

## North East Ambulance Services NHS FT

### DBS/CRB Employment Checks – Position Statement

#### **1. Introduction**

- 1.1 Mary Blake, CQC compliance inspector (Northumberland and North Tyneside) contacted the Trust on 23 December 2013 after receiving an anonymous concern alleging that more than 400 front-line staff have not/never had a DBS (Disclosure & Barring Service, formerly the Criminal Record Bureau - CRB) clearance.
- 1.2 The CQC has asked for:
  1. Details of front line staff CRB/DBS clearance to include employment start dates and dates checks were confirmed or renewed
  2. Any concerns or issues NEAS has had around clearances of front line staff
- 1.3 This report sets out the Trust's arrangements for undertaking employment checks and the monitoring arrangements that have been applied, problems recently identified and the Trust's response to rectify those problems together with immediate and longer term governance arrangements to ensure similar issues do not reoccur.

#### **2. Trust Arrangements for Employment Checks**

- 2.1 NHS Employers guidance states that there is no legal requirement to carry out retrospective or periodic DBS checks on staff or volunteers who were already in our workforce and have not changed positions since 2002 (see p19).

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Criminal%20record%20checks.pdf>

The guidelines make the following definitions:

- a. *Retrospective checking means checking staff, volunteers and other workers in the workforce who have never had a criminal record check. For example, where they were appointed prior to the mandated requirement to check came into force in 2002 and they have remained in the same position, therefore the normal requirement for a check has not been triggered.*
  - b. *Periodic checking means the checking of staff, volunteers or other workers at particular intervals during their term of employment/appointment*
- 2.2 In June 2013, the CQC updated its 'DBS Checks Guidance' document which stated that DBS checks are required on registering with the regulator. Section 14 of the guidance states:

*"All health and social care providers registered with the CQC are responsible for checking the suitability of their staff. We expect providers to undertake checks at the appropriate level for staff and volunteers who are eligible for them.*

*We would expect providers to be able to show they have undertaken a risk-assessment where they have decided not to undertake a check (especially in relation to roles and responsibilities where the provider has deemed a check to be unnecessary).*

*The CQC has the power to take enforcement action if providers decide not to take up DBS checks on eligible staff, or if the provider cannot provide sufficient evidence of seeking appropriate assurance that a check has been undertaken.*

*We would take enforcement action in circumstances where, in our view, people using the service are considered to be at risk because of the decision not to undertake these checks and where it is an indication of poor recruitment procedures.”*

2.3 The CQC states in Section 24 that compliance with DBS checks is made for:

- Recruitment of new staff
- Internal movement of staff to new posts
- When staff are undertaking a regulated activity under Safeguarding Vulnerable Groups Act 2006.

2.4 Providers should not retain the original DBS certificates for inspection. The CQC does expect providers to keep their own records that include:

- Date of issue of the check
- Full name and date of birth (DoB) of subject
- Type of check requested  
(See section 24, p19 for full list)

### **3. Trust Processes**

3.1 In line with the Trust's policy, a DBS check is carried out on all newly appointed staff, internal movements and continued employment of current post holders for roles that involve direct contact with children and/or vulnerable adults. The policy commits to undertake a three year rolling programme to assess the continued employment of staff.

3.2. The Trust policy complies with the guidance matrix provided by the DBS to assess each role; i.e. if the postholder is required to have patient contact and provides healthcare or medical advice. All PTS and Emergency Care roles are automatically checked and manager roles in these services are also checked if they continue to treat patients. Contact Centre staff have recently been confirmed as requiring DBS checks to comply with Commissioner requirements.

3.3 No-one starts in their role with the Trust until a DBS check has been undertaken if one is required. This applies equally to internal and external applicants. See Appendix 1 - Internal Audit report (February 2013) which identified no concerns regarding DBS checks for new starters.

3.4 The Trust established a rolling programme for reviewing DBS checks of current employees and assurances were given to the Board in 2009. See Appendix 2 - Extract of Board Report: Safeguarding Children (July 2009).

- 3.5 There are also staff registration checks undertaken for new starters and current employees. An annual internal audit of all staff registration is undertaken by the Training Team via a hard copy and electronic file of registration number/expiry date etc. A new process reported to the Workforce & Equality Committee in September 2013 will enable the check to be undertaken as part of the employee's annual Performance Review. See Appendix 3 - Workforce & Equality Committee report.

#### 4. **Problems identified recently**

- 4.1 Deficiencies in assurances regarding employee checks undertaken on appointment and the 3-year rolling programme were identified as a result of an assessment of HR capacity as part of a wider service review.
- 4.2 A direct enquiry was made by the Director of Workforce & Organisational Development for evidence of assurance regarding employment checks on 18 November 2013.

##### Issue 1: No record of DBS check undertaken on appointment

- 4.3 It was identified from a report drawn from the Electronic Staff Record system (ESR) that 388 employees were assigned to roles that required a DBS check but no record of a check being undertaken was recorded on the system, primarily in PTS and Emergency Care service lines.
- 4.4 Of the 388 employees without a recorded check:
- 268 had been appointed to the Trust before 2002 and were not required to have a retrospective check undertaken; a manual exercise to identify any staff in this group who may have moved internally to a post requiring a DBS check since 2002 is currently being undertaken.
  - 120 employees had been appointed to posts which required a DBS check in 2002 or afterwards but no check was recorded on ESR as having been undertaken.
- 4.5 See Appendix 4 for an anonymised list of staff without a recorded DBS check. The names of staff and dates of birth have been removed for Information Governance purposes. The colour coding of each entry is referred to later in this report (section 6).
- 4.6 There is no record of a report being prepared within the Trust to identify this gap previously. There is the possibility that the figure of 388 will reduce following an exercise to locate paper records of checks held on personal files and ESR is updated accordingly.

##### Issue 2: 3-Year Rolling Programme

- 4.7 It was identified that the 3-year rolling programme of checks of current employees had not been effectively implemented, nor the process embedded, and was substantially behind schedule. A report from ESR of the last known DBS check dates identified that:

18 staff had last been checked in 2004  
15 staff had last been checked in 2005  
26 staff had last been checked in 2006  
117 staff had last been checked in 2007  
188 staff had last been checked in 2008  
338 staff had last been checked in 2009

164 staff had last been checked in 2010

Total = 866 staff were overdue a 3-year check.

## 5. **Trust Response to Issues Identified**

- 5.1 The Director of Workforce & Organisational Development raised both issues with Executive Team colleagues on 25 November 2013. A risk assessment identified that whilst the Trust is required to undertake checks and aspires to adopt best practice, to some extent patient safety risk is mitigated because the majority of our staff work with a partner. In an average 24-hour day, the Trust would plan to have 4,204 hours of Emergency Care cover – including HART, but excluding external providers such as St John Ambulance whose contracts with NEAS require them to provide assurance that their staff are DBS checked. Rapid Response lone workers, in comparison, cover 486 hours, or 11.5% of the Emergency Care workforce in any average 24-hour period. The Trust also has a whistle-blowing policy in place and a mechanism for staff to raise concerns, which is referred to as NEAS 07 (the document reference number on our systems).
- 5.2 The Chief Executive in consultation with Directors agreed to implement an action plan immediately and allocate appropriate staffing and financial resources to bring the Trust up to standards set by those organisations recognised as delivering best practice in this area. The plan seeks to resolve 'Issue 1' first – and fast – in the interests of maintaining and delivering patient care during a difficult time of the year when demand increases over the Winter period.

### Priority Group 1:

- 5.3 The immediate action was to undertake checks for all 388 employees assigned to posts requiring a check. It was accepted that some staff may be exempted from a retrospective check due to an appointment date pre-2002. However, as it was not possible to quickly differentiate who should be checked and who was exempt it was agreed to check all 388 employees.
- 5.4 Staff were personally notified by letter of the requirement to provide information in order to undertake a check and a process was implemented which would enable documents to be certified, information entered onto the electronic DBS system and for certificates to be received electronically. The target date was for all 388 employees to have supplied required information and check requests with the DBS by 3 January 2014.
- 5.5 Reminder letters were dispatched to all staff with no record of supplying information by the deadline advising that disciplinary action may be taken against them if they failed to provide information to enable a check to be undertaken. The action plan has the support of senior managers and Operational Managers in Emergency Care and PTS as well as Staff-side representatives who have been consulted on the correspondence with employees.

### Priority Group 2:

- 5.6 A 3-year rolling programme recovery plan will be instigated with effect from 6 January 2014 for the 866 staff who have not had a check in the last three years and is set out at Appendix 5.

### Priority Group 3:

- 5.7 Staff who have had a check undertaken in the last three years have been identified and included in the recovery plan document with effect from 6<sup>th</sup> January 2014. ESR functionality will be utilised and clear responsibilities allocated within the Trust for undertaking, monitoring and escalating the rolling programme of checks.
- 5.8 A root cause analysis will be undertaken by the Director of Clinical Care & Patient Safety as to the causes of Issue 1 and Issue 2 during January 2014 and will be reported to the Trust Board on 30 January 2014.

## **6. Progress to date**

- 6.1 Daily performance reports on progress have been made to the Director of Workforce & Organisational Development.
- 6.2 Appendix 4 which was mentioned previously in this report, at 4.5, provides anonymised information of the 388 employees listed on ESR with no recorded DBS check. The information has been colour coded to reflect the status of each individual employee.
- 6.3 The table below summarises the progress made with regard to the 388 employees in Priority Group 1.

Red	No documents supplied by employee	28
Pink	Additional documents needed from employee	17
Amber	ID Docs received, submitted to DBS but awaiting employee confirmation to DBS of submitted documentation	261
Blue	With DBS, after above confirmation	22
Green	Certificate of clearance received from DBS	56
Mauve	Employee has now left Trust – no check required	4

## **7. Conclusions**

- 7.1 This report, or updated versions of it as appropriate, will be duly reported to the Trust's Workforce and Equality Committee and Quality Committee in week commencing 6 January 2014 and the Governance & Risk Committee in week commencing 13 January 2014. A report to the Board on 30 January 2014 will also be presented and will include the outcome and recommendations of the root cause analysis undertaken by the Director of Clinical Care & Patient Safety.
- 7.2 The recovery plan and on-going rolling programme will be performance managed on a weekly basis by the Head of Human Resources and reported formally to the Executive Team on a monthly basis as part of the Workforce Metrics report. The Workforce and Equality Committee will receive quarterly reports as assurance of the recovery plan having been completed and the continued application of the 3-year rolling programme.

- 7.3 Currently the Trust cannot provide satisfactory assurance that 120 employees appointed since 2002 have a satisfactory CRB check recorded on ESR in order to comply with statutory requirements. The 120 employees fall into a number of categories e.g. a number who have retired and returned into the same role but require reconfirmation of DBS clearance, a number who transferred on TUPE from TENYAS in 2006 and a number of female staff whose marital status and names have changed. These staff are being prioritised for clearance as part of the recovery plan.
- 7.4 Of the remaining 268 employees appointed prior to 2002 and therefore exempt from requiring a check, it is not possible to confirm at this point how many may have moved to another post within the Trust post-2002 and therefore now require a check. All 268 employees have therefore been included in the Priority 1 group and will have checks completed in January.
- 7.5 Of the 843 staff who have not had a check undertaken in the last three years as required by Trust policy, all will have completed a check by April 2014 as part of the recovery plan.
- 7.6 Of the remaining staff who have had a check undertaken in the last three years, a revised rolling programme will be applied and monitored with effect from 6 January 2014.
- 7.7 The organisation will learn from the issues identified and will improve arrangements for planning, performance managing and reporting, providing assurances and allocating appropriate resources and clear personal responsibilities.

**Simon Featherstone, Chief Executive**

**Joanne Machers, Director of Workforce & Organisational Development**

**3<sup>rd</sup> January, 2014**

# North East Ambulance Service NHS Foundation Trust

## Internal Audit Report N2013/19

### ESR, payroll and HR processes

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Assurance rating this review

**Limited Assurance**

Assurance rating previous review

**Significant Assurance**

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#### Distribution list

Roger French, Director of Finance and Resources

Joanne Machers, Director of Workforce Development and Human Resources

Elma Alexander, Head of Human Resources

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Bridget Halpin, Human Resources Policy and Planning Manager

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## 1. Assurance statement and key findings

### Assurance statement – limited assurance

Based on the work done, **limited assurance** can be given as weaknesses in the design, and/or inconsistent application of controls, put the achievement of the organisation's objectives at risk in a number of the areas reviewed.

### Key findings

We have given limited assurance in view of the potential patient, staff or public safety risks and financial risks, that we have identified regarding the two medium risk issues outlined below. We have also raised two low risk issues regarding the lack of documented guidance in relation to professional alerts and non compliance with HR procedures. Details of all the issues identified, together with the agreed action are in [Appendix 1](#); assurance levels and risk ratings are defined in [Appendix 2](#).

#### Medium risk issues

1. For relevant types of employees commencing employment with the Trust, a professional alert check should be undertaken to ensure that the Trust does not employ individuals who have been identified as a risk to patient, staff or public safety.

We tested a sample of 21 new starters who should have been checked to ensure they did not feature in relevant professional alerts. We found that for two of these, the starters' checklist was not signed as evidence that the professional alert check had taken place. Discussions with the Recruitment Manager confirmed that this check should have taken place, but he could not confirm whether the check had been undertaken or was simply not evidenced. We subsequently confirmed that neither of the individuals was included in a professional alert. However on the basis of our work, we have assessed that there is a potential risk to patient, staff or public safety in that evidence of appropriate checks is not always in place.

2. During the period April to December 2012, 59 salary overpayments were made (55 April to December 2011), resulting in net overpayments of £39,419 (£39,296 April to December 2011). Approximately 80% of the overpayments made during April to December 2012 related to late notification by managers of leavers and changes to salary.

In our 2011/12 audit report we recommended that the Trust should take targeted action to reduce the level of overpayments made, particularly in relation to leavers. In our 2012/13 audit we identified that the number of overpayments due to late notification of leavers has reduced from 22 during April to December 2011 to 11 during April to December 2012. This followed a review by the Trust into salary overpayments at a rapid process improvement workshop held in December 2011. There has however been an increase in the number of other overpayments. On the basis of our work, we have assessed that there are still potential financial risks to the Trust in relation to unrecovered and ongoing overpayments, as well as the cost of inefficient processes.

## 2. Background

We carried out the audit as part of the 2012/13 Tactical Internal Audit Plan. The objective of this audit is to provide reasonable assurance to the Trust that there is an effective and efficient system in place in respect of ESR, payroll and HR processes. This work included a review to ensure that the Trust takes effective action on professional alerts. These alerts are issued where it is considered that an individual poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS.

The audit work involved discussions with Trust staff, systems assessment and a review of documentation, including procedure notes, new starter and leaver documentation and payroll reports.

Plymouth Financial Shared Services operate the payroll system for the Trust. Third party assurance in respect of the system, for the period 1 April 2012 to 31 March 2013, will be obtained from Audit South West.

## Acknowledgements

We would like to thank staff for their co-operation and assistance during the course of the audit.

## Appendix 1 Action plan

Risk rating	Objective	Issue	Risk	Management response	Person responsible/ timescale
 <b>Medium</b>	Pre-recruitment checks are in place to ensure where individuals are subject to a professional alert, they are not employed by the Trust.	<p>For relevant types of employees commencing employment with the Trust, a professional alert check should be undertaken to ensure that the Trust does not employ individuals who have been identified as a risk to patient, staff or public safety.</p> <p>We tested a sample of 21 new starters who should have been checked to ensure they did not feature in relevant professional alerts. We found that for two of these, the starters' checklist was not signed as evidence that the professional alert check had taken place. Discussions with the Recruitment Manager confirmed that this check should have taken place, but he could not confirm whether the check had been undertaken or was simply not evidenced. We subsequently confirmed that neither of the individuals was included in a professional alert.</p>	Potentially inappropriate staff could be appointed to positions within the Trust resulting in a compromise of patient, staff or public safety.	<p>We accept that there was no evidence on two of the 21 files that a check had taken place but have no information to indicate that a check would have identified any issue of concern.</p> <p>A checklist has been devised for use by the recruitment team to ensure that in future sign off and checking is fully recorded and this will be implemented fully by the end of January 2013.</p>	<p>Person Responsible: Neil Gatenby, Recruitment Manager</p> <p>Timescale: February 2013</p>

**Risk rating**

**Objective**

**Issue**

**Risk**

**Management response**

**Person responsible/  
timescale**

  
**Medium**

The ESR system is promptly and accurately updated.

During the period April to December 2012, 59 salary overpayments were made (55 April to December 2011), resulting in net overpayments of £39,419 (£39,296 April to December 2011). Approximately 80% of the overpayments made during April to December 2012 related to late notification by managers of leavers and changes to salary.

In our 2011/12 audit report we recommended that the Trust should take targeted action to reduce the level of overpayments made, particularly in relation to leavers. In our 2012/13 audit we identified that the number of overpayments due to late notification of leavers has reduced from 22 during April to December 2011 to 11 during April to December 2012. This followed a review by the Trust into salary overpayments at a rapid process improvement workshop held in December 2011. There has however been an increase in the number of other overpayments.

Unrecovered overpayments.  
 Inefficient processes.  
 Ongoing overpayments.

ESR is updated as soon as HR receive notification of leavers / changes. HR also notify finance of the amount and reason for any overpayments made, as well as informing the managers responsible for late notification.

Action taken to reduce overpayments includes monthly reminders to managers regarding deadlines for submission of change forms. In addition, finance hold monthly budget meetings with managers and remind them to submit change forms, and HR advisers hold monthly service provision meetings with managers and also remind them to submit forms.

Further training / action for managers will be considered.

Person Responsible:  
 Judith Hurrell,  
 Head of Financial Services / Elma Alexander, Head of Human Resources

Timescale:  
 March 2013

Risk rating	Objective	Issue	Risk	Management response	Person responsible/ timescale
● Low	The Trust has processes in place to ensure that appropriate action is taken in relation to alerts.	The Trust has compiled a draft new starter procedure which includes the process for professional alerts however this has not yet been approved.	The Trust does not have documented procedures in relation to dealing with professional alerts.	The procedure will be shared with the recruitment team by end of January 2013.	Person Responsible: Neil Gatenby  Timescale: February 2013
● Low	New starters are appointed in accordance with the Trust's recruitment procedures and NHS Employment Check Standards, and are input accurately into the ESR system.	From a sample of twenty personal files it was found that: <ul style="list-style-type: none"> <li>the recruitment checklist had not been signed or dated on any of the files, although all checklists had been otherwise completed and evidence of the pre-employment checks carried out were present on the files; and</li> <li>for two employees, the HR04 (new starter) and HR06 (bank details) forms were not present in the personal files, however electronic versions of these forms are held. This is in contravention of procedure number HQ723 – processing of starters for payroll, which states that all new starter documentation should be placed on the new starter's personal file.</li> </ul>	The required NHS Employment Check Standards may not be met for new starters.  Personal files may be incomplete and may not meet the standards required.	The recruitment checklist will be signed and dated.  Procedural guidance will be updated to reflect that paper copies of forms will no longer be kept. Electronic versions of forms will be held.	Person responsible: Bridget Halpin, HR Policy and Planning Manager  Timescale: March 2013

**Objectives reviewed with no issues arising:**

- adequate procedural guidance is in place in respect of HR and payroll processes;
- staff retention and absence are monitored regularly and acted on accordingly;
- pay expenditure is reflected accurately in the financial ledger; and
- relevant and accurate management information is prepared, which is suitable for use in decision-making.

## Appendix 2 Definitions – assurance levels and risk ratings

### Assurance levels

Level	Description
<b>Significant</b>	Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.
<b>Limited</b>	Limited assurance can be given as weaknesses in the design, and/or inconsistent application of controls, put the achievement of the organisation's objectives at risk in a number of the areas reviewed.

### Risk ratings

Risk rating	Assessment rationale
 <b>High</b>	Significant weakness in internal control and/or non-compliance with statutory requirements or Trust policy that could lead to exposure of the Trust to material loss or public criticism. This should be addressed urgently. This risk rating is intended to be equivalent to the Trust's risk gradings of significant and high.
 <b>Medium</b>	Weakness that could undermine the system of internal control or non-compliance with Trust policy but is not fundamental. This should be addressed as soon as possible. This risk rating is intended to be equivalent to the Trust's risk grading of moderate.
 <b>Low</b>	Improvement in control that represents best practice or potential efficiency savings but where the weakness is unlikely to compromise internal control. This risk rating is intended to be equivalent to the Trust's risk grading of low.

**Extract from Board Report: Safeguarding Children**  
**30 July 2009**

In April 2010 all Trusts will be required to register their services with the CQC and safeguarding arrangements will be part of the requirements. The CQC will consider how much to limit the Trust's performance 'score' if poor safeguarding arrangements are in place.

**Areas for Review**

Boards are recommended to seek assurances that:

Organisations meet statutory requirements in relation to Criminal Records Bureau (CRB) checks'.

**NEAS Assurance:**

Enhanced CRB checks are carried out on all new recruits to A&E and PTS and have been since 2005. We are currently part way through a programme of CRB checking for all existing staff on A&E, and will then also start PTS. By the end of the financial year 2009/10, all Operational staff will have an Enhanced CRB Disclosure certificate.

After that we have set up a rolling 3 year programme to re-check all staff every 3 years.

**Please Note:**

CRB will only carry out checks on those staff who have unsupervised patient access, and so will not carry out checks on Control Room staff. However, when the Independent Safeguarding Authority (ISA) comes into being next year, we will be able to insist that Control staff register with the ISA, and that will include a CRB check.



North East Ambulance Service **NHS**  
NHS Foundation Trust

**SUPPORTING PAPER (FOR INFORMATION)**  
**Workforce & Equality Committee**

<b>Agenda item:</b>	
<b>Date of meeting:</b>	
<b>Title of paper:</b>	Education & Development Report
<b>Presented by:</b>	Head of Workforce Development
<b>Executive Summary:</b>	<p>The following report is to highlight and provide assurance to the workforce and equality committee about professional registration of NEAS employees and how this is currently monitored and reported on.</p> <p>The current policy ensures that all staff (clinicians, and non-clinicians) who require registration as part of current role to undertake an annual audit of registration as part of performance review process, and any exceptions to be highlighted to relevant management teams.</p> <p>The aim of this policy is to ensure that all persons being appointed to or holding positions which require professional or state registration in the Trust are appropriately registered.</p> <p>This procedure applies to all permanent, temporary, agency and voluntary staff who are required to be registered by a professional body as well as persons undertaking work on a casual/bank or contract basis.</p>
<b>Recommendations:</b>	It is recommended that the workforce and equality committee acknowledge and support the governance currently undertaken.
<b>CQC Essential Standards of Quality &amp; Safety:</b>	<ul style="list-style-type: none"> <li>• Safeguarding and safety</li> <li>• Suitability of staffing</li> <li>• Quality and management</li> </ul>
<b>Legal Issues:</b>	Non-apparent
<b>Author:</b>	Mark Willis
<b>Date:</b>	23/09/13

**Report to: Workforce & Equality Committee**  
**Report of: Head of Clinical Education & Development**  
**Report date: 23<sup>rd</sup> September 2013**  
**Report title: Professional Registration**

### **Executive Summary**

The following report is to highlight and provide assurance to the workforce and equality committee about professional registration of NEAS employees and how this is currently monitored and reported on.

The current policy ensures that all staff (clinicians, and non-clinicians) who require registration as part of current role to undertake an annual audit of registration as part of performance review process, and any exceptions to be highlighted to relevant management teams.

The aim of this policy is to ensure that all persons being appointed to or holding positions which require professional or state registration in the Trust are appropriately registered.

This procedure applies to all permanent, temporary, agency and voluntary staff who are required to be registered by a professional body as well as persons undertaking work on a casual/bank or contract basis.

### **Verification of Registration**

- Staff requiring registration will be checked against their Professional body (HCPC, NMC etc.) on initial appointment by the recruitment team prior to any offers of employment and then within the annual appraisal audit conducted by Workforce Development. This includes staff hired through an agency or on a temporary basis.
- Line managers will conduct an audit annually, from registered staff members within the Trust as part of their appraisal process. Documentation of such audits will be stored on OLM for a year as part of the appraisal documentation.
- Registered staff must ensure their details of registration are submitted to their appraiser, and then they will be recorded with the Workforce Development Team on the ESR registration database.
- If the individual's name does not appear on the online register for the designated professional body NEAS will take the view that they are NOT registered, unless the member of staff can demonstrate that registration is current and valid.
- The employee will advise their line manager immediately if they are informed or become aware that their registration and/or membership has lapsed or is no longer in good standing.
- If an investigation into an employee's fitness to practice is in question the senior manager will request HR to inform the registration body if required to do so by the rules of the body.
- If following a hearing (clinical review, capability or disciplinary) an employee's fitness to practice is not upheld the Chair of the panel will request HR to inform the relevant registration body or professional institution.
- Other non-operational roles within the Trust which require professional registration will be checked by their line manager. Each Directorate will confirm with Workforce Development that their staff are registered on a 12 monthly basis when prompted.

Below is a table which demonstrates responsibilities of roles relating to professional registration for paramedics, and this principle applies to all NEAS roles with the change being in column one (student paramedics):

Responsibilities of Roles Relating to Registration

Student Paramedic	Qualified Personnel	Recruitment Team	Human Resources	Workforce Development
To register within 4 weeks of successful completion of education program	To maintain registration once qualified as per relevant registration standards	To ensure all successful applicants are registered if required	To ensure ESR is accurately maintained with registration details	To provide an exception report to the WEC following notification of non-registration
To maintain registration once qualified as per other paramedics	To notify employer of any offence that may impact on registration	To notify HR team to enter on ESR	To support line managers in relation to staff who do not maintain registration	To ensure all students are aware of responsibilities of registration
To notify employer of any offence that may impact on registration	To provide evidence to line manager at appraisal of registration		To notify registration body following an incident, investigation or disciplinary	

**Assurance of process**

Paramedics have recently re-certified with the Health Care Professions Council (HCPC), and one example of process was highlighted where a paramedic did not renew registration and this was picked up immediately by AOM. Following this the staff member was suspended from clinical lead duties and allowed a short time period to reapply for renewal. This was managed against policy and therefore at no time was patients put at risk.

## North East Ambulance Service NHS FT

## DBS Workforce Checks – Recovery Plan/On-going 3-Year Rolling Programme

	Recovery/Overdue		Routine 3 Year Rolling		Comments
	Date of last Check	Number of Checks	Date of last Check	Number of Checks	
Checks to be undertaken in 2014					
January	2004	18	Jan 2011	8	
	2005	15	Feb 2011	18	
	2006	26	Mar 2011	14	
	2007	116			
February	2008	168	April 2011	17	
	2009	337			
March	2010	163	May 2011	23	
April			June 2011	11	No outstanding checks
May			July 2011	12	No outstanding checks
June			Aug 2011	11	No outstanding checks
July			Sept 2011	4	No outstanding checks
August			October 2011	10	No outstanding checks
September			November 2011	7	No outstanding checks
October			December 2011	14	No outstanding checks
November			January 2012	8	No outstanding checks
December			February 2012	17	No outstanding checks
Checks to be undertaken in 2015					
January			March 2012	9	No outstanding checks
February			April 2012	36	No outstanding checks
March			May 2012	5	No outstanding checks
April			June 2012	17	No outstanding checks
May			July 2012	6	No outstanding checks
June			Aug 2012	19	No outstanding checks
July			Sept 2012	8	No outstanding checks
August			October 2012	33	No outstanding checks
September			November 2012	84	No outstanding checks
October			December 2012	38	No outstanding checks
November			January 2013	18	No outstanding checks
December			February 2013	33	No outstanding checks
Checks to be undertaken in 2016					
January			March 2013	34	No outstanding checks
February			April 2013	34	No outstanding checks
March			May 2013	22	No outstanding checks
April			June 2013	15	No outstanding checks
May			July 2013	49	No outstanding checks
June			Aug 2013	22	No outstanding checks
July			Sept 2013	15	No outstanding checks

August			October 2013	5	No outstanding checks
September			November 2013	6	No outstanding checks
October			December 2013		Actual numbers not known
November			January 2014	215	No outstanding checks
December			February 2014	505	No outstanding checks
2017					
January			March 2014	186	No outstanding checks
February			April 2014	17	No outstanding checks
March			May 2014	23	No outstanding checks
April			June 2014	11	No outstanding checks
May			July 2014	12	No outstanding checks
June			Aug 2014	11	No outstanding checks
July			Sept 2014	4	No outstanding checks
August			October 2014	10	No outstanding checks
September			November 2014	7	No outstanding checks
October			December 2014	14	No outstanding checks
November			January 2015		No outstanding checks
December			February 2015		No outstanding checks

Notes:

1. Numbers will be subject to change as employees leave the organisation and do not require checks, new employees join organisation, new posts are established which require checks.
2. Check process will commence 8 weeks prior to expiry date of last check e.g. March expiry date= January check process starts.
3. Resources flexed according to number of checks.