

Internal Audit Policy

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Version	3
Policy Contact	Matthew Betteridge
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Target Audience	Agency Workers
Approved by	OneCall24 Policy Team

Compliance Process from Submission

Required documents are obtained from prospective candidates according to the Trust and Audit requirements specified, and are verified and obtained by the Registrations Team.

The process of verifying documents includes (but is not limited to):

- Validating the candidates Right to Work
- Verifying that training is CSTF aligned, consists of the mandatory modules and has been completed practically vs electronically
- Checking the correct documents have been received and then verified
- Ensuring a candidate has the relevant experience for prospective assignments through training, qualifications, assessment, interview and references

When the Registrations Officer deems the candidates file to be complete, they will submit to the Compliance team for an audit.

Then from this, Seniors within the Compliance team carry out regular quality checks to ensure that the standard at which candidates are being signed off to work are reflective of current audit / framework standards. Onus is placed on Compliance Officers to maintain the current standard and to remain informed and updated of any changes to policies and/ or procedures. Seniors are required to provide training sessions to ensure that candidate files that are being verified are signed off correctly and to audit standards.

Maintenance within the Compliance Function

Within the Compliance function, a duty is taken to ensure registered candidates compliance levels are consistently maintained and up to date. All documents are uploaded onto an internal system with appropriate expiry dates. The system allows the compliance department to be notified of each individual expiring document, and attempts to contact a candidate via email, phone calls and texts are made. Should the attempts be unsuccessful, unfortunately the candidate becomes compliance locked and therefore unable to continue working until said document has been updated.

Regular checks are conducted across the following documents upon expiry to ensure a compliant database is maintained:

- Right to Work
- NMC status
- Fitness to Work
- Mandatory Training
- DBS online update service
- References
- OneCall24 ID Badge

Prior to assignment, checks on a candidate’s DBS and relevant employment body status, (NMC, HCPC) are conducted. This is then again checked thereafter on an ongoing basis prior to expiry to ensure the information provided is still accurate.

Internal Audit

As part of our Quality Assurance and Continuous Improvement, we task our compliance team with conducting internal audits on our agency worker staff deployed into the provision of the services. In order to sufficiently check that all agency worker files meet the required standard, a robust checklist is utilised which covers all requirements expected for our supply of candidates into the NHS.

Enhanced DBS check / DBS Update Service Check (where applicable)
Overseas Police Check (as required)
Proof of identity verified (NOTE: Clearly mark if a Passport Scanner is being utilised - for information only)
Proof of eligibility verified (Right to Work) – passport front covers not required as per Home Office Guidelines
Registration with Professional and Regulatory Bodies (Original certificate or statement of entry verified & regular ongoing NMC web pin checks evidenced prior to start date and on-going status checks) – If unable to provide then evidence a self-declaration along with validation of their registration.
IR35/ITEPA evidence - collate and record IR35 assurance evidence and relevant tax requirements for Temporary Workers as set out in Schedule 4 & in line with HMRC. 1. Evidence current process for IR35 to ensure HMRC guidelines are met. 2. To include process, and how process is implemented into the business. 3. Evidence contract between agency and Umbrella company. 4.. Indemnity from Umbrella company that appropriate Tax/NI is being deducted. 5. Evidence of agency auditing their Umbrella companies to ensure compliance with HMRC guidelines. 6. Evidence the process to monitor how internal staff are offering/implementing these services. 7. Evidence remittance from Agency to Umbrella Company. 8. Evidence the remittance/payslip from Umbrella Company to agency worker with deductions. FRAMEWORK COMPLIANCE FOR UMBRELLA, PSC AND/OR ANY SELF-EMPLOYED BOOKINGS
PAYE evidence - Evidence the remittance/payslip from Supplier to agency worker with deductions of Tax/NI
SUPPLIER ONLY: Proof of contract with Occupational Health Provider (must be SEQOHS accredited)

SUPPLIER ONLY: Valid insurance verified (Employers £5m, Public Liability £5m, and Professional Indemnity £5m)
SUPPLIER ONLY: Valid Professional Industry Body Membership (E.g. REC, APSco etc.)
REPETITIVE FAILS: Any single compliance requirement that is not listed as Critical and is not completed across a large cross section of workers (to the required standard) within the sample checked. A large cross section is defined as 5 times or over 40% of workers sampled (whichever is higher) underpinning a systematic issue with the compliance process
CRITICAL
(i) Hepatitis B;
(ii) Measles;
(iii) Mumps;
(iv) Rubella;
(v) Tuberculosis;
(vi) Varicella; and
Exposure Prone Procedures (if applicable) Hepatitis B
Exposure Prone Procedures (if applicable) Hepatitis C
Exposure Prone Procedures (if applicable) HIV
Fitness to Work Certificate restrictions & follow up recommendations to customers
NMC alerts, notices or investigations with any information provided to the customer prior to start date and approved/accepted as applicable
LEGISLATIVE
WTR verification of opt in or out of 48 hr. declaration.
AWR entitlement (parity pay, benefits and day one rights) detailed in contracts or handbook for Temporary worker
AWR Process in place with clock pause and STOP
AWR After 12 weeks working Parity Pay recorded (If applicable)
Temporary Worker contract of services verified & pensions requirements (opt out as appropriate)
CRITICAL MANDATORY
Mandatory training to be aligned to Core Skills Training Framework (evidence of self declaration from training provider if not approved aligned provider as Commercial list on Skills for Health website)
Basic, Intermediate or Advanced life support (adult or paediatric, as appropriate) in accordance with the relevant Job Profile and which is compliant always with Resuscitation Council UK and the Authority's guidelines, as appropriate, and has been delivered by means of a practical course with. For those candidates attending the e-ALS course, the e-learning content replaces the first day face to face of the 2-day course and they must access and undertake the e-learning component before attending the face-to-face element of the course. Annual update
Lone Worker Training (Annual)
Food hygiene & hygiene awareness as appropriate to the Job Profile (Annual)
Mental Health Act & Mental Capacity Act as appropriate to the Job Profile (Annual)

Physical restraint skills & techniques, including personal safety, control & restraint as appropriate to the Job Profile (Annual) - for PMVA/MAPA will accept 1 day refresher if evidence of previous 5-day completion is evidenced.
New born resuscitation (Annual) as appropriate to the Job Profile
Interpretation of cardiocograph traces (Annual) as appropriate to the Job Profile
Maternal resuscitation training (Annual) as appropriate to the Job Profile
Equality, Diversity & Human Rights (Every 3 years)
Radicalisation Prevention (Levels 1,2,3,4 & 5) level dependent on job role. (Renewal every 3 years)
Counter-Fraud (Annual)
Handling Violence & Aggression / Conflict Resolution (Every 3 years)
The Caldecott Principles / Information Governance (Annual)
Health, Safety and Welfare (Annual)
Infection Prevention (Included MRSA & Clostridium Difficile) Level 1 (every 3 years) or 2 (Annual)
Complaints Handling (Annual)
Fire Safety (every 2 years) – Some practical (induction on job training) and online
Safeguarding Adults level 1 or 2 (every 3 years)
Safeguarding Children Level 1, 2 or 3 (every 3 years)
Moving and Handling (loads and people, Level 1 or 2) - Online Assessment accepted (Annual)
CONTRACTUAL
Induction & Orientation Training verified (In a healthcare setting at the start of their booking) Written confirmation it has been received. – If Trusts not completing agency to notify HealthTrust Total Workforce Solutions direct. If not in place still a fail.
I.E.L.T.S verified (If applicable)
Details evidenced of previous and upcoming appraisals (including annual appraisal) – Revalidation details can form part of this i.e. See page 21 of specification
Appraisal /performance check for newly-qualified workers, workers returning to employment or any newly- employed or engaged workers after 6 months & annually thereafter.
Evidence Authority has been informed that worker has /has not had an annual NHS approved appraisal (including 360-degree feedback)
Evidence of Revalidation checks or support (as required) – see page 21 of specification of what needs to be evidenced and in alignment with NMC/worker information provision
Confirmation of any Professional Indemnity Insurance requirements (e.g. covered by CNST through the NHS) Supplier cover provided or individual cover required for non-CNST and evidenced - In line with NMC guidelines individual cover and non NHS clients.
Completed application form/registration evidenced
Face to face interview verified (Skype acceptable but need to evidence that original documents have been seen and verified) - If agency can maintain copies of the recording a screenshot to be shown on day of audit.
Skills assessment verified as appropriate to the Job Profile
Confidentiality, security checks and Disclaimer to include agreement to accept third party audit evidenced

ID Badge Verified – Recommendation best practice renew each year – if older than 1 year pass – I.D. badge must match professional registration if not fail.
Supplier Handbook given to Temporary Worker and updates verified
Full employment history up to 10 years as applicable (gaps of 2 weeks or more verified) with 3 years validated
References verified (electronic accepted from the referees’ official email address with the relevant employer), a minimum of 2 required unless the temporary worker has been with the same employer for the full 5 year period - 3 years required to validate employment history - if the agency worker has been with the agency for the previous 12 months feedback forms can be used to confirm the employment over this period.
Break Glass Protocol as per specification OR documented approval directly from the customer to escalate (NHS England only)
Employment history updated as appropriate (Annual)
Professional Qualifications verified – if no certificate is present “Where qualifications have been checked by a Professional and Regulatory Body and the individual's (such as a Temporary Worker) registration has been confirmed, then further documentary evidence about qualifications that are relevant to their registration should not be required. Accepting that registration with a Professional Regulatory and Body assumes that appropriate documentary evidence has been provided and validated by that regulatory body.”
Placement checklist for verified documentation (if applicable)
End of placement assessment form sent to customer, evidence of follow-up. (Recommendation to incorporate into the timesheet)
Booking confirmation verified/approved and cross matched with timesheet and invoice for 3 way match (must be identical or approval for increased hours)
Timesheet verified/approved with correct grade, hours, breaks, counter fraud declaration.
Invoice verified/approved with correct grade, hours and total pay/commission/charge
Remittance to pay rolled worker/PSC matching invoice for Pay & ENIC as billed to customer (must be identical)

Each individual section must be completed in full for every placement undertaken, with and auditable trail visible throughout.

We undertake internal audits every 4 months, with 25% of our supply audited. This will include a variety of specialisms, bands and locations for which we have supplied. The Compliance Manager and Account Manager oversee the internal process, and set the timescales and parameters of the internal audit being conducted.

Files are selected at random for audit. Upon completion of the review of the selected quantity, an audit report is created – highlighting any and all areas of non-conformity. This is done utilising a structured internal audit template form – and clearly identifies non-conformities found. The report will detail any timescales for which rectification must take place, along with recommendations to ensure that future non-conformity does not occur or reduce the possibility of said non-compliance re-occurring.

If and when a candidate file is identified as being non-compliant, the placement is suspended with immediate effect and remains suspended until such a time that the file is made compliant.

Feedback is completed face to face with the relevant personnel involved in the creation of the candidate pack and/or placement of the candidate into the provision of the services. Should a

pattern or training needs be identified as a result of an internal audit, this will be provided and records updated, retained in the member of staffs personal file.

Review

This policy statement will be reviewed annually as part of our commitment to upholding professional standards. It may be altered from time to time in the light of legislative changes, operational procedures or other prevailing circumstances.