



Verification and Statutory and Mandatory Training

1.4

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1. OVERVIEW AND DOCUMENT PURPOSE

All members of staff who wish to book shifts within SHPCA are required to register on our workforce platform 'Sensei'. Sensei can be accessed online at www.senseiworkforce.com. As part of SHPCA's Governance Process all members of staff will be required to upload certificates / documents to prove that they are verified to work within our service. In addition to this there is also statutory and mandatory training that is required of all members of staff. This will form part of SHPCAs on-going audit process with the above-mentioned documents being monitored against compliance monthly.

The purpose of this document is to set out a clear process outlining how we ensure every member of staff is verified to work and also that they are up to date with their statutory and mandatory training.





2. VERIFICATION REQUIREMENTS

Below is a table that sets out the verification required for different staff members within the service to ensure that it is safe for them to work within our service.

	DBS	Basic Life Support	IG Cert	S/G Adult	S/G Child	Hep B	Re-Validation Date	ID Doc 1	ID Doc 2	Appraisal Date	Right To Work	Fire Safety	Infection Control	CV
Clinical Staff	✓	✓	✓	✓ L3	✓ L3	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admin	X	✓	✓	✓ L1	✓ L1	X	X	✓	✓	✓	✓	✓	X	✓

All GPs are also required to be checked on the Performers list. The list provides an extra layer of reassurance that the GPs practicing in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service (DBS) and the NHS Litigation Authority. This must be verified before any patient contact is undertaken. This is undertaken by the Compliance Administrator as part of the on-boarding process.

In addition to the above we have the following lists of Statutory and Mandatory training that are required for each staff type.

Staff type	Statutory and Mandatory Training
GP	 Stat & Mand Checklist GPs.docx
PN / ANP	 Stat & Mand Checklist Registered N
HCA/Phlebotomy	 Stat & Mand Checklist HCAs.docx
Admin & Clerical	 Stat & Mand Checklist A&C.docx

To inform our decision as to what should be included in our list of verifications and statutory and mandatory training, we have used the following document and guidance from CQC.



Essential Skills Doc
-Edit Version June 20

3. WAIVING OF VERIFICATION REQUIREMENTS

At SHPCA we take the safety of our patients and staff very seriously and take the following steps to ensure it is never necessary for us to consider waiving our verification requirements and statutory and mandatory training.

1. Our workforce platform has a reporting function for training due so that we can advise staff ahead of their training lapsing / updating of documents that they are due and work with them to achieve this.
2. It is communicated to all new members of staff that they will not be able to commence work with SHPCA if they do not have the necessary training in date.
3. Our Governance Administrator has responsibility within their job role to assist with the gathering and recording of this data.

The following are examples of circumstances where a) staff will not be allowed to work and b) waiving of verification and the statutory and mandatory training required prior to commencing work are not acceptable.

1. If a GP is not registered on the Performers list.
2. If a PN or ANP is not on the NMC Register.
3. If a member of staff is new to the service and they have not completed all verification requirements as required.
4. If a long-standing member of staff does not upload their new verifications within 1 month of the previous verifications expiring.

The following are examples of when we may consider waiving evidence of our verification requirements:

1. When a GP with a history of working within the service, who has previously uploaded all verification and completed all statutory and mandatory training, who is currently on the Performers List, has their statutory and mandatory training lapse.
2. When a PN or ANP with a history of working within the service who has previously uploaded all verification and completed all statutory and mandatory training, who is currently on the NMC Register, has their statutory and mandatory training lapse.
3. When a HCA or Administration / clerical worker with a history of working within the service who has previously uploaded all verification and completed all statutory and mandatory training, has their statutory and mandatory training lapse.

In the above circumstances the following steps must be taken.

1. The waiving of any verification and / or statutory and mandatory training must be approved in writing by both the Head of Clinical Services and the Head of Governance, Quality & Safety.
2. There must be a clear timeline in place of when we require the documents to be received by before the member of staff will no longer be permitted to work within the service. This must be agreed by the Head of Clinical Services and the Head of Governance, Quality & Safety and communicated to the Service Manager and the member of staff.

3. It is the inherent responsibility of the individual clinician to ensure that their training is up-to-date and remains current while working for SHPCA. The member of staff will always be offered support in ensuring their verification and statutory and mandatory training is up to date. This could be one or more of the following.
 - a. Offering to approach any affiliated practice that they work within to ascertain if the Practice Manager holds a record of up-to-date documentation. The clinician needs to consent to this before we contact the practice.
 - b. Where appropriate face to face training can be offered.
 - c. Governance Administrator to offer assistance with any technical issues they are experiencing in uploading documents.

4. READINESS TO WORK IN SHPCA'S CLINICAL SERVICES

As well as verification of documents and completion of statutory and mandatory training, SHPCA has a responsibility to ensure that staff have had the appropriate briefing prior to starting shifts. This includes:

- a. Ensuring all IT ready with regards to Smartcards, ICE, Adastra, Sesui and Accurx. These are captured in the *Pre-employment Checks* document and overall responsibility for IT sits with IT Manager supporting Service Leads.
- b. Ensuring staff have had appropriate induction and orientation of sites. This is covered in the *Clinical Induction into CAS/IPCAS document*. This includes all health and safety requirements such as the fire procedures and building orientation. The Head of Clinical Services provides sign off for staff readiness and there is an expectation that Service Managers/Rota Master highlight when new staff are verified from a statutory and mandatory/documents point of view so that green light for shift commencement can be given.

5. PROCESS FOR RUNNING REPORTS

Reports can be run from the Sensei platform in real time however the following process will be carried out to ensure that staff training needs are captured on a weekly basis.

- a. Service/Office Lead to run report from Sensei x1 a week by logging into Sensei and clicking on "Reporting" and then "Training Due"
- b. Download Excel report and establish which member of staff is due what training
- c. Send email to staff member to highlight what training is due, where possible with link to e-LFH platform or other relevant training provider.
- d. Establish when staff member is working next and pop a yellow note on screen
- e. Follow up staff member with a call if not addressing training needs
- f. Highlight to Head of Clinical Services of x 3 reminders have been provided with no engagement and decision may be taken to suspend profile

6. PROCESS FOR FINAL SIGN OFF BEFORE CLINICAL WORK IS UNDERTAKEN

Before the clinician is able to book shifts using the Sensei system there must be a meeting, in person or virtual that includes the Head of Clinical Services, Head of Quality & Governance and the Head of Operations to discuss and review the clinician's suitability to start clinical sessions with SHPCA. They will review the following:

HoCS	Review medical qualifications as listed on GMC website & Performer's list
HoQ&G	Verify Stat and Man training & right to work
HoOps	Confirm that a full induction will be in place for first day

Only once this meeting has taken place and the check and challenge is complete, only then will the Head of Clinical Services authorise the Rota Team to allow the clinician to book shifts. There are no exceptions to this process. The form in appendix 1 will then be sent to the Rota Team and Compliance Administrator for confirmation.

7. APPENDIX 1: PROCESS FOR FINAL SIGN OFF FORM

This form must be complete and sent to the Rota Team and Compliance Administrator before any clinical work is undertaken:

The following Senior Management Team certify that the clinician meets the required standard as set out by this policy:

Role	Name	Sign Off
HoCS		
HoQ&G		
HoOps		

Clinician name: