

Internal Audit Policy

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| Policy Contact | Subhash Goswami |
| Date Issued | 21 st May 2020 |
| Amended | 11 th Sept 2021 |
| Next review Date | 11 th Sept 2023 |
| Target Audience | Agency Workers |
| Approved by | Inna Care 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
- Inna Care 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.

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| 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. |
| Overseas Police Check (as required) |
| Proof of identity verified (Date stamped as "Original Seen", with legible name/signature of person that has sighted the document(s). Identity documents must undergo Quality Checks via an ID Verification Scanner/scanning equipment/third party software). |
| Proof of eligibility verified (Right to Work) – (Date stamped as "Original Seen", with legible name/signature of person that has sighted the document(s). Right to Work documents must undergo Quality Checks via an ID Verification Scanner/scanning equipment/third party software). |
| Registration with Professional and Regulatory Bodies (Original certificate or statement of entry verified or regular ongoing NMC, HCPC web pin checks evidenced prior to start date and every 4 weeks thereafter. PIN Checks must show date the check was undertaken by the supplier). |
| 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 |
| PAYE evidence - Evidence the payslip from Supplier to Temporary 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.) |
| SUPPLIER ONLY: Valid ICO Registration |
| SUPPLIER ONLY (information only at this stage): Valid Cyber Essentials and/or ISO 27001 Certification (Y/N) |
| CRITICAL |
| (i) Hepatitis B; |
| (ii) Measles; |
| (iii) Mumps; |
| (iv) Rubella; |
| (v) Tuberculosis; |



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| (vi) Varicella; and |
| (vii) Influenza (signed and dated self-declaration from the Temporary Worker confirming that they have/have not had the Influenza immunisation) - Annual Declaration |
| 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 (written communication required). Where a Temporary Worker has not had the Influenza Immunisation, the Authority must be advised is 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. |
| NMC alerts, notices or investigations with any information provided to the customer prior to start date and approved/accepted as applicable (written communication required) |
| 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 - PAYE Only |
| AWR After 12 weeks working Parity Pay recorded (If applicable) - PAYE Only |
| Temporary Worker contract of services verified & 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. |
| Key Information Document shared with the Agency Worker (Taylor Review) |
| CRITICAL MANDATORY - 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. |
| 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) |
| Fire Safety (Every 2 years) – Practical Instruction also Required (induction on job training) and online |
| Safeguarding Adults level 1,2 or 3 (Every 3 years) |
| Safeguarding Children Level 1, 2 or 3 (Every 3 years) |
| Moving and Handling (loads and people) Level 1 (Every 3 years) and Level 2 (Every 2 years) - online acceptable |
| Handling Violence & Aggression / Conflict Resolution (Every 3 years) - Practical Instruction also Required |
| The Caldecott Principles / Information Governance (Annual) |
| Health, Safety and Welfare (Every 3 years) |
| Infection Prevention (Included MRSA & Clostridium Difficile) Level 1 (Every 3 years) or 2 (Annual) |
| Equality, Diversity & Human Rights (Every 3 years) |
| Radicalisation Prevention (Basic Awareness / Prevent Awareness (based on job role) (Every 3 years) |
| The Care Certificate (HCA's Only - for those that have become a HCA post 01.04.2015) |
| CRITICAL MANDATORY - 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. |
| Lone Worker Training (Annual) |
| Counter-Fraud (Annual) |
| Complaints Handling (Annual) |
| Mental Health Act & Mental Capacity Act as appropriate to the Job Profile (Annual) |
| Physical Restraint Skills and Techniques as appropriate to the Job Profile (Annual) |
| Prevention and Management of Violence (PMVA) Training or Management of Actual or Potential Aggression (MAPA) Training, as required by the Authority and in agreement with the Supplier (Annual). Refresher training must be completed within this timeframe. If exceeded, 3/5 day training must be completed once more. The same training provider must be used each time for re-fresher training. Where a new training provider is used – 3/5 day training needs to be completed. |
| Food Hygiene Awareness as appropriate to the Job Profile (Annual) |
| Medicine Management as appropriate to the Job Profile (Annual) - Applicable to all Nursing Staff |
| 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) |

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| Midwifery only - Resuscitation of the new-born (Annual) |
| Midwifery only - Interpretation of cardiocograph 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. |
| CONTRACTUAL |
| 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. |
| I.E.L.T.S/OETS verified (If applicable) |
| Details evidenced of previous and upcoming 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, including designated body and responsible officer |
| Authority notified of the temporary workers last 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. |
| 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 – Recommendation best practice renew each +A84year (new updated 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) |

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.

