link:

UK immigration policy: latest updates and employer implications | NHS Employers

7) Recording systems:

Please state whether the Trust has a specific policy, procedure, or system for recording and monitoring employee visa status, visa expiry dates, and sponsorship status.

If so, please provide:

a) The name of the policy/procedure/system

Recruitment and Selection Policy.

b) A copy of the relevant policy, or

Please see the attached 'Recruitment and Selection policy_Redacted' and note that we have applied Sections and 31(1)(a), 40(2) and 44, please refer to question 5.

c) A summary of the process if a full document cannot be provided

Not applicable. Please see the response to question 2b.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

East Sussex Healthcare NHS Trust

Recruitment and Selection Policy

Document ID Number	201
Legacy ID Number:	945
Version:	V5.1
Ratified by:	Workforce Policies Partnership Group
Date ratified:	May 2025
Name of author and title:	Greig Woodfield Assistant Director HR - Resourcing
Date originally written:	January 2016
Date current version was completed	March 2025
Name of responsible committee/individual:	Chief People Officer
Division/Speciality:	Human Resources
Date issued:	June 2025
Review date:	May 2028
Target audience:	All staff responsible for recruitment
Compliance with CQC Fundamental Standard	Fit and Proper Persons Employed (Reg19) Good Governance (Reg17)
Compliance with any other external requirements (e.g., Information Governance)	NHSLA Standard 1 Governance Disability Confident Employer Recognised Information Governance - 111
Associated Documents:	Counter Fraud Policy (or equivalent) Anti-Bribery Policy (or equivalent) Conflict of Interest (or equivalent) Whistle blowing/ Raising Concerns Policy Induction Policy Disclosure and Barring Scheme Policy Professional Registration policy Employment Reference Policy Revalidation Policy Management Guide to Probationary Period Pay Progression Policy

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version.

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V3	October 2015	[redacted]	Reviewed and updated	Details process for new recruitment software - [redacted]
V4	July 2019	Greig Woodfield		Updated IAT policy, Updated process
V4.1	20 January 2021	Greig Woodfield	Remove hyperlink	Remove the hyperlink to the Occupational Health Policy in section 5.3.7
V4.2	30 March 2023	Greig Woodfield	Extension to review date to allow time to update	Extended review date from July 2022 to August 2023
V5	20Septemebr 2024	Greig Woodfield	Review and Update	Updated to reflect changes on Occupational Health and Right to Work checks
V5.1	April 2025	Greig Woodfield	Update	Updated changes following review by internal audit

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Workforce Policy Subgroup		July 2016
Workforce Policy Sub Group		July 2019
Workforce Policy Sub Group		September 2024
Workforce Policies Partnership Group		May 2025

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

1. Introduction

East Sussex Healthcare NHS Trust understands that effective and efficient recruitment and selection is key to providing optimum services to patients.

1.2 This policy is intended to assist recruiting managers/clinicians to:

- Understand the Trust's overall approach to Recruitment & Selection, including the relevant pre-employment checks.
- Ensure an understanding of the relevant roles and responsibilities with regards to recruitment and selection.

1.3 The mandate for employment checks in the NHS (in England) was issued by the Department of Health under Health Circular HSC2002/008 in May 2002. These standards outline the legal and mandated employment checks that NHS organisations must carry out to meet the Department of Health's core standards outlined within the Standards for Better Health. This policy adheres to these standards.

1.4 From April 2010, all NHS providers (whether NHS organisations or private providers) must be registered with the Care Quality Commission (CQC). NHS providers will be required to show evidence of their compliance with the NHS Employment Check Standards as part of the CQC's annual regulatory framework.

2. Purpose

2.1. Rationale

This policy provides a framework for managing recruitment and selection, in an efficient, effective and fair manner, ensuring selection of the best possible candidate for a vacancy.

This framework seeks to ensure that no unlawful discrimination occurs during the recruitment & selection process, that equality of opportunity is an integral part of the procedure and that all relevant pre-employment checks are undertaken for all colleagues.

2.2. Principles

- Recruitment and selection should focus on attracting and retaining the best people into the right roles at the right time.
- Those involved in the recruitment and selection of staff within the Trust will adopt a fair and consistent approach which meets the requirements of good practice and employment legislation.
- It must be robust enough to ensure all candidates are safe, qualified and physically able to undertake their role.
- Recruitment advertising and recruitment events should serve to enhance the image of the Trust.
- This organisation will continue to maintain compliance with the Disability Confident Symbol which appears on Trust recruitment literature.

2.3.Scope

- All colleagues involved in the recruitment and selection of staff, including but not limited to Line Managers, HR Colleagues, Occupational Health, Learning & Development

3. Definitions

BME: Black and Minority Ethnic Group. Staff from this group will have received additional training to sit on an interview panel.

Equal opportunities: means giving everyone a fair chance to fulfil their potential, regardless of

- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- age

NHS Jobs: an online recruitment website used by the Trust to advertise vacancies; linked directly to the Trust website.

Person specification: is the objective list indicating the qualifications, skills, knowledge and experience needed by an applicant to be capable of undertaking a role.

Recruitment: this is the process of identifying that the organisation needs to employ someone to fill a post and taking action to attract applicants for the vacancy.

Selection: is the process involved in choosing from applicants to identify a suitable candidate to fill a post.

[redacted]: The Trust In-House candidate management system.

4. Accountabilities and Responsibilities

4.1. Recruiting Manager.

- To ensure that when queries or matters are raised by the Job Evaluation Panel that these changes are made to the relevant job descriptions.
- To ensure that the job descriptions are up to date to reflect the current position, in relation to job requirements and qualifications.
- To ensure that each job had been through the job evaluation procedure.
- To undertake a review of the details of the vacant post and the budget for the post: review the advert and person specification to ensure that it is still fit for purpose; Initiate the process to gain approval to recruit to a vacant post, using [redacted]. Training for this is available through the resourcing team as required.
- Carry out the shortlisting within 5 working days once candidate details are received from the Recruitment team; and interview candidates within 10 working days of shortlisting.
- Posts to be advertised internally and externally unless exceptional circumstances prevail e.g., Redeployment situations. Advice with regards advertising vacancies to be sort from the Recruitment team.
- If possible, a BME representative on the interview panel for all posts Band 7 and above. An updated list of BAME colleagues can be obtained from The Equality and Diversity Team.

- Maintain a current knowledge of the recruitment process and equal opportunity legislation, undertaking training as necessary. Training is available via the Recruitment and Equality and Diversity Team.
- Be aware of the range of flexible employment options offered by the Trust and be prepared to action if relevant.
- Maintain an updated knowledge of verification of identity document checking and refer any suspicious documentation to HR for investigation / verification.

4.2. Resourcing team.

- Offer professional advice to managers at any point in the recruitment process/candidate journey.
- Advice on different methods of recruitment, organise job fairs, and support NHS careers promotion.
- Keep up to date with changes in the labour market, to ensure recruitment efforts are appropriately targeted.
- Ensure that recruitment policies and practices across the Trust are operated consistently and fairly.
- Ensure Equal Opportunities data is reviewed on a regular basis and that the necessary recruitment literature and extranet site are updated.
- Check all documentation submitted by a recruiting manager to ensure accuracy & consistency, and compliance with equal opportunities legislation.
- Liaise with the HR Advisors/HRBP to monitor vacancies against the Trust in relation to the redeployment register, to support our colleagues to remain working within the Trust where possible, thus facilitating retention.
- Activate authorised adverts so that they are advertised via [redacted] and are moved onto NHS Jobs. Posts are to be advertised for a minimum of two weeks on both internal and external platforms. (Unless posts are required to be internal only e.g., staff redeployment situations). Recruitment Manager advises in these instances.
- All posts to have an up-to-date Job Description attached, that has been reviewed and re- evaluated if necessary.
- If online advertising does not produce an appropriate candidate, advise on advertising methods, to target suitable candidates. A small advertising budget is held within Resourcing and from this we will contribute either half the cost or up to £1,000 per advert placed whichever is the lower amount.
- Use recruitment adverts to promote the Trust in line with the corporate image.
- Keep up-dated with employment law and with Home Office developments in relation to employment of overseas staff.
- Ensure that all recruitment documentation is reviewed regularly and kept up to date on the Trust Extranet.
- Undertake relevant pre-employment checks (see section 5.3) on appointed candidates.
- Ensure up to date knowledge of identity verification. Any documents that are suspected as fraudulent should be referred to the Trust retained audit company, who will verify identity or take forward the case if fraud is suspected. In such situations the applicant's start date will be deferred pending an investigation.

4.3. Senior Manager/Assistant Director Operations.

- Undertake to review, and 'Grant' any authorisation for a post for which they are responsible, in a timely manner, using the [redacted] system.

4.4. Clinical Unit Finance Business Partner.

Review the Authorisation to agree funding details of the post, using the [redacted] system.

4.5 Revalidation team.

The revalidation team will assist in the management of any unavailable Responsible Officer (RO) Transfer of Information (TOI) forms and will record and report upon on any RO TOI forms that are provided by doctors on their recruitment to the Trust.

Other employers can be directed to the Responsible Officer Transfer of Information Form by downloading it from the NHS England website or by forwarding the ESHT version which is in a Microsoft Word format. The ESHT version is the preferred version to be used whenever possible. This version is in Appendix D.

The RO Transfer of Information form can be downloaded from the NHS England website: https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/mpit-form-1213.pdf

4.6 Candidates.
Candidates are responsible for completing and returning pre-employment documentation in a timely manner and must provide accurate and truthful information.

4.7 Local Counter Fraud Specialist (LCFS).
The LCFS is responsible for reporting to the CFO and responding to and proactively tackling risks and occurrences of fraud, bribery and corruption at the organisation in accordance with the NHS Counter Fraud Authority requirement to comply with the Government Functional Standard for Counter Fraud. This is done by providing a robust and effective prevention, detection and investigation function which includes the undertaking of risk assessments to identify fraud, bribery and corruption risks across the Trust.

5. Procedures and Actions to Follow

Identifying a vacancy
The occurrence of a vacancy is an opportunity to review the necessity for the post, its duties and responsibilities in line with the department structure chart and service needs. All requests for a vacancy must be made via the weekly Vacancy Control Panel. All vacancies on [redacted] must include the Vacancy Control Panel as an approver, as well as the Financial Business Partner

5.1. Application Process.

All applicants will apply online either via the Trust website recruitment module [redacted] or the link to NHS Jobs. Any applicants who may have difficulty accessing these methods due to a disability, will be assisted by a colleague from the Resourcing Team.

All jobs will be advertised for a minimum period of 2 weeks, unless the volume of applications exceeds a preset cap.

All jobs for roles at Band7 or above will be advertised externally unless they are reserved for re-deployment requirements.

The shortlisting process will be carried out online by the recruiting manager and other members of the interview panel as required.

Interview panel will be, as a minimum, the recruiting manager and another senior team member who will have involvement with the post holder. It is recommended that at least one member of the interview panel should have received the appropriate training that is available from the Recruitment team.

5.2.1 Shortlisting

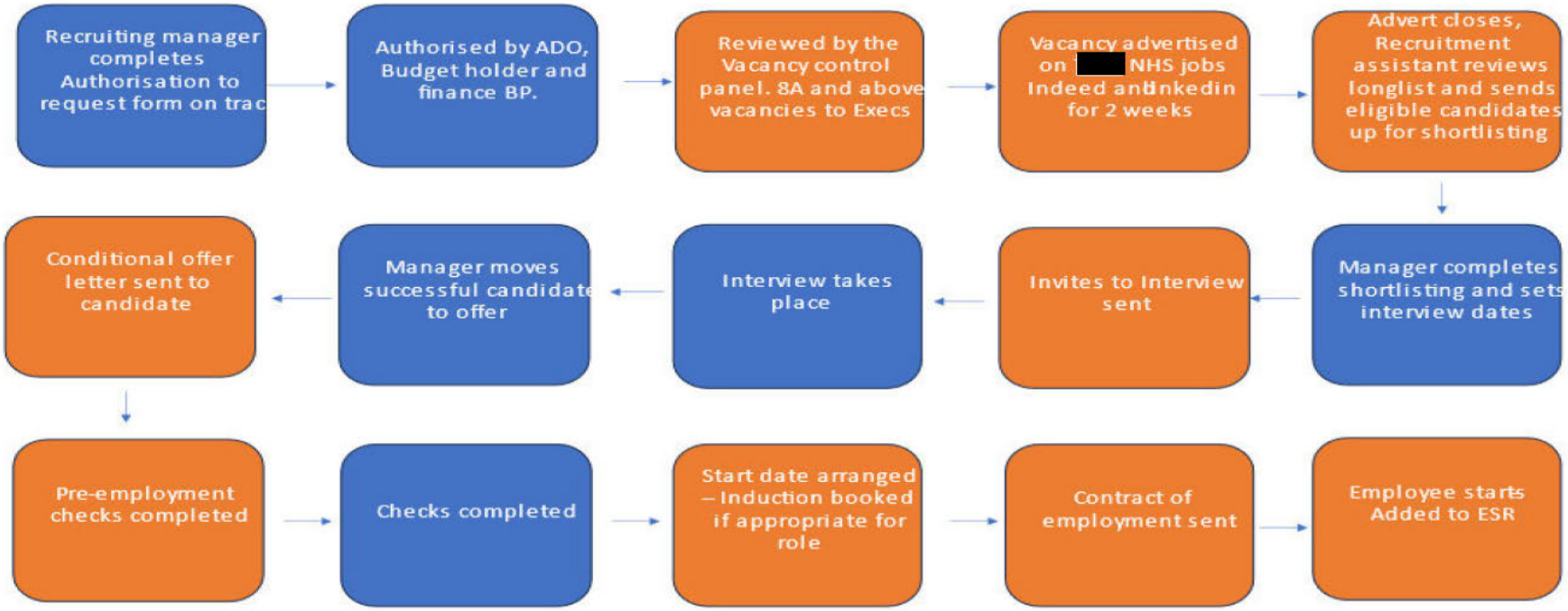
If a candidate is known personally to a member of the panel, this fact should be declared at the time of shortlisting. This knowledge will not necessarily preclude the panel member from involvement in the selection process, but the interest must be declared at all stages. No panel member may ever be involved in the recruitment and selection process of an internal or external candidate who is a relative or partner.

It is recommended that where there are gaps in employment history these should be explored at interview.

Where additional information has been provided by a candidate in relation to criminal proceedings and/or investigation by a licensing body, the interview questioning should explore this further.

A flowchart detailing the recruitment process can be seen on next page.

Recruitment Process Flowchart



5.2. Appointment Procedure.

A conditional offer of employment is made following identification of a successful candidate at interview. The offer is Probationary for the first 6 months of employment. Confirmation of employment is subject to satisfactory pre-employment checks. Normally no new member of staff will start in post until all pre-employment checks have been received, however see paragraph 5.4 for exceptions.

5.3. Pre-employment checks.

Pre-employment checks are in place to confirm the information contained in the application; the applicant's identity and qualifications; to identify any potential underlying health trends & ensure compliance with legal working practices. These checks apply to all staff whether substantive, fixed term, bank (TWS) and volunteer appointments. No applicant will commence in post prior to the return of all pre-employment checks which are satisfactory to the Trust and comply with the mandated employment check standards as issued by the Department of Health.

These checks include:

- Verification of Identity.
- Right to Work in the UK.
- National insurance number (if they have one).
- Employment History and references.
- Professional registration and qualifications.
- Occupational Health.
- Disclosure and Barring Scheme.
- Responsible Officer Transfer of information form for all trained doctors who are not being recruited via the Deanery, or from Overseas.

5.3.1. Verification of identify

Verification of identify checks are designed to determine that the identity of the applicant is genuine, relates to a real person and establishes that the individual owns and is rightfully using that identity. This should be the first check performed and needs to be done as soon after the offer of appointment as possible. If relevant, it can be undertaken at the same time as the Disclosure and Barring check is carried out.

Acceptable documents that will establish proof of identity are listed on the Verification of Identity checklist (Appendix B), available under the Recruitment folder on the Extranet and also listed at the end of the Conditional Offer Letter, for clarification.

The process for checking identity is as follows:

The individual will be sent a link by our external provider who will require them to demonstrate that they have the necessary Right to Work documentation. The documentation is examined for authenticity in line with guidance in Appendix C.

The Recruitment Team will undertake a second check by reviewing all documentation ensuring that the process has been properly followed. Should any queries arise from the documentation these will be referred back to the Recruiting Manager.

When checks are satisfactorily completed the Recruitment Team will make the relevant entries onto [redacted] and ESR.

5.3.2 Right to Work in the UK- Preventing Illegal Working

All new employees need to demonstrate their right to work in the UK and guidance on acceptable documentation that confers this right is clarified in Appendices 1 and 2 and is recorded on their [redacted] file. Clear scanned copies of the original documentation should be held on the staff [redacted] file.

The Trust monitors time limited right to work on a monthly basis, via reports from workforce information.

Where applicable anyone who wishes to work in the UK will require a Certificate of Sponsorship and work visa. A Certificate of Sponsorship and work visa is issued for an individual to undertake a specific role and is not transferable to another employer.

The Trust is registered to obtain Skilled Worker Certificates of Sponsorship and application for this is undertaken by designated authorisers within the Recruitment Team. Once obtained it has to be used by the prospective employee within 3 months to apply for their Visa.

The Trust will undertake to obtain a Certificate of Sponsorship for a successful candidate, when required, within the restrictions of the Right to Work application process, as defined by the Home Office and that are current at the time of application. The candidate has the responsibility to obtain their 'Leave to Remain' visa.

Currently, spouses of work permit holders, who have been granted leave to remain as dependants of a work permit holder, have the right to work in the UK provided that their spouse continues to hold a valid visa. The Recruitment team contact will check the visas for both the applicant and their spouse.

5.3.3. National Insurance Number

If a new employee does not have a National Insurance Number, the employee must contact their DWP Job centre and apply/request one. On receipt of the number, the member of staff will advise the Recruitment team who update ESR.

5.3.4. Qualifications

Original certificates are to be presented on request by the applicant and copies of the certificates for any qualifications required for a post are to be held on the [redacted] staff file.

Validation checks of original qualification should be undertaken and checked against the details on the application form.

Where applicable, overseas qualification should be translated using an appropriate service.

5.3.5. Employment History and References.

References will be taken up for the successful candidate after the interview; with the exception of candidates for medical staffing posts, who may have references taken up at the short-listing stage. (Please refer to the Employment Reference Policy held on the Trust extranet).

No reference should be taken up without prior permission of the applicant.

If there is a problem obtaining a reference from either referee, an alternative referee should be sought.

At least one reference must be obtained from the current or most recent employer from someone who was in a position of management to the applicant – this should be their Line Manager but may also be someone in a more senior management position with that employer.

Referees must have a current or very recent connection with the applicant.

References should cover and confirm the previous 3 years of employment.

Medical Revalidation and the Responsible Officer Transfer of Information Form

In the case of doctors who are not being recruited via the Deanery or from Overseas, a Responsible Officer Transfer of Information form should be applied for by the recruitment team *prior* to an unconditional offer of employment being made to the successful candidate (please see Appendix D). Where a Responsible Officer Transfer of Information form is legitimately unavailable e.g. because the doctor has not worked in the UK before, the 'Unavailable RO TOI authorisation request form' should be forwarded to the revalidation team at the email address: [redacted] (please see Appendix E).

The revalidation team will immediately inform the Responsible Officer (Medical Director) and/or the Deputy Responsible Officer (Assistant Medical Director) and request their authorisation for the employment of the doctor without a Transfer of Information Form being provided. The response from the RO or his deputy will be forwarded to the recruitment team at the address: [redacted] as soon as a response is received.

As references are usually obtained via email, a professional email address should be used whenever available, but as a mandatory requirement for all references for staff with a professional registration (e.g. Doctors, Nurses, AHPs).

It is necessary to check the disciplinary history of the applicant and therefore, if only a standard reference is received from an employer, then efforts will need to be made with the candidate to identify an alternative referee.

If no employment referees are available i.e. because the applicant has no previous employment history, a reference from a person of standing e.g. a teacher, solicitor, doctor or professional person may be used.

References are privileged communications to the appointing manager only and must be treated in strictest confidence. The author of the reference must give prior permission before any part of the contents of the reference can be divulged to the candidate.

Receipt and approval of satisfactory references will be recorded on the Appointment / Staff Check List and held on the staff file.

Any doubts about a reference will be raised by the Resourcing team to the Hiring Manager in order for a second opinion to be obtained from the department.

Successful candidates should provide details of a minimum of two referees.

The process for obtaining references should be detailed on a standard template and must come from a company email address or on letter headed papers.

Full details of the Trust Employment Reference process can be found in the Employment Reference Policy.

5.3.6. Professional Registration.

Candidates are requested to provide proof of professional registration before commencing in post. Appropriate on-line checks will also be made by the Recruitment Assistant, to the relevant professional body to confirm registration details, recorded on the Appointment / Staff Check List and a print-out of the evidence placed on the staff file.

Registration expiry dates will be recorded on the HR system – Electronic Staff Record (ESR) - and will be reported on a monthly basis for the following 3 months, as per the 'Professional Registration' policy.

Any communication alerting of breaches in professional registration will be actioned by the Resourcing team.

All references must include the referee's name, job title and main landline number.

References should be cross checked with other documentary evidence.

Where applicable, references should be translated using an appropriate service.

Where applicable, references should be checked through the relevant embassy if there are any concerns.

5.3.7. Occupational Health Assessment.

All offers of employment to both paid and voluntary staff will be subject to a health assessment based on risks identified within the Job Hazard form and the information provided by the candidate/applicant within their pre-placement health questionnaire. This is to support potential candidates/applicants in commencing their role by ensuring any adjustments are identified to their manager and ensuring their fitness for the job role they have applied for. Occupational Health will also advise if the Equality Act 2010, is likely to apply based upon the information provided by the candidate/applicant.

Occupational Health will offer the candidate/applicant a health interview if this is indicated.

Following successful application process and once a conditional offer is given, Recruitment department will share with the candidate the link to the Pre-placement health questionnaire for them to complete. This will then be assessed by the Occupational Health team within 2 working days – subject to the candidate completing the form in full and availability of an accurate and complete Job Hazard Form from the recruiting manager.

As part of the pre-placement health assessment, the Occupational Health team will advise a recruiting manager if vaccination and/or Exposure Prone Procedure (EPP) clearance is indicated prior to or on commencing role.

Occupational Health clearance must be completed prior to the offer of a start date with clearance retained on file. If they are required to have EPP they will need to be cleared.

5.3.8. Disclosure and Barring Scheme.

At the point of making the conditional offer of employment, those candidates, both paid and voluntary, identified as needing a Disclosure and Barring Scheme check, are required to complete a DBS application and attend in person to have their personal identification verified as detailed in the guidance booklet provided on the DBS website (www.homeoffice.gov.uk/dbs) Job descriptions should detail the level of check required where a DBS check is necessary for the role.

If an applicant declares that they are serving in the armed forces, employers can ask them to present an extract from their military service record instead of obtaining an overseas police check or a DBS check.

On receipt of the completed form plus ID verification checks, the Recruitment Assistant will input the details into [redacted] and the system automatically contacts the candidate to complete the DBS application details and sends to DBS.

The Disclosure is returned by DBS electronically indicating that the individual either has or has not got any information on their disclosure. The applicant is required to bring the Disclosure Certificate into the HR department, so that the contents can be discussed and signed off by a Recruitment or HR advisor.

If the applicant has a previous conviction, the appointing manager will be informed. The decision concerning further action will be made with advice from the Human Resources Department, and the opportunity to discuss this decision offered to the candidate (refer to DBS Policy).

Further detailed information on DBS checks and process are held on the Trust Extranet site.

Language Competencies

Where applicable applicants will be required to satisfy the necessary level of language competency e.g. International English Language Test (I.E.L.T.) /Occupational English Language Test (0.E.T)

5.3.9. Appointing staff related to another team member.

Immediate relatives (partners; siblings; parent; child) should not be appointed into the same team, to ensure robust governance and patient safety.

In exceptional circumstances if a recruiting manager decides that such an appointment is necessary for service delivery, as for instance the pool of candidates is very limited (such as with highly specialist posts) then this should be discussed with the managers' HRBP, prior to making an offer.

Hiring Managers should refer to the Trust Personal relationships at work Policy.

5.4. Exceptions for compliance with Trust pre-employment check process

Junior Doctors appointed by the Deanery may commence in post prior to completion of their pre-employment checks, due to the short time scale between the Deanery notifying the Trust of the Doctors who will be joining and their actual start date. Trust service need and the doctor's training rota is such that there cannot be a delay in the start date to commencing in post.

Delays to DBS return: An applicant can commence employment (assuming all the other pre-employment checks are returned satisfactorily) subject to:

- This provision should only be implemented in exceptional circumstances.
- Evidence of a previous DBS check at the relevant level is produced and checked against the candidates' identification documentation.
- Have worked for their last employer for more than 2 years and this is verified through references.
- All DBS documentation is completed & submitted to HR prior to start date.
- Offers of employment remain conditional on the receipt of a satisfactory DBS check.
- Staff would be required to have an identified Supervisor (their purpose to ensure tough safeguards are put in place to manage that individual – such as restricted duties with no access to children or vulnerable adults, or access with full supervision – until the disclosure has been obtained).

NB: This does not apply to staff groups working within Paediatrics – those staff will still need to wait for their DBS Disclosure to be returned to the Trust.

5.5. Unsatisfactory pre-employment checks

Should pre-employment checks prove to be unsatisfactory; a meeting will be arranged with the candidate, HR, and the employing manager to discuss details with the candidate, taking legal disclosure requirements into account. This may result in the Trust withdrawing the offer of employment.

In situations where there is a suspicion of fraud or bribery in the recruitment process, the appropriate manager is to refer to the Counter Fraud and Bribery Policy (or equivalent) and to notify the Local Counter Fraud team immediately.

Any abuse or non-compliance with this policy or procedures will be subject to a full investigation and appropriate disciplinary action. Where non-compliance constitutes a criminal offence, it will be subject to a criminal investigation and sanction as appropriate.

Any indication of fraud should be referred to the HR Business Partner and the Counter Fraud Specialist. In these circumstances recruitment will be put on hold until the issue is resolved.

5.6. Starting salary

Salary is offered in accordance with Agenda for Change Terms & Conditions and will be at the bottom of the band unless the candidate has proof of relevant previous NHS experience. Therefore, if a salary point cannot be confirmed at appointment, the member of staff will be placed provisionally on the bottom point of the Band, subject to verification of previous NHS experience. An I.A.T. Inter Authority Transfer will be carried out to determine/confirm previous salary details. Once salary point is confirmed any 'back pay' owed will be paid.

Further guidance with regards considering non-NHS experience can be found in the Pay Progression Policy.

An unconditional offer with a 6-month probationary clause is made once pre-employment checks, that are satisfactory to the Trust, have been received. Further information on probationary periods can be found in the Management Guide for Probationary Contracts. page 4 point 2.

5.7. Induction

The Trust is committed to the education, training and development of its staff and recognises the need for a culture that values and expects learning. This begins from day one of employment with the Trust. The aim is to ensure that all staff are introduced to their new role and integrated into the organisation in a manner that helps them become efficient and effective employees. The Induction process is set out in the Induction Policy and Procedure held on the Extranet or available from the HR Department. When the candidate starts on their first day at the Trust, their identity should be cross checked with the documentation held on file.

5.8. External agency staff

Colleagues who are recruited into a substantive or fixed term role via an agency will have their pre-employment checks undertaken by the Trust, in line with this policy.

Those staff coming from an agency to cover on a shift-by-shift basis will be booked through Temporary Workforce Services department, in line with their policy.

6. Equality and Human Rights Statement

One potential adverse impact was identified: Potential to disadvantage applicants with Learning Disability; mitigated by the proactive liaison with relevant groups externally to ensure support with identifying appropriate posts and completing applications. Further work being undertaken by the disability strand of the equalities group.

Any trade union representative working within the trust, cannot be withheld the opportunity to career progression due to their union activities.

7. Training

[redacted] training (Trust Applicant Tracking System) is provided by the Resourcing Team.

Document verification training is provided by the LCFS, on a quarterly basis.

Additional advice and guidance on any stage of the Recruitment and Selection process is provided by the Resourcing team.

8.0 Job Description

A job description is a key document in the recruitment process.

The job description must be ratified by the Job Evaluation Team (HR). This includes all new Job Descriptions and any that have had alterations/additional duties/responsibilities added.

It must also include the level of check required where a DBS check is necessary for the role. An up to date verified Job Description must be attached when raising a position on [redacted] as part of the approval process.

The job description should clearly and accurately set out the duties and responsibilities of the job and must include:

- The job title (which must be sex and age neutral)

- Band/grade of the post
- Principle place of work (base)
- Business Unit/department
- The post to whom the post holder reports to and is accountable to (no named individuals)
- Main purpose of the job summary)
- Main working relationships
- Budgetary responsibilities
- Department structure chart (to include from Director level)
- Main duties and responsibilities (key result areas)
- Personal and professional development expectations
- Any special working conditions (general)

There are a series of Trust statements that must be included in all job descriptions which may be updated on the template document from time to time:

- Health and Safety
- Equality and Diversity
- Infection Prevention and Control
- Safeguarding Children, Young People and Vulnerable Adults
- Smoke free Trust
- Sustainability
- ESHT Trust Values

ESHT regularly reviews its propriety checking and random checks are carried out to ensure that it is implemented.

9.0 Person Specification.

It is important to ensure that the person specification is clear about what qualifications, experience, knowledge and skills are essential on appointment to the post. In particular it should be clear about the level of competence an applicant is expected to have attained, for example English language competency. Providing clarity on these areas gives a greater chance of recruiting the right person to the post, sets a level of expectation for prospective applicants and reduces the risk of performance issues in the future. The person specification essential criteria will provide a structure for selection activities such as tests and interviews and form the listed criteria to which candidates are scored against on [redacted] when being shortlisted for interview.

The person specification enables potential applicants to make an informed decision about whether they meet the requirements to apply for the role.

The person specification should detail the following, specifying which are essential and which are desirable.

- Qualifications
- Experience
- Knowledge
- Skills
- Attributes
- Additional requirements (such as on call commitments)

A job description and person specification should be written for the post and not with a particular individual in mind. When preparing such documents care must be taken to ensure

that the document sets out realistic expectations of the post holder and that the criteria expected for the post is objective, measurable, related to the job, clearly defined and justifiable (SMART).

Both essential and desirable criteria should be included, and care must be taken to ensure that any criteria should not disproportionately disadvantage certain groups of employees such as those who fall within the protective characteristics protective characteristics as set on in the Equality Act 2010.

Essential Criteria -
Are those without such an appointee would not be able to adequately perform the job and if appointed will need to be evidenced.

Desirable Criteria -
Are those that may enable the candidate to perform better or require a shorter induction into the role.

Criteria which are subjective and for which little evidence is likely to be obtained through the selection process should be avoided (for example, "a flexible approach" is often too vague to be of any help in the selection process).

Person Specification Headings

- Qualifications - For some jobs a particular qualification(s) may be essential, while for others no single qualification may be appropriate, and a particular type of experience may be just as relevant as a formal qualification; therefore, the statement "or able to demonstrate *specialist knowledge within this field through practical experience" is required. Where qualifications are deemed essential these should reflect the minimum requirements necessary to carry out the job to an acceptable standard. UK qualifications should be stated but (other than for required membership of a UK professional body) it should be made clear that overseas equivalents will be accepted.

- Experience - The type and level of experience required of applicants should be specified; but stipulating the length of experience must be avoided unless it can be objectively justified because the quality of experience is more important than its length and the Equality Act makes such stipulation unlawful unless objectively justified. It is also important to remember that experience is sometimes transferable from one area of work to another, in which case specifying skills is likely to be more effective than specifying a narrow definition of experience.

Experience outside the NHS should also be considered.

- Knowledge - Knowledge can be derived in a number of ways, for example through education, training or experience. The person specification should state the level and type of knowledge required to undertake the role to a satisfactory level. It is also important to state any specialist knowledge required.

- Skills - The skills outlined in the person specification must reflect those required to perform the job role as stated in the job description. To assist job applicants you should, where applicable, state the level of skills required, for example good/excellent/ high / advanced.

- Physical requirements - Extreme care must be taken if physical requirements are specified. The Equality Act requires employers to make reasonable adjustments to a

workplace or the way a job is carried out to make them suitable in terms of the job that needs to be done. For example a job may require that the appointee "must be able to travel to a number of different locations on ESHT business"; for driving jobs it will be appropriate to specify the ability to drive.

10. Monitoring Compliance with the Document

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Monitoring of staff files to ensure new starters have undergone the correct checks.	Lead through the Resourcing team – Recruitment Manager and Advisor, with the support of the Recruitment Team Leads and Assistants.	[redacted] will indicate any gaps in checks, so this must be monitored for each new appointee and no start date agreed prior to completion of all checks. Exception for Junior Doctors as per policy.	Recruitment Assistants will review the files when they input the details into the electronic staff records system. They will confirm all relevant documentation is held on the online file or instigate immediate remedial action if documents are missing.	Non-compliance report returned to relevant assistant for remedial action by follow up date.	Any on-going issues referred to Recruitment Manager, who will review action to be taken, by whom & within what time period. Audited on an Ad Hoc basis by South Coast Audit to ensure compliance.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Propriety checking processes and ensuring effectiveness	Resourcing Team	[redacted], Trust ID	Monthly	Recruitment Manager HRBP Hiring Manager	Any on-going issues referred to Recruitment Manager, who will review action to be taken, by whom & within what time period. HRBP and Hiring Manager informed.	Recruitment Manager

11. References

HMSO	Equalities Act 2010	opsi.gov.uk
NHS Employers	Safer Recruitment, A Guide for NHS Employers June 2015.	www.nhsemployers.org.
UK Border Agency	Tiers 2 and 5 of the Points Based System – Sponsor Guidance 04/11.	www.ukba.homeoffice.gov.uk.
Home Office	Comprehensive guidance for United Kingdom employers on changes to the law on preventing illegal working February 2008.	www.ukba.homeoffice.gov.uk.
Disclosure and Barring Service	Code of Practice & Explanatory Guide for Registered Persons & other recipients of Disclosure Information.	https://www.gov.uk/government/organisations/disclosure-and-barring-service.

Appendix A: EHIA Form

Equality and Health Inequalities Impact Assessment (EHIA) template

Undertaking EHIA helps us to make sure that our services and polices do not inadvertently benefit some groups more than others, ensuring that we meet everyone's needs, and our legal and professional duties.

This is important because:

- Assessing the potential for services and policies to impact differently on some groups compared with others is a legal requirement.
- People who find it harder to access healthcare services are more likely to present later when their disease may be more progressed, have poorer outcomes from treatment, and need more services than other groups who have better access.

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation.

These are called 'protected characteristics'. The Act requires that public sector organisations meet specific equality duties in respect of these protected characteristics. This is known as the public sector equality duty.

Public Sector Equality Duty

Public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

Public bodies must have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations.

Armed Forces Covenant Duty

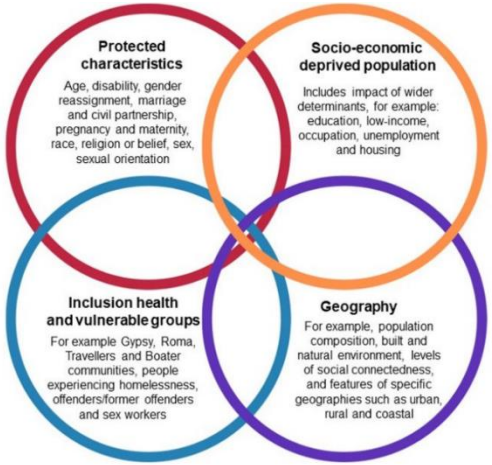
The new Covenant Duty raises awareness of how Service life can impact on the Armed Forces community, and how disadvantages can arise due to Service when members of that community seek to access key local services. The Duty requires organisations to pay due regard to the Covenant principles when exercising functions in healthcare. "Due regard" means that we need to consciously consider the unique obligations and sacrifices made by the Armed Forces; that it is desirable to remove disadvantages faced by the Armed Forces community; and that special provision may be justified in some circumstances.

Health Inequalities Duties- Equity for all
In addition to our legal duties in relation to Protected Characteristics, the Health and Social Care Act and other legislation, NHS Planning Guidance and sector specific recommendations require the NHS to have regard to the need to address health inequalities (or differences in access to or outcomes from healthcare) and take specific action to address them.

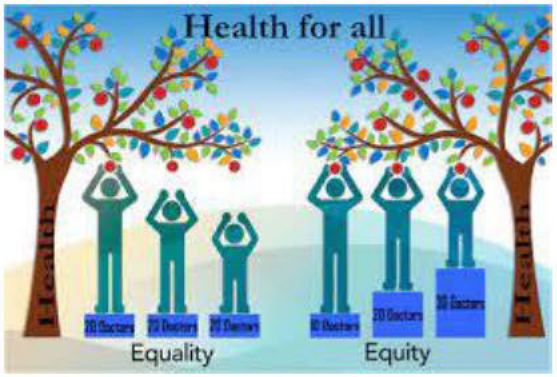
Figure 1 shows the different population groups, factors associated with where we live, or our individual circumstances, which separately, or when combined, influence access to and outcomes from health care.

Getting equal outcomes may require different inputs (or services). In completing an EHIA its important to think about whether a one size fits all approach will generate the same good outcomes for everyone, or whether we might need to make some tweaks or adjustments to enable everyone to benefit equally. The health tree diagram shows that unless we think about the needs of different people, equal services might generate unequal outcomes.

Factors associated with poorer health outcomes (PHE 2021)[1]



The Health Tree[1]



The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the Trust must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the Trust is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy/process is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EHIA in itself does not meet the requirements of the equality and health inequalities duties. All the requirements above must be fulfilled or the EHIA (and any decision based on it) may be open to challenge. Properly used, an EHIA can be a tool to help us comply with our equality and health inequalities duty and as a record that to demonstrate that we have done so. It is advised that you complete the short EHIA training session on MyLearn before completing this EHIA.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. **Function/policy/service name and number:**	Recruitment and Selection Policy
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	Trust policy and processes in relation to recruiting new colleagues. Existing Policy reviewed and updated to take into account changes in DBS and Occupational Health processes.

[1] https://www.researchgate.net/figure/Equality-and-equity-of-medical-resources-distribution_fig2_323266914

How will the function/policy/service change be put into practice?	Reference document for all hiring managers, and recruitment team.		
Who will be affected/benefit from the policy?	All hiring managers		
State type of policy/service	Policy ☐Recruitment and Selection	Service ☐	HR
	Business Case ☐	Function ☐	Existing
Is an EHIA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☐X		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	Chief People Officer		
Assessment Carried out by:	Name: Greig Woodfield		
Contact Details:	[redacted]		
Date Completed:	04.09.24		

SECTION A ADMINISTRATIVE INFORMATION

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

SECTION B ANALYSIS AND EVIDENCE

Analysis of the potential impact – Equality and Health Inequalities Duties

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.

- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

3. PROTECTED CHARACTERISTICS - Main potential positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.**

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	NA	Area covered by employment law	

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	NA	Area covered by employment law	
Gender Reassignment and/or people who identify as Transgender	NA	Area covered by employment law	
Marriage & Civil Partnership: people married or in a civil partnership.	NA	Area covered by employment law	
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	NA	Area covered by employment law	
Race:	NA	Area covered by employment law	
Religion and belief: people with different religions/faiths or beliefs, or none.	NA	Area covered by employment law	
Sex:	NA	Area covered by employment law	

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Sexual orientation	NA	Area covered by employment law	
Veterans/Armed Forces Communities	NA	Area covered by employment law	

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this sections does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups please complete the full assessment in Appendix A**

Groups who face health inequalities[2]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.	NA	Applicants from all backgrounds are eligible to apply for positions at the Trust. Support provided where necessary for applicants to apply to the Trust	

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes it's likely that you'll have to undertake specific engagement with patients. For smaller changes and policies your may have undertaken some engagement with patient groups, gained insight from routine sources e.g. patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally
Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	**No x**

b. If yes, please ensure all stakeholders are listed in the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all of the information included in your review-

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?
Please **add an x** to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	x	x	x
The proposal may support?			
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients?
Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?	x	x

8. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:	**Greig Woodfield**	**Date:04.09.24**
Line Manager of person completing:		**Date:**

Appendix A

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities[3]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Looked after children and young people	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
Carers of patients	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
People with addictions and/or substance misuse issues	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance	

Groups who face health inequalities[3]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
		provided where necessary from the Recruitment Team	
People or families on a low income	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
People living in deprived areas	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
People living in remote, rural and island locations	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
Refugees, asylum seekers or those experiencing modern slavery	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	

Groups who face health inequalities[3]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
People who have served in the Armed Forces	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	
Other groups experiencing health inequalities (please describe)	NA	Applicants from all backgrounds and areas are eligible to apply for posts at the Trust. Assistance provided where necessary from the Recruitment Team	

Appendix B – EHIA Resources
Sources of Information on the East Sussex population and sources of community or patient insight.
Population Data
State of the County 2021 Focus on East Sussex
East Sussex JSNA
Community Insight
Further Reading on Equality and Health Inequalities
Training

Appendix B: Verification of Identity Checks

COMBINATION ONE:

Any two of the following photo IDs	**Seen**
Passport – UK/EU/EEA, in date.	
Passport – Overseas, in date and containing visa or UK residence Permit showing immigration status.	
UK Photo-card driving licence, in date (Full or Provisional) and must include paper counterpart.	
EU/other nationalities full photo driving licence (providing that the checker is confident that this is bona fide).	
ID cards carrying the PASS accreditation logo (UK) e.g. UK citizen ID card.	
EU national ID card or current Biometric Resident permit.	
PLUS any one of these address documents.	
Recent Utility bill – gas/electric/phone (not mobile phone bill) (less than 3 months old).	
Local Authority tax bill e.g. council tax (less than 3 months old).	
Current UK photo-card including paper part driving licence IF not used as photographic evidence OR full old-style paper driving licence.	
Most recent HM revenue & Customs tax notification (i.e. tax assessment, notice of coding) less than 12 months old **NOT** P45 or P60.	
Financial statement e.g. bank, building society, credit card or credit union statement containing current address less than 3 months old*.	
Most recent mortgage statement from a recognised lender (less than 12 months old).	
Local council rent card or tenancy agreement*.	
Benefit statement, book or card or original notification letter from Department of work and pensions (DWP) confirming a right to benefit (e.g. child allowance, pension) less than 12 months old.	
Confirmation from an electoral register search that a person of that name lives at the claimed address (less than 3 months old).	

COMBINATION TWO:

Any one of the following photo IDs	**Seen**
Passport – UK/EU/EEA, in date.	
Passport – Overseas, in date and containing visa or UK residence Permit showing immigration status.	
UK Photo-card driving licence, in date (Full or Provisional) and must include paper counterpart.	
ID cards carrying the PASS accreditation logo (UK) e.g. UK citizen ID card.	
EU national ID card or current Biometric Resident permit.	
PLUS any two of these address documents.	
Recent Utility bill – gas/electric/phone (not mobile phone bill) *.	
Local Authority tax bill e.g. council tax (less than 3 months old).	
Current UK photo-card including paper part driving licence IF not used as photographic evidence OR full old-style paper driving licence.	
Most recent HM revenue & Customs tax notification (i.e. tax assessment, notice of coding less than 12 months old) **NOT** P45 or P60.	
Financial statement e.g. bank, building society, credit card or credit union statement containing current address*.	
Most recent mortgage statement from a recognised lender (less than 12 months old).	
Local council rent card or tenancy agreement (less than 3 months old.	
Benefit statement, book or card or original notification letter from Department of work and pensions (DWP) confirming a right to benefit (e.g. child allowance, pension less than 12 months old).	

Confirmation from an electoral register search that a person of that name lives at the claimed address (less than 3 months old).	

If there is no suitable photographic evidence then they will need to provide FOUR documents + ONE photograph:

COMBINATION THREE

Any two of the following non-photo IDs.	**Seen**
Full birth certificate (UK and Channel Islands) – issued at the time of birth, including those issued by UK authorities overseas **‡.**	
Full birth certificate (UK and Channel Islands) – issued after the time of birth by the General Register Office **‡.**	
Current UK full old-style paper driving licence (provisional licence not acceptable).	
Residence permit issued by the Home Office to EU nationals on inspection of own-country passport.	
Adoption Certificate.	
Marriage/Civil Partnership certificate.	
Divorce or Annulment papers.	
Deed poll certificate.	
Police Registration Document.	
Certificate of employment in HM Forces.	
Current benefit statement, book or card or original notification letter from Department of work and pensions (DWP) confirming a right to benefit (less than 12 months old).	
Most recent tax notification from HM Revenue and Customs – less than 12 months old (formerly Inland Revenue).	
Current Firearms Certificate.	
Grant letter or student loan agreement from a Local Education Authority.	
PLUS any two of these address documents.	
Recent Utility bill – gas/electric/phone (not mobile phone bill) (less than 3 months old).	
Local Authority tax bill e.g. council tax (less than 3 months old).	
Current UK photo-card including paper part driving licence IF not used as photographic evidence OR full old-style paper driving licence.	
Most recent HM revenue & Customs tax notification (i.e. tax assessment, notice of coding less than 12 months old) NOT P45 or P60.	
Financial statement e.g. bank, building society, credit card or credit union statement containing current address (less than 3 months old).	
Most recent mortgage statement from a recognised lender (less than 12 months old).	
Local council rent card or tenancy agreement (less than 3 months old).	
Benefit statement, book or card or original notification letter from Department of work and pensions (DWP) confirming a right to benefit (e.g. child allowance, pension) less than 12 months old.	
Confirmation from an electoral register search that a person of that name lives at the claimed address (less than 3 months old).	
PLUS	
a passport-sized photograph of themselves, endorsed on the back with the signature of a 'person of standing' (e.g. Magistrate, Medical Practitioner, Officer in the Armed Forces, Teacher, Lecturer, Lawyer, Bank Manager or Civil Servant). **Photo needs to have employee's name, signature of 'person of standing' and their profession written on the back.**	

*Documents should be no more than 3 months old and contain the name and address of the applicant
**Documents must be dated within the last 12 months.
‡ School/College leaver must present one of these plus NI Number card (or other proof of NI Number) and if unable to verify their address from the lists above, Trust to request a letter from their Head Teacher/College Principal to verify their name, address and date of birth.

Appendix C: Guidance on Checking documentation for authenticity

Checking document authenticity is an integral part of verification of identity checks. No single form of identification can be fully guaranteed as genuine and therefore the verification process must be cumulative.

Passports (UK or overseas).

- Compare the picture against the candidate.
- Check the general quality and condition of the passport. Look out for page substitution, incorrect numbering of pages, damage to the cover or spine of the document, poor paper and print quality.
- Check that print is clear and even – print processes are deliberately complex on genuine documents.
- Check wording, issue and expiry dates – spelling mistakes are common in forged or counterfeit documents, especially on stamps and visas. Forgers often only alter the expiry date so ensure this corresponds with the issue date.
- Check for damage – accidental damage is often used to conceal tampering so treat any excessive damage with caution.
- Check photographs for size, signs of damage or for excessive glue – this could indicate photo substitution. An excessively large photograph may be hiding another photograph underneath. There should also be an embossed strip embedded into the laminate, which will catch a portion of the photograph.
- Check that watermarks can be clearly seen when holding the document up to the light.
- Check the name of the country of origin. Unofficial travel documents in the name of non-existent countries, or countries no longer known by their original name, are in circulation.

Visas.

- Check for signs of alteration to the passport number or personal and issue details. Make sure details correspond with information in the passport.
- Check that security features, such as watermarks, are intact.
- Check image on the visa for signs of substitution.
- Check wording for evidence of alteration or spelling mistakes.

Biometric residence permits.

- Check the permit number on the front of the card in the top right corner – it should start with two letters followed by seven numbers. The permit number should not be raised; it should feel smooth when you run your fingers across it.

- Photographs will always be in greyscale, check that this matches the applicant.

- Check the biographical details (i.e. name, date of birth) match the details of the applicant.

- Check the security features at the back of the permit. This would be a raised design incorporating the four national flowers of the UK, which can be seen clearly by shining a light across the card.

- The permit should be the size of a credit card; it will feel slightly thicker than a driver's licence and will have a distinctive sound when flicked.

If you have concerns about the validity of a biometric residence permit, contact the Recruitment Department, who may access advice Trust Counter-Fraud Officer, for support.

Photo-card driving licences and photo identify cards.

New driving licences and photo identity cards now contain similar security features to those present in passports.

- Examine the licence carefully, looking for any damage or adjustments.

- Ensure that the printed details have not been changed.

- Check that watermarks and security features are intact.

- Photographs will always be in greyscale, check that this matches the applicant.

- Check that the biographical details, (i.e. name, date of birth) match the details of the applicant.

Driving licences.

Photo-card driving licences.
New driving licences now contain similar security features to those present in passports.

- Examine the licence carefully, looking for any damage or adjustments.
- Ensure the printed details have not been changed.
- Check watermarks and security features are intact.
- Photographs will always be in greyscale, check this matches the applicant.
- Check the biographical details (i.e. name, date of birth) match the details of the applicant.
- Ensure the valid to date is the day before the owner's 70th birthday (if the owner is over 70 this does not apply). Cross reference the valid to date with the applicant's date of birth which appears in Section A of the counterpart document.

Old-style paper driving licences.

- Remove from the plastic wallet and check it is printed on both sides, check that the details on the counterpart document correspond with those on the photo-card, and compare the signature.

- Ensure the valid-to-date is the day before the owner's 70th birthday (if the owner is over 70 this does not apply.) Cross reference the valid-to date with the applicant's date of birth which appears on other verification ID.

EU National ID cards.

- Check the card for evidence of tampering with the photo
- Check for any amendment of the printed details.

If you have concerns about the validity of a national identify card, you may wish to contact the UKBA card verification line by telephoning 0300 123 4699. Further guidance about ID cards for foreign nationals can be found on the UKBA website at www.ukba.homeoffice.gov.uk.

UK Citizen Card photo-card.

- Check the card has the PASS (Proof of Age Standards Scheme) hologram. This signifies that the card is genuine and is recognised as valid ID under the law.
- The colour photo confirms that the person presenting the card is the lawful cardholder.
- Every Citizen Card displays UV (ultraviolet) markings in the form of two '100% proof' logos.

Birth certificates.

Birth certificates are not wholly reliable for the purpose of verifying a person's identity as copies may easily be obtained. However, certificates issued at the time of birth are more reliable than recently issued duplicates. Duplicate copies issued by the General Register Office will state 'certified copy' on the birth certificate.

- Check the quality of paper used; genuine certificates use a high grade.
- When the document is held up to the light there should be a visible watermark
- Any signs of smoothness on the surface might indicate that original text has been washed or rubbed away
- There should be no signs of tampering, changes using liquid paper, overwriting or spelling mistakes.
- Ensure that the date of birth and registration/issue dates are provided.
- Check that the name and date of birth given in the application form match those given in the birth certificate.

Supporting documentation.

Documents such as utility bills and bank statements support an individuals identify and proof of address but are not identity documents in themselves. Modern IT and the internet mean that supporting documents can be easily obtained or forged and, unlike identify documents,

do not have many security features that you can easily check. The following checks will help to identify any inconsistencies or anomalies:

- Check that documents have not been printed off from online bills or statements – most companies will provide hard copies to customers on request.

- Check that the document is on original quality letterhead paper. Pay particular attention to the company logo, as logos lose their quality when photocopied or scanned.

- Check for even folds on original documents – the vast majority of bills are machine folded before being sent to customers.

General advice on verification of identity.

Don't take documents at face value – ensure that they are checked thoroughly. Tax documents, payslips, degree certificates and fake documentation are all available online.

Don't check documents in isolation – cross reference with other date supplied. If the data doesn't match, ask for further evidence.

If in doubt that the documentation being presented is genuine, ask the individual to come back for a second interview to give you time to follow up with relevant sources.

Doubts on authenticity of information.

Your checks may return information that contradicts the details provided by the applicant and raises concerns. In this situation you should:

Proceed in a sensitive manner – there is often a reasonable explanation for apparent inconsistencies.

Attempt to address your concerns directly with the candidate – you may wish to call them back for a second interview so that you can follow up with the relevant sources.

For further information about checking the authenticity of European travel and identify documents visit the Public Register of Authentic Identify and Travel Documents Online (PRADO) website provided by the Council of European Union at: httl://prado.consilium.europa.eu/en/homeindix.html.

In exceptional circumstances, where your checks reveal substantial misdirection, you may feel it would be appropriate to report your concerns to the Trust Counter Fraud Officer.

Appendix D: Responsible Officer Transfer of Information Form – Full scope of practice.

This form should be forwarded by the doctor being appraised to the Responsible Officer, Medical Director or CEO (or equivalent) of an external organisation where they have practising privileges. Please see the Trust's medical revalidation extranet site for contact details and preferred process for neighbouring organisations.

This form should be returned to the doctor who may add a copy to their appraisal portfolio under 'scope of practice' before their appraisal takes place.

On return, the original document should be forwarded to the Revalidation team, Eastbourne District General Hospital Tel 01323 417400[redacted], [redacted])

Doctor's Name:		**GMC Number:**	
Date of last appraisal:		**Date of last revalidation:**	

SECTION A: If your only place of work is East Sussex Healthcare NHS Trust, please sign and date section A

SECTION A: Signature	**Date**

SECTION B: If you work anywhere in addition to ESHT as a doctor, please send a form to the relevant organisation(s) for completion.

Start Date	**End date**	**Details of Employment / Placements / Locum / Practising Privileges**	**Specialty**

Details of checks/concerns/investigations within the last 5 years:		
Conduct, Capability Investigation	This doctor has been involved in a conduct, capability investigation.	**YES / NO**
	This has been resolved satisfactorily with no further action being needed by any party.	**YES / NO**
	If not, please give a brief summary and the anticipated date of the outcome of the investigation ***OR*** where on-going concerns are being addressed through reskilling/remediation please give brief details:	

Serious Untoward Incident or Significant Event or Investigation	This doctor has been involved in formal Serious Untoward Incident/Significant Event investigation.	**YES / NO**
	This has been resolved satisfactorily with the doctor having been determined as fit to practise.	**YES / NO**
	If not, please give a brief summary and the anticipated date of the outcome of the investigation ***OR*** where on-going concerns are being addressed through reskilling/remediation please give brief details:	
Complaints	This doctor has been named in complaint(s).	***YES / NO***
	This has been resolved satisfactorily with no further action being required by any party.	***YES / NO***
	If not, please give a brief summary and the anticipated date of the outcome of the investigation ***OR*** where on-going concerns are being addressed through local	

	restrictions/ re-skilling/remediation please give brief details:	
Referral to GMC or NCAS	This doctor has been the subject of a referral to the GMC and or NCAS.	**YES / NO**
	This has been resolved satisfactorily with no further action being needed by any party.	**YES / NO**
	If not, please give a brief summary and the anticipated date of the outcome of the investigation ***OR*** where on-going concerns are being addressed through reskilling/remediation please give brief details:	

This doctor is aware that this information is being shared with the Responsible Officer.	Signature:	Date:	

Full Name		Job Title	
Name of the Organisation		Name of the Medical Director/Responsible Officer (If the signatory is not the MD)	

FOR ESHT MEDICAL REVALIDATION TEAM USE ONLY:

Date received by MRT		Date received by RO	
RO signature		Approved	YES/NO

Responsible Officer comments/further action:

Appendix E: Unavailable responsible officer transfer of information authorisation request form

UNAVAILABLE RESPONSIBLE OFFICER TRANSFER OF INFORMATION AUTHORISATION REQUEST FORM

Section A: For recruitment team to complete

Name of Doctor:	
Post applied for:	
Specialty:	
Base:	
GMC number:	
Expected start date:	

The above doctor is being recruited by ESHT but the recruitment team has been unable to obtain the Responsible Officer Transfer of Information Form despite requests made on the following dates:

Name of Responsible Officer:	
Trust / Organisation:	
Email address:	
1st request sent:	
2nd request sent:	
3rd request sent:	

Section B: To be completed by the Medical Revalidation Responsible Officer or his/her Deputy:

This doctor may be recruited without the receipt of an RO TOI form:		
YES/NO (please delete whichever is not applicable)	**Signature of RO/Deputy RO:**	**Date:**

Please return this form to the revalidation team at: [redacted] who will inform the recruitment team immediately and will update their new starter records accordingly.

East Sussex Healthcare
NHS Trust

Subject: Support for Clinical Support Workers with Visa Dependency Concerns

Dear Colleagues,

We are aware that some Clinical Support Workers may be experiencing uncertainty regarding their right to remain and work in the UK where their current visa status is dependent on a spouse who is on a Graduate Visa that cannot be renewed.

We would like to reassure affected staff that the Trust is committed to supporting valued colleagues wherever possible. Where a Clinical Support Worker meets the eligibility criteria for sponsorship under the Health and Care Worker visa route, the Trust will be able to offer sponsorship to enable you to continue your employment with us.

Sponsorship will be subject to:

- Meeting the relevant Home Office eligibility requirements
- Holding a substantive post that is eligible for sponsorship
- Completion of the Trust's normal checks and approval processes

If you believe your visa dependency may be at risk, or if you would like to explore your eligibility for sponsorship, please contact the recruitment inbox as soon as possible so we can review your individual circumstances in confidence and provide guidance on next steps.

Please note that while we are able to support with sponsorship where eligible, staff are encouraged to seek independent immigration advice regarding their personal circumstances.

We value the contribution you make to patient care and are keen to support you in continuing your employment with the Trust wherever we are able to do so.

Kind regards,