Quality Assurance for the Provision of NHS Compliant Services

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Policy Contact	Matthew Betteridge
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Approved by	OneCall24 Policy Team

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General Policy Statement

One Call 24 Limited (OneCall24) is committed to providing consistently high quality coupled with the highest level of personal service across the health sectors in which we operate.

This procedure will be read in conjunction with other government organisations publications as per references.

Throughout this document ''the company and ''we'' refer to OneCall24.

Purpose

- Our aim is to provide an informative, up-to-date, and intelligent approach to solving the recruitment issues that our Clients and Candidates face in the ever-changing marketplace of today.
- To ensure we meet these requirements and the high standards that we set ourselves we have strict internal procedures governing the gathering of all Client and Candidates information and the way in which it is recorded and processed.
- To ensure evidenced based care is used to continually improve quality.
- Contribute to safely reducing costs whilst also increasing staff time to care and deliver the quality ambitions for their service.
- Proactively identify and reduce risk by creating a culture founded on assessment and prevention rather than reaction and remedy.
- Being a person-centred organisation ensuring the health and wellbeing of patients, staff, and stakeholders, and the delivery of safe care in partnership.
- Taking an inclusive and integrated approach - embedding the use of recognised improvement and patient safety methodologies and risk management techniques in day-to-day activities
- Having a culture of openness and involvement with the full engagement of all key stakeholders in learning from risks and adverse events.
- Ensuring that approaches to improvement, measurement and performance are integrated and aligned.
- Review and learn from adverse events and complaints.

Assurance and Accountability

The Quality Assurance Manager is the lead for staff governance, considers systems for staff employment, training, wellbeing and associated risks and other roles:

- The effective management of risks is a core aspect of governance and management arrangements.
- Considers clinical processes, systems, policies and procedures, patient safety, and associated risks.
- Ensuring effective internal control and review of risks with financial consequences and for those risks relating to systems of internal control ensuring appropriate completion of the Directors Report at the year end.

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- Responsible for ensuring that robust processes are in place within their Units to oversee and provide assurance about the quality and safety of patient care and staff wellbeing. This includes continually improving quality and proactively managing risk, responding to, and learning from e.g. adverse events and complaints.
- Responsible for working effectively to provide safe and effective care, promoting a culture of openness and team working.
- Will continue to participate in ongoing continuous professional development, developing and maintaining skills and competencies and meeting professional requirements for practice.

We ensure that training and systematic processes are in place that will provide our clients with confidence that any staffs supplied by us are of the grade, quality, and suitability for the positions they are seeking to fill. With robust recruitment, vetting and performance review systems in place, we offer clients peace of mind that the services provided by our agency will assist in the reduction of risk to patients. We seek to work in close co-operation with clients and candidates to provide the right quality work and service, first time.

We endeavour to develop a full understanding of the needs of our clients and candidates and to actively seek feedback from both which can be used for continuous assessment and improvement. We believe in staff development and training ensuring that all employees and candidates are capable of undertaking the work required of them in a safe and responsible manner taking into consideration both ours and our clients policies and procedures and client establishments they may work in.

All staffs are involved in achieving these policy aims and are individually responsible for the quality of their work. We are committed to delivering the objectives of this policy within all activities and work undertaken by the Company.

What is Quality Assurance?

Quality Assurance can be defined as the activities that contribute to defining, designing, assessing, monitoring, and improving the quality of a service.

Quality management views all work in the form of systems and processes. We operate under three core QA functions:

Defining Quality:

We have established performance standards and our quality assessments measure the level of performance according to those standards. These standards take the form of internal procedures, clinical practice guidelines for candidates and standard operating procedures as set by various authorities including the Department of Health and Social Care (DHSC) and the NHS.

Performance in accordance with these standards is a fundamental part of our quality assurance process assisting towards quality evaluation and performance improvement.

Measuring Quality:

<u>Quantifying the current level of performance according to expected standards</u>

QA activities that are part of measuring quality include:

- Quality Assessment
- Quality Monitoring

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- Quality Evaluation (external) Quality Assessment Measures

Quality assessment measures the difference between the expected and actual performance to identify opportunities for improvement. Measuring quality enables us to identify the areas of our service which require improvement or enhancement.

A quality assessment can involve data collection and feedback but can also involve observation of performance either direct or through appraisal interviews. As there may be many varying situations which could affect the performance of candidates and the service we provide, ongoing assessments are needed to define the usual performance of those involved in the provision of the service.

We have systematic procedures in place to monitor the quality of our services. This involves the regular collection of information to assess the performance of individuals and procedures.

Set standards are required to monitor quality and performance. The information gathered during quality monitoring help to identify the reasons for deviating from the core standards and identify areas for improvement.

The quality monitoring procedures in place help to determine whether the services that we provide meet defined standards.

We are committed to providing a service based on quality and continuously assesses and monitors internal performance and the performance of candidates.

We are obliged to operate under the national minimum standards set by the Crown Commercial Service, London Procurement Partnership, Workforce Alliance, HealthTrust Europe and the conditions of contract for the NHS national framework agreements. As a Registered Employment business, we must also operate within the standards set by the Employment Agencies and Employment businesses Regulations 2003.

Results obtained through evaluating the information obtained through the quality assessments and monitoring procedures, enable us to continuously review and improve the standards of performance for all involved in the delivery of service including employees and candidates.

Improving Quality:

Improving Quality closes the gap between current and expected levels of performance as defined by the core standards. Improvement can involve changing structures, procedures, and personnel, increasing or decreasing resources.

We recognise that resources and processes must be monitored and evaluated together to improve or guarantee the quality of service.

We provide services to meet the needs of our clients and candidates and the end user (patient). The delivery of our service is designed to meet those needs. Our procedures examine how and whether each step in a process is relevant to meeting these needs and eliminates those that do not lead to client satisfaction or desired outcomes. This is achieved by obtaining information about our client and designing services to cater for their specific requirements. This client focused approach enables us to meet the needs of our clients which in turn provide higher quality care. This encourages clients to return to our agency when they need additional services and to recommend us to others.

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How do we Achieve Quality Assurance?

PLAN: by establishing the objectives and processes required to deliver the desired results.

- Compliance - this process checks that staff are appropriately qualified, experienced, have the required occupational health clearance, are appropriately registered with the relevant professional body, and have the right to work.
- Induction - gives information and ensures the skills relevant to the grade that result in competent/confident practitioners.
- Appraisal - provides opportunity for on-going evaluation of performance and two-way discussion with the Clinical Manager or director.
- Monitoring - systems that ensure our staff maintain expected performance and action taken to ensure this.
- Reviews - ensure the objectives are being met, the processes remain effective and taking any necessary action as required.

DO: by implementing the processes developed to introduce our staff to the policy.

- Assess their understanding with training sessions.
- Regularly monitor their practice according to company practice

CHECK: by monitoring and surveys evaluating the implemented processes by testing the results against the pre-determined objectives and making changes to the service offered by our company based on these results.

- Customer feedback
- Charts
- Quality Assurance study days (every 3 months by invitation)
- Reviewing statistics (joiners/leavers)

ACT: by applying actions necessary for improvement.

- Relevant information indicating need for improvement given to NHS Division Manager
- Interview arranged by a director with relevant people involved.
- Issues discussed and action plan agreed.
- Appropriate action taken by a Director with specific monitoring programme put in place.

Quality Assurance and Call-off Contract Monitoring

The company will operate its day-to-day procedures and practices in respect of the Quality Assurance system and in accordance with the below.

<u>The Quality Assurance System shall contain procedures and practices: (</u>

- To ensure that Candidates supplied (or to be supplied) in the provision of the Services under a Call-off Contract are aware of the standard of performance that the company will provide the details under the Call-off Contract and that the Candidates are able to meet that required standard.
- for regularly monitoring the performance and conduct of individual Candidates in the provision of the Services with the Client/Authority/relevant Vendors including, but not limited to, obtaining from the Authority views and feedback on the individual performance,

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conduct, clinical performance and abilities and quality of each Candidate and for this purpose, the company may use end of placement assignment reports;

- for providing regular feedback to each Candidate on their individual performance and conduct (including, but not limited to, feedback resulting from the information obtained below) and immediate feedback where complaints or reports of poor performance or conduct are received.
- to receive, investigate and resolve complaints of poor performance or misconduct in respect of an individual Candidates or the company.
- to monitor the performance of the company in the provision of the Services in respect of the Framework Agreement and the Call-off Contract.
- for regularly consulting with all Authorities and Framework authorities to whom the company supplies the Services under the Framework Agreement to obtain feedback on the quality of the Services provided by the company.
- to analyse and identify any patterns of complaints.
- for reporting of complaints to the relevant Professional and Regulatory Bodies, as appropriate; and
- for engaging, on an annual basis, relevant to the Job Profile, the services of an independent, senior registered Nurse, or qualified medical practitioner, to review the appropriateness of the company's clinical practices and procedures (including but without limitation to the Supplier's administration and assistance with medication procedures).
- Completion of an induction Programme which clearly sets the conduct expected of a candidate and the procedures they are required to follow for their relevant profession
- Instructing them on their responsibility to maintain compliance with all statutory and Mandatory requirements in accordance with their qualification and the requirements we have set.
- Ensuring they are aware of, and understand, the Policies & Procedures within our Handbook.
- Healthcare Assistants must undertake the level of observation training specific to their needs based on their experience.
- Acquaint with the need to follow the relevant policies of the trusts in which they will work.
- Providing a 24-hour support 'on-call' system for candidates and clients
- Wherever possible, Candidates and clients are spoken to on the first day of an assignment to ensure initial satisfaction.
- Candidates for all professions supplied by us will have continuous feedback provided by QA feedback/Assignment reports completed by client managers and held on file. these are
- reviewed on return by the Managing Director and any issues arising from these reports will be actioned appropriately in accordance with our policies and procedures.
- We request feedback from all candidates on the positions they were assigned to and the client establishment they worked in.
- Regular contact is maintained with candidates and clients to ensure ongoing satisfaction of service.
- Each Candidate is appraised by our Clinical Nurse.
- All clients that work with us are offered opportunities to meet to discuss the services and

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Candidates that we provide.

Compliance process

OneCall24 will ensure that strict guidelines will be followed, and appropriate training will be given to the compliance team to carry out the recruitment procedures to follow to ensure the compliance files of the workers contain accurate documentation listed in Appendix 1.

While the company works with various clients and framework providers, the compliance procedures and documentation process will be followed accordingly. The compliance team will contact the workers to complete the training and request to send the document/certificate prior to expiry.

Any member of compliance team must not do any training on behalf of the worker. If it has been found necessary disciplinary action will be taken.

The company has the compliance record monitoring software in addition with random internal audit to check the validity of any documents/procedures/process. The software aids to send, both the worker and the compliance team, the notification email about their oncoming expiry of training/document/certificates (whichever applicable). All the records will be recorded/stored/maintained according to the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

The company will not place any worker who is not fully compliant that has been outlined in Appendix 1.

The company will obtain the feedback from the client's personnel. If any unsatisfied feedback/reference received, the relevant worker will not be placed to any other client's location until resolve the issue associated with the unsatisfied/poor reference/feedback about the worker.

The company will refer the Candidate to their relevant professional regulatory body (s) if it has been found any evidence of malpractice by the Candidate. The worker will not be placed at work until resolved such issue. The client will be informed where necessary and appropriate to do so.

All the workers will be informed about the company's complaints procedures (this is usually through handbook) however on request the workers will be given the full complaints policy to their email or it is always available in the company's office.

Right to work checks will be conducted in line with Home Office guidance, including:

- Digital right-to-work checks where applicable
- Verification of visa status and work conditions
- Ongoing monitoring of visa expiry dates

Repeat checks will be undertaken where required for time-limited permissions.

Safeguarding Responsibilities

All workers supplied must adhere to safeguarding policies aligned with NHS and local authority requirements.

Workers must:

- Report any safeguarding concerns immediately to the client and agency
- Follow local safeguarding procedures at placement

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- Escalate concerns without delay where patient safety is at risk

The organisation will:

- Maintain a designated Safeguarding Lead
- Ensure all concerns are escalated in line with statutory requirements
- Refer cases to the Disclosure and Barring Service (DBS) where appropriate

Safeguarding concerns must be reported within 24 hours or immediately in high-risk situations.

Compliance Audit

The company will on an annual basis (as per the framework requirement) engage the services of a third party compliance auditor ("Auditor") appointed by Framework authorities/Master/Neutral Vendors, to review the appropriateness of the company's provision of recruitment, compliance and placement procedures (including but without limitation to the company's administration, processes, policies, IR35 assurance and Candidate compliance files supplied in the provision of the Services).

The company will follow the relevant authorities' rules and regulation to conduct the audit.

Additionally, the company will follow the following guidelines for both internal and external audits.

Evidence 'prior to supply' and during Jobs

It is important documents submitted for audits are valid prior to the supply/placement(s) selected for each audit and for the entirety of the placement. This may involve downloading both current and previous documentation to cover the period of the jobs selected for each candidate. Supplier documentation may not be requested for every audit but will always be requested on annual basis as a minimum.

OneCall24 will make available the required sales ledger/invoice numbers that is relevant to the worker's compliance files at the time of the audit where necessary and appropriate to that file.

Training Requirements

Training must be evidenced to have been delivered to a satisfactory standard in line with NHS Employers and Skills for Health guidance.

Appendix 1 will provide the full breakdown of the documents and evidence which may be requested as part of any audit. However, the document evidence will differ from authorities so the company will make sure those documents will be available for the compliance and audit purpose.

The company is always willing to continuously improve its systems/policies/procedures to provide best service to both the Candidates and clients.

In case, as a learning organisation but willing to improve the system, if the company receive the audit fail score, the company will learn from the mistakes and identify the reasons and aim to resolve the issues in order to score pass mark. Where necessary, compliance training will be given to the internal staffs whoever responsible for the compliance.

Agency Worker Regulations (AWR) Compliance

The organisation complies with the Agency Worker Regulations 2010.

This includes:

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- Day 1 rights (access to facilities and information)
- Pay and working condition parity after 12 weeks in the same role

Systems are in place to:

- Track qualifying periods
- Monitor worker assignments
- Ensure correct pay adjustments are applied

Internal Audit process

OneCall24 will conduct quarterly internal audit to check the Candidates' file, update of the policies and procedures in place.

The Head of Audit will set out the date for the audit or randomly choose the files on the day of the audit. All documents will be provided before the audit deadline.

All submissions will be subject to scrutiny by our Compliance Team and the submission of a document will not guarantee passing the audit.

Following the submission of the audit documentation and when the audit is closed, the Compliance Team will evaluate the information provided and, if necessary, raise any queries to further investigate.

After any queries have been resolved a report will be completed and sent to our Compliance Manager for discussion with his/her counterpart within the business.

The company will make every effort to rectify failures to respond or incomplete or incorrect information submissions interpreted as non-compliance may result in the suspension or termination of supply as per the terms of contract.

It is important to note that each audit may vary in the areas required and therefore some audits may not include all the candidate document requirements listed below.

All the outcome/comments of the audit will be documented, and the appropriate personnel will be directed to resolve the findings where necessary and appropriate to do so. Best practice will be followed to avoid future mistakes to improve the service/compliance.

Monitor and Review

OneCall24 seeks to assure the clients and other stakeholders that appropriate systems are in place for controls assurance and the management of risk.

We constantly review and update our internal systems and procedures, across the board, from internal and external recruitment through to front and back-office administration, drawing on the experiences that we face on a day-to-day basis which ultimately maximises the efficiency of our resource management system.

Finally, we constantly review and update our IT systems (SalesForce) to ensure that we utilise the ongoing technological advances available in the marketplace today. This not only benefits our staff with added speed and efficiency but also ensures that our data is constantly secure with the updated security options and is in-line with our disaster recovery programme.

We allow external audit that will undertake a review of overall governance arrangements as part of the annual audit cycle.

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Reviewing the Services Offered

Our Quality Assurance feedback procedures, together with internal and external audits, suggestions from our Clients and Candidates, form the basis for reviewing our practices and making necessary changes in the service offered by our company.

Remedial Actions for Non-Conformity

In instances where a member of staff does not align to the terms of the framework agreement, Specification and/or any a subsequent Call-off contract, OneCall24 undertake a variety of remedial actions as follows:

Training and guidance – We provide additional training and guidance to the member of staff. This will be delivered by Learning & Development team with a record retained on file. This training includes specific training on the terms of the agreement, specifications, and contract requirements.

Written Warning - If the non-compliance persists or is more serious in nature, OneCall24 will issue a written warning. The warning will clearly outline the areas of non-compliance, the expected behaviour, and the consequences of further violations.

Performance Improvement Plans - For ongoing issues, a formal Performance Improvement Plan (PIP) may be necessary. A PIP sets clear goals, timelines, and expectations for the employee to meet.

Regular reviews and feedback sessions will be conducted by the Line Manager to monitor progress.

Disciplinary Action - If the non-compliance continues despite previous interventions, disciplinary action may be required. This could range from suspension, demotion, loss of privileges, or, in severe cases, termination of employment.

Investigation - If the non-compliance involves potential misconduct or unethical behaviour, conducting a thorough investigation is essential. This will be done impartially and in accordance with OneCall24 policies and legal requirements.

Action Plan – Where non-compliance is identified, an Action Plan will be created which looks at rectify the immediate issues, but also – how to mitigate against future instances. The Action Plan will be agreed by the Line Manager and Head of HR before implemented and where necessary, shared with our clients if in relation to their specific framework, contract and/or call off agreement.

Continuous Monitoring and Support - Throughout the remedial process, we will track progress on each component part, whether this is in relation to training directed towards the individual, or remedial actions on compliance (as an example). In addition, we will review current policy, process and practice to ensure that these are update accordingly. After taking remedial action, it's important to review the effectiveness of the measures implemented. Feedback from the employee, managers, and relevant stakeholders can help refine future approaches to prevent similar issues.

Audit Criteria

As part of our quality assurance process, we complete internal audits every quarter. The purpose of these audits is to ensure that our policies and processes are adequate, in that they ensure that Candidates are deployed into the provision of the services – fully compliant. The internal audit criteria include NHS Employers Check Standards, and all relevant legislation and regulations relevant to the supply of Candidates into the NHS. The full audit criteria is as follows:

- Identity Checking

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- Right to Work Checks
- Criminal Records Checking
- Employment History and References Checking
- Professional Registration and Qualification Checks
- Occupational Health Checks
- Candidate Regulations
- Working Time Directives
- Employment Agencies Act (including Contract of Services)
- Key Information Document
- Mandatory Training (job specific and Core Skills Training Framework modules)
- Recruitment Process (including Face to Face interviews, Application Form, Handbook)
- Induction Confirmation
- ID Badge
- IELTS/OET
- Advertising
- PLAB
- Professional Indemnity Insurance

Our CRM (SalesForce) is included as part of the audit process, to ensure that all data is recorded correctly, including Alerts on conviction, restrictions and expiry dates.

The audit function also includes checks on internal policies and processes that detail the practices followed by OneCall24.

The internal audit process checks for both pre placement checks, and the ongoing checks completed on Candidates throughout their placements.

Audit Outcomes

A checklist/Risk Assessment is used per Candidate file to record the evidence sighted against the audit requirement, and whether the information provided is compliant or non-compliant. The Checklist ensures that each audit requirement is reviewed and supporting evidenced assessed. This ensures the consistency of the audit function and ensures that each audit is fully completed.

All audit findings are recorded on a centralised register, allowing OneCall24 to monitor progression of the audit and compliance function within the business, as well as any trends. The central register includes:

- Candidates name
- Candidates reference
- Candidates job title
- Compliance Officer Name
- Date Candidates signed off

As well as the centralised register, the Head of Audits compiles an audit report based on the

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outcomes of the audit findings. This includes:

- Overall assessment on internal audit
- Findings of audit
- Requirements and Actions date to respond

The initial audit outcomes are shared with the Compliance Manager, NHS Sales Manager, Clinical Lead and board of Directors. Where any non-compliance is identified, OneCall24 are required to take immediate action. Where necessary, Candidates will be removed from assignment until such a time as their file is made compliant and the worker file locked. This will be discussed with the Client and Candidates before any action is taken. A timeframe of 3 weeks is set for all actions to be completed so that the internal audit function can be closed. Once done, a final audit report is compiled, detailing any retrospective action undertaken and lessons learnt, including new strategies, practices and changes to processes. This information is shared as board level with the Compliance Manager, NHS Sales Manager, Clinical Lead and board of Directors. The feedback from the internal audit is cascaded to all staff within the business, with refresher training provided where the need is identified, or where new practices are implemented.

Roles and Responsibilities in relation to this policy

Susanna Caddeo, Head of Audits & Head of NHS Compliance

Matthew Betteridge, CEO

Rasul Chatoo, COO

William Fawbert, CFO

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Appendix 1

Criteria Grouping	Fail Type	Individual Lot 3b Compliance Audit Criteria Elements
Instant Fail	**Instant**	Identification of suspected fraudulent documentation.
	Instant	Third party Audit Consent provided by the Temporary Worker to the Supplier (file will also be included within the Re-Audit process if not evidenced during the initial Compliance Audit).
NHS Employment Check Standard Identity checks	**Core**	Identity checks in alignment to the best practice guidance published by NHS Employers and additional requirements outlined within the framework Specification (Identity Checks, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance): • Utilisation of electronic scanning equipment (paragraph 2.1).
NHS Employment Check Standard Criminal record checks	**Core**	Criminal record checks in alignment to the best practice guidance published by NHS Employers additional requirements outlined within the framework Specification (Criminal Record Checks, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance). • Conviction disclosure (paragraph 2.3); • Police check for Temporary Workers who have entered the United Kingdom or been resident within the United Kingdom for less than six (6) months (paragraph 2.4.2) where this has not been undertaken as part of the Temporary Worker's visa application; and • Disclosure/Rehabilitation of Offenders Act 1974 and Fitness to Practise declaration by the Temporary Worker (paragraph 2.4.4).
NHS Employment Check Standard Work health assessments	**Core**	Work health assessments in alignment to the best practice guidance published by NHS Employers and additional requirements outlined within the framework Specification (Work Health Assessments, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance). • Utilisation of a SEQOSH accredited occupational health service only (paragraph 2.6.1); • Certificate of Fitness for employment in alignment to industry Good Practice (paragraph 2.8); and • All records in the English language, verified and signed by a suitable qualified clinician (paragraph 2.9).
NHS Employment Check Standard Professional registration and qualification checks	**Core**	Professional registration and qualification checks in alignment to the best practice guidance published by NHS Employers and additional requirements outlined within the framework Specification (Professional Registration & Qualification Checks, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance): • Monthly review of NMC PIN checks (paragraph 2.14).

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NHS Employment Check Standard Right to work checks	**Core**	Right to work checks in alignment to the best practice guidance published by NHS Employers and additional requirements outlined within the framework Specification (Right to Work Checks, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance): • Policies and processes to spotting and supporting the victims of modern slavery (paragraph 2.17).
NHS Employment Check Standard Employment history and reference checks	**Core**	Employment history and reference checks in alignment to the best practice guidance published by NHS Employers and additional requirements outlined within the framework Specification (Employment History and Reference Checks, Paragraph 2 Additional Mandatory NHS Employment Check Standard Criteria of Section 6 Recruitment Procedures: Standards, Obligations & Assurance): • Minimum three (3) years' continuous employment history validated (paragraph 2.19).
IR35	**Core**	Collate and record IR35 assurance evidence and relevant tax requirements for Temporary Workers as set out in paragraph 3 (Temporary Worker Obligations) of section 5 (Temporary Workers: Standards, Obligations & Assurance) of the Specification and in alignment to HMRC guidance and legislative requirements. To meet this particular element of the Compliance Audit Criteria Suppliers are required to show evidence of: 1. Current processes for IR35 to ensure HMRC guidelines are met, this including how processes are implemented within the business; 2. A contract between the Supplier and Umbrella company; 3. An appropriate indemnity that appropriate Tax and National Insurance is being deducted; 4. Supplier vetting and audit of Umbrella companies to ensure compliance with HMRC guidelines - utilisation of any tax avoidance scheme highlighted by HMRC will result in an immediate Core Fail for this Compliance Audit Criteria element; 5. The processes implemented internally within the Supplier for utilisation by staff when offering or implementing these services; 6. Remittance from the Supplier to the Umbrella company; 7. Three (3) consecutive payslips from the Umbrella company to the Temporary Worker showing appropriate deductions have been made, for a date period selected by the Auditor; 8. Umbrella company RTI submission to HMRC which related to Temporary Worker payslips evidenced; and 9. Where a Temporary Worker is paid outside of IR35, written confirmation from the Participating Authority that clearly demonstrates confirmation has been obtained prior to deployment of the Temporary Worker from a relevant board member or designated individual within the Participating Authority.
PAYE Evidence	**Core**	Payslip evidenced from the Supplier to the Temporary Worker with appropriate deductions of Tax and National Insurance in alignment to HMRC, legislative and regulatory guidance.
Insurance	**Core**	Valid and in date insurance evidenced: • Employers Liability (£5m);

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		• Public Liability (£5m); and • Professional Indemnity (£5m).
Professional Industry Body Membership	**Core**	Valid professional industry body membership evidenced (e.g. REC, APSCo etc).
ICO Registration	**Core**	Valid ICO registration **AND** ISO 27001 **or** Cyber Essentials **or** Cyber Essentials Plus evidenced.

Criteria Grouping	Fail Type	Individual Lot 3b Compliance Audit Criteria Elements
Mandatory Training (aligned to the Core Skills Training Framework)	**GUIDANCE NOTE:** Mandatory training listed within this section of the Compliance Audit Criteria must be aligned to the Core Skills Training Framework (CSTF), with evidence of the training provider having a CSTF Declaration of Alignment if they are not on the list of approved list of Skills for Health providers. Where training is delivered by a non-contracted third-party, the Supplier is required to verify the training with the provider prior to the Temporary Worker being deployed, with written evidence retained on file and original documents received and verified.	
	Repetitive	**Triennial:** Conflict Resolution
	Repetitive	**Triennial:** Equality, Diversity & Human Rights.
	Repetitive	**Biennial:** Fire Safety training.
	Repetitive	**Triennial:** Health, Safety and Welfare.
	Repetitive	**Annual:** Level 2 Infection Prevention and Control. **Triennial:** Level 1 Infection Prevention and Control.
	Repetitive	**Annual:** Information Governance and Data Security.
	Repetitive	**Biennial:** Moving and Handling Level 2. **Triennial:** Moving and Handling Level 1.
	Repetitive	**Triennial:** Preventing Radicalisation.
	Repetitive	**Annual:** Resuscitation. Basic, Intermediate or Advanced life support (adult or paediatric as appropriate) in accordance with the relevant NHS Job Profile, compliant always with the Resuscitation Council UK, Core Skills Training Framework and guidelines of the Participating Authority delivered by means of a practical course.
	Repetitive	**Triennial:** Safeguarding Adults Level 1, 2 or 3.
	Repetitive	**Triennial:** Safeguarding Children Level 1, 2 or 3.
Mandatory Training (not required to be aligned to the Core Skills Training Framework)	**GUIDANCE NOTE:** Mandatory training listed within this section of the Compliance Audit Criteria is not required to be aligned to the Core Skills Training Framework (CSTF). Where training is delivered by a non-contracted third-party, the Supplier is required to verify the training with the provider prior to the Temporary Worker being deployed, with written evidence retained on file and original documents received and verified.	

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	Repetitive	The Care Certificate (Healthcare Assistants only).
	Repetitive	**Annual:** Lone Worker Training.
	Repetitive	**Annual:** Counter Fraud Training.
	Repetitive	**Annual:** Mental Health Act & Mental Capacity Act (as appropriate to the Job Profile).
	Repetitive	**Annual:** Where Temporary Workers are required to utilise restrictive interventions (e.g. restraint techniques, physical intervention skills or holding procedures) which may fall within the following areas: • Specialist commissioned healthcare provision; • Mental Health Trusts; and/or • Private Service Providers who provide care for individuals with some form of mental illness, learning disability, dementia or autism; Temporary Worker training must be RRN Certified by a Certification Body that is licensed by the Restraint Reduction Network (RRN) and accredited by UKAS. Temporary Workers are able to move from to other organisations provided their training is current, and has been provided by a RRN Certified provider.
	Repetitive	**Annual:** Food Hygiene Awareness (as appropriate to the Job Profile).
	Repetitive	**Annual:** Medicine Management (as appropriate to the Job Profile).
	Repetitive	**Annual:** Tissue Viability (as appropriate to the Job Profile). Temporary Workers are able to evidence annual training or an annual self-declaration confirming they have kept this skills up to date in alignment to CPD and Revalidation requirements.
	Repetitive	**Annual:** Resuscitation of the newborn (Midwifery only).
	Repetitive	**Annual:** Interpretation of cardiotocograph (Midwifery only).
	Repetitive	**Annual:** Maternal resuscitation (Midwifery only).
	Repetitive	Any other mandatory training required by the Participating Authority or Professional and Regulatory Body in alignment to current and future regulatory or legislative directives. Examples of mandatory training that may be requested by the Participating Authority (in agreement with the Supplier) at the time of Order include but are not limited to: • Sedation; • Duty of Care; • Person Centred Care; • Communication; • Consent; • Privacy and Dignity; • Fluids and Nutrition; • Mental Health Awareness; • Dementia Awareness; • Blood Transfusions; and

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		• Oliver McGowan Mandatory Training on Learning Disability and Autism.
Legislative	**Repetitive**	Temporary Worker Working Time Regulation (WTR) verification opting in or out of the 48 hour weekly maximum.
	Repetitive	Agency Worker Regulation (AWR) entitlements (parity pay, benefits and day one rights) detailed in the Temporary Worker's contract or individual handbook.
	Repetitive	If applicable, recording post-12 week parity pay in alignment to the Agency Worker Regulations (PAYE only).
	Repetitive	Verified Temporary Worker Contract of Services or Terms of Engagement of Worker Seeker Agreement in place with the Supplier, including pension requirements (opt out as appropriate).
	Repetitive	Evidence that a Key Information Document (KID) has been shared with the Temporary Worker in alignment to the latest Employment Agency Standards inspectorate guidance.
Contractual	**Repetitive**	Month and year evidence of upcoming NHS appraisals.
	Repetitive	Performance check for all Temporary Workers within the first 6 months after start of assignment, with an annual appraisal thereafter.
	Repetitive	Evidence of appropriate Professional Indemnity Insurance requirements for placements where the Clinical Negligence Scheme for Trusts (CNST) is not applicable.
	Repetitive	Fully completed application form (that meets with Good Industry Practice), signed and dated by the Temporary Worker.
	Repetitive	Evidence the Temporary Worker's interview was undertaken by an appropriately trained, experienced and qualified individual in alignment to the role the Temporary Worker is being recruited for.
	Repetitive	Skills assessment verified as appropriate to the Job Profile (unqualified Temporary Workers only).
	Repetitive	Confidentiality, security checks and disclaimers signed by the Temporary Worker as appropriate.
	Repetitive	ID Badge verification (annually, with new photographic identification every two (2) years).
	Repetitive	Evidence of a signed declaration from the Temporary Worker confirming a Supplier Handbook has been received, read and understood.
	Repetitive	Professional qualifications verified, date stamped as 'Original Seen' with a legible name and signature of the individual receiving the document.
	Repetitive	Evidence of placement checklist sent to the Participating Authority, where required. If not applicable or needed by the Participating Authority, one-time written confirmation from the Participating Authority is required.
	Repetitive	Booking confirmation verified, approved and cross-matched with the timesheet and invoice to create a three-way match (must be identical or have clear approval for the submission of any increased hours).

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	Repetitive	Timesheet verified and approved with the correct Band/Grade, hours, breaks and counter-fraud declaration in alignment to best practice Counter Fraud service guidelines.
	Repetitive	Invoice verified and approved with the correct Band/Grade, hours and total pay, commission and charge rate structure.
	Repetitive	Evidence the remittance to an Umbrella company/PSC matches the Temporary Worker Pay & billed to the Participating Authority (must be identical).
Contractual (Supplier Only)	**Repetitive**	Complaints procedure evidenced in alignment to paragraph 3 (Complaints Handling) of section 9 (Quality Assurance, Complaints Handling & Compliance Audit) of the Specification.
	Repetitive	Evidenced internal staff training in alignment to the relevant section of the Specification for the following areas: • Receipt of third-party financial incentives, including upselling of third-party products and services to Temporary Workers; • Demonstrated process in place to manage any pause to the 12-week Agency Worker Regulation qualifying clock (PAYE only); • Subcontracting processes and protocols, specifically ensuring that no supply is made by an Associated Company of the awarded framework Supplier to a Participating Authority; • Maximum commission tolerances per Band/Grade, Shift and Specialty and embedded processes for managing 'Break Glass' requests from the Participating Authority; • Introduction and Transfer Fee protocols (4 week notification to transfer a Temporary Worker without a fee); and • Official registration of and implementation of the JobsAware initiative.

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