

**Quality Assurance for the Provision of NHS Compliant Services**

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## General Policy Statement

One Call 24 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 One Call 24.

## 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.

- 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 endeavor 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 DoH 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:**

Quantifying the current level of performance according to expected standards

QA activities that are part of measuring quality include:

- Quality Assessment
- Quality Monitoring
- 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.

### **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.

The Quality Assurance System shall contain procedures and practices: /

- 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, 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 Candidates that we provide.

### **Compliance process**

One Call 24 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 Data Protection act 1998 and GDPR 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.

### **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.

One Call 24 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.

### **Internal Audit process**

One Call 24 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**

One Call 24 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.

### **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, One Call 24 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, One Call 24 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 One Call 24 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
- 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 One Call 24.

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.

Appendix 1

HEALTHTRUST-TOTAL WORKFORCE SOLUTIONS II FRAMEWORK NURSING & CARE SERVICES AUDIT CRITERIA (LOT 3B)	
<p>FAIRFD Compliance &lt; 94.99% / CORE FAIL (No Score on Report)</p> <p>Approved Compliance 95% - 97.99%</p> <p>Platinum Approval &gt; 98%</p> <p>PASS (RE-AUDITED) 95% - 100%</p>	
<p>CORE FAIL numbers (See Core Fail Table) - Core Fail Limit before Instant fail and re-audit (5% of agency files audited rounded up the nearest whole number)</p> <p>REPETITIVE FAILS: Any single compliance requirement that is not listed as a Core Fail 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. Repetitive fails need to be rectified within 4 weeks of the audit.</p>	
INSTANT FAIL	Third Party Audit Consent provided by the Temporary Worker (Instant fail if not evidenced. File will also be included within the Re-audit process)
CORE FAIL	Enhanced DBS check / DBS Update Service Check (where applicable) - Full copy of DBS Certificate to be supplied and where the DBS Update Service is utilised, evidence of appropriate checks to show DBS remains current and valid throughout the Temporary Worker Placements. Where a DBS is no longer subscribed to the DBS Update Service, the DBS is not valid and a new DBS will need to be obtained for the temporary worker. Any Update Service Check completed on the unsubscribed DBS is no longer valid past the annual expiry of the DBS.
CORE FAIL	Overseas Police Check (as required)
CORE FAIL	Proof of Identity Verified in line with NHS Employers Check Standards - (Date stamped with wording to confirm that the check was completed on said date (as appropriate), with legible name/signature of person that has sighted the document(s). Full copies of Temporary Worker proofs of photographic identity and proofs of address are required. Right to Work IDVT Checks and Share Code print-outs alone are not acceptable. Photographic Identity documents must undergo Quality Checks via an ID Verification Scanner/scanning equipment/outsource third party software.
CORE FAIL	<p>Proof of eligibility verified (Right to Work) in line with NHS Employers Check Standards and Home Office guidelines. From the 6th April 2022, suppliers will need to ensure that checks are completed on Temporary Worker right to work documents via either of the following (depending on the document presented):</p> <ol style="list-style-type: none"> <li>1. a manual right to work check</li> <li>2. a right to work check using IDVT via the services of an IDSP</li> <li>3. a Home Office online right to work check</li> </ol> <p>Suppliers are required to follow relevant guidance at all times and provide evidence that the appropriate checks have been completed on the Temporary Worker documentation pre placement and on an ongoing basis as appropriate. Where manual checks are completed, the supplier must ensure copies are date stamped with wording to confirm that the check was completed on said date (as appropriate), with legible name/signature of person that has sighted the document(s).</p>
CORE FAIL	Registration with Professional and Regulatory Bodies (Original certificate or statement of entry verified and regular ongoing NMC, HCPC web pin checks evidenced prior to start date and every month thereafter. PIN Checks must show date the check was undertaken by the supplier).
CORE FAIL	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 guideline. 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 to the Umbrella Company from the supplier and payslip from Umbrella Company to agency worker with appropriate deductions. 9. Up to 3 consecutive payslips required based on the length of time the Temporary Worker has worked in assignment. 10. Umbrella Company RTI submission to the HMRC which relates to temporary worker payslips evidenced. FRAMEWORK COMPLIANCE FOR UMBRELLA, PSC AND/OR ANY SELF-EMPLOYED BOOKINGS. Where a Temporary Worker is paid outside of IR35, written confirmation must be obtained from the Authority prior to the deployment of the Temporary Worker
CORE FAIL	PAYE evidence - Evidence the payslip from Supplier to Temporary Worker with deductions of Tax/Ni
CORE FAIL	SUPPLIER ONLY: Proof of contract with Occupational Health Provider (must be SEQOHS accredited)
CORE FAIL	SUPPLIER ONLY: Valid insurance verified (Employers £5m, Public Liability £5m, and Professional Indemnity £5m)
CORE FAIL	SUPPLIER ONLY: Valid Professional Industry Body Membership (E.g. REC, APSco etc.)
CORE FAIL	SUPPLIER ONLY: Valid ICO Registration
<p><b>OCCUPATIONAL HEALTH</b></p> <p>(i) Hepatitis B;</p> <p>(ii) Measles;</p> <p>(iii) Mumps;</p> <p>(iv) Rubella;</p> <p>(v) Tuberculosis;</p> <p>(vi) Varicella; and</p> <p>(vii) Influenza (signed and dated self-declaration from the Temporary Worker confirming that they have/have not had the Influenza immunisation) - Annual Declaration</p> <p>Exposure Prone Procedures (if applicable) Hepatitis B</p> <p>Exposure Prone Procedures (if applicable) Hepatitis C</p> <p>Exposure Prone Procedures (if applicable) HIV</p> <p>Fitness to Work Certificate restrictions &amp; follow up recommendations to customers (written communication required). Where a Temporary Worker has not had the Influenza Immunisation, the Authority must be advised in writing (i.e. as part of the booking process or on the Placement Checklist). Written evidence to be supplied at Audit. Relevant to each Assignment.</p> <p>NMC alerts, notices or investigations with any information provided to the customer prior to start date and approved/accepted as applicable (written communication required)</p>	
<p><b>LEGISLATIVE</b></p> <p>WTR verification of Opt in or out of 48 hr. declaration.</p> <p>AWR entitlement (parity pay, benefits and day one rights) detailed in contracts or handbook for Temporary worker</p> <p>AWR Process in place with clock pause and STOP - PAYE Only</p> <p>AWR After 12 weeks working Parity Pay recorded (if applicable) - PAYE Only</p> <p>Temporary Worker contract of services verified &amp; pensions requirements (opt out as appropriate). All Temporary Workers must have a Contract of Services or Terms of Engagement of Work Seeker Agreement in place with the Supplier.</p> <p>Key Information Document shared with the Temporary Worker (Taylor Review) - evidence of the relevant completed KID and evidence that this has been sent to/received by the Temporary Worker.</p>	
<p><b>MANDATORY TRAINING</b> - Mandatory training to be aligned to Core Skills Training Framework (evidence of CSTF Declaration of Alignment from the training provider required if not on the list of approved providers on list on Skills for Health website). For training 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. Written evidence should be retained on file. In addition, the supplier should ensure that original documents are obtained and verified as such, confirming when the certificates/records were obtained.</p> <p>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, CSTF and the Authority's guidelines, as appropriate, and has been delivered by means of a practical course (Annual)</p> <p>Fire Safety (Every 2 years) - Practical Instruction also Required (induction on job training) and online</p> <p>Safeguarding Adults Level 1, 2 or 3 (Every 3 years)</p> <p>Safeguarding Children Level 1, 2 or 3 (Every 3 years)</p> <p>Moving and Handling (loads and people) Level 1 (Every 3 years) and Level 2 (Every 2 years) - online acceptable</p> <p>Handling Violence &amp; Aggression / Conflict Resolution (Every 3 years) - Practical Instruction also Required</p> <p>The Caldecott Principles / Information Governance (Annual)</p> <p>Health, Safety and Welfare (Every 3 years)</p> <p>Infection Prevention (Included MRSA &amp; Clostridium Difficile) Level 1 (Every 3 years) or 2 (Annual)</p> <p>Equality, Diversity &amp; Human Rights (Every 3 years)</p> <p>Radicalisation Prevention (Basic Awareness / Prevent Awareness (based on job role) (Every 3 years)</p> <p><b>MANDATORY TRAINING</b> - Mandatory training not required to be aligned to Core Skills Training Framework. For training 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. Written evidence should be retained on file. In addition, the supplier should ensure that original documents are obtained and verified as such, confirming when the certificates/records were obtained.</p> <p>The Care Certificate (HCA's Only - for those that have become a HCA post 01.04.2015)</p> <p>Lone Worker Training (Annual)</p> <p>Counter-Fraud (Annual)</p> <p>Complaints Handling (Annual)</p> <p>Mental Health Act &amp; Mental Capacity Act as appropriate to the Job Profile (Annual)</p>	



Where staff are required to use restrictive interventions (e.g., restraint techniques, physical intervention skills, or holding procedures etc) which may fall within the following areas: staff working in, or being placed in, specialist commissioned healthcare provision i.e., Mental Health Trusts (MHT's) or Private Service Providers (PSP's) who provide care for individuals with some form of mental illness, learning disability, dementia or autism, the training that they have undertaken to acquire the required knowledge and skills must 'RRN Certified'/'Certified', which is a status conferred upon training providers delivering very specific training programmes by a Certification Body that is licensed by the Restraint Reduction Network and accredited by UKAS. Because certification is currently only provided by Bild ACT, any 'Certificated Training Services' and 'Affiliate Organisations' are listed here <a href="https://bildact.org.uk/certified-organisations/">https://bildact.org.uk/certified-organisations/</a> . This means that a staff member can move from organisation to organisation, as long as their training is current, and it has been provided/facilitated by a 'Certificated Training Service'. (Annual)
Food Hygiene Awareness as appropriate to the Job Profile (Annual)
Medicine Management as appropriate to the Job Profile (Annual) - Applicable to those who may reasonably be expected in the course of their normal duties to prescribe medicines.
Tissue Viability as appropriate to the Job Profile (Annual) - Evidence required of annual training or annual self-declaration from the Temporary Worker confirming that they have kept this skill up-to-date in line with their CPD and Revalidation requirement.
Blood Transfusion as appropriate to the Job Profile (Every 3 years)
Midwifery only - Resuscitation of the new-born (Annual)
Midwifery only - Interpretation of cardiocardiograph traces (Annual)
Midwifery only - Maternal resuscitation training (Annual)
Any other mandatory training required by the Authority or relevant Professional and Regulatory Body and under current or future regulatory or legislative directives. Examples of training that may be requested by Call-off Contract to supplement Mandatory Training (e.g. Authority specific, non-mandatory requirements) include Sedation, Duty of Care, Person-Centred Care, Communication, Consent, Privacy and Dignity, Fluids and Nutrition, Mental Health Awareness and Dementia Awareness in agreement with the Supplier.
<b>CONTRACTUAL</b>
Induction & Orientation Training verified (In a healthcare setting at the start of their booking) Written confirmation required that it has been received by the Temporary Worker. Confirmation of induction for any placement into a new setting must be obtained within 2 weeks of the placement commencing.
IELTS/OETS verified (if applicable)
Details evidenced of previous and upcoming NHS appraisals (including annual appraisal) (month and year required)
Appraisal /performance check for newly-qualified workers, workers returning to employment or any newly-employed or engaged workers within the first 6 months & annually thereafter.
Authority notified about the temporary workers Revalidation date
Authority notified of the temporary workers last NHS appraisal
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. Evidence of Temporary Worker's own PI, written confirmation from the Authority that their insurance covers the Temporary Worker and/or written confirmation from the supplier's insurer confirming that their insurance covers the Temporary Worker for placements into the Private sector.
Fully Completed Application Form (that meets with Good Industry Practice) - signed and dated by the Temporary Worker and not to be completed by the supplier on behalf of the Temporary Worker
Face to face interview verified (Skype (or other video platforms) acceptable but the supplier needs to evidence that original documents have been seen and verified) - For Video interviews, the supplier should record a screenshot of the Temporary Worker holding up identity documents during the interview - to be shown on day of audit.
Skills assessment verified as appropriate to the Job Profile
Confidentiality, security checks and Disclaimer signed by the Temporary Worker
ID Badge Verified - Annual badge required and a new photo every 2 years.
Supplier Handbook given to Temporary Worker and updates verified - Signed declaration from the Temporary Worker required to confirm the Handbook has been 'received, read and understood'.
10 Year Employment History (gaps of 1 month or more verified)
Employment history updated annually (from date of recruitment)
References verified - minimum of three (3) years' continuous employment is validated via written and verified references (verbal references not acceptable)
References updated annually (2 references (covering 14 days or more (each) to be obtained annually (from date of recruitment)).
Break Glass Protocol as per specification OR documented approval directly from the customer to escalate (NHS England only)
Professional Qualifications verified (Date stamped as "Original Seen", with legible name/signature of person that has sighted the document).
Placement checklist for verified documentation (if applicable. If not applicable, client written confirmation required).
End of placement assessment form sent to customer (evidence of chase sent items also required).
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 (and any other requirements as detailed within the specification)
Invoice verified/approved with correct grade, hours and total pay/commission/charge (and any other requirements as detailed within the specification)
Remittance to Umbrella Company/PSC matching invoice for Pay & ENIC as billed to customer (must be identical)
<b>SUPPLIER ONLY</b>
Complaints Procedure evidenced (with timelines and content as detailed within the Specification)
Supplier internal audit process in place for supervision and Quality Assurance
Compliance: Standards of Good Practice documented & embedded
Supplier internal staff training on required processes verified
Does the Supplier have evidence of official registration/implementation of JobsAware initiative? (For information only)
Evidence of the process for temp to temp, temp to bank and temp to perm in line with the Framework (4 weeks notice/No Fee)
SUPPLIER ONLY (information only at this stage): Valid Cyber Essentials and/or ISO 27001 Certification (Y/N)

All audit findings are recorded on a centralised register, allowing One Call 24 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 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, One Call 24 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

Freddie Smallman, NHS Sales Manager

Victoria Boer, Head of NHS Compliance

Philomena Odumenya, Clinical Lead

Matthew Betteridge, CEO

Rasul Chatoo, COO

David Crewe, Director

William Fawbert, CFO