

Training Services Script

Scenario: Multi-Site Compliance Refresher Training

M = Manager (Paula, via SSO)

T = Triage Tool (AI behaving like an experienced commercial partner)

Paula needs refresher training delivered to cleaning supervisors across multiple healthcare contracts. She initially believes she “just needs a trainer for a few days”.

Through structured triage, the scale and compliance complexity becomes clearer.

1. Initial Requirement

M:

I need someone to deliver refresher training to our supervisors.

T:

Hi Paula, happy to help.

Before we go further, can I check, is this already agreed with a specific trainer or provider, or would you like us to source options?

2. Named / Preferred Supplier Check (Mandatory Early Capture)

M:

We used someone last year, but nothing's agreed and I've not spoken to them.

T:

Understood. Would you like us to treat them as a preferred option and include them in the process, or are you open to reviewing alternatives?

M:

Include them, but not preferred I'm open to alternatives if they're better value.

T:

Perfect. We'll include your previous provider, but also circulate to other approved partners under our existing Master Services Agreement so you can compare quality, cost and availability.

Can you confirm the name of last year's provider?

M:

CleanSafe I think

3. Clarifying Training Type and Driver

T:

What's driving this refresher?

Is it:

- Annual compliance refresh
- Audit preparation
- Contract requirement
- Standardisation across sites
- Upskilling
- Incident response
- Something else

M:

Annual compliance and we have an audit in September.

4. Geography and Scale

T:

How many sites are involved?

M:

11 hospital sites across England.

T:

And approximately how many supervisors require training?

M:

About 90.

T:

Typical cohort size?

M:

Twelve to fifteen per session.

5. Delivery Format and Timing

T:

Do you want this delivered:

- On site
- Remotely
- Or blended?

M:

On site.

T:

When should delivery start, and by when must it be completed?

M:

Start in April and complete before end of July. It must be finished before the audit.

T:

So completion by July is fixed?

M:

Yes.

6. Language and Translation

T:

Are all supervisors English-speaking?

M:

Mostly, but we have some Polish and Romanian speakers.

T:

Do materials need translating, or just delivery support?

M:

Translated materials would help.

7. Accreditation and Evidence Requirements

T:

Does this need to align to any formal standards?

M:

Yes, NHS cleaning standards.

T:

And for audit, what evidence do you require?

- Attendance logs
- Certificates
- Assessment results?

M:

All of those. We need certificates and short assessments.

8. Budget and Commercial Parameters

T:

What budget range are you working within?

M:

We spent around £45,000 last year. I'd like to stay around that. Although they then sent us a bill for expenses!

T:

Is that capped?

M:

Yes, ideally capped.

T:

Should travel and accommodation and materials be included within that price?

M:

Yes.

T: And, have you had any budget approval needed or do you need to do that before we make any formal offers?

M: all approved.

9. Quality vs Price – Commercial Alignment

T:

Paula, can I ask something directly.

In this requirement, which is more important:

- Absolute continuity with last year's provider
- Or achieving the best possible value within budget, provided quality and compliance standards are met?

M:

Quality matters most. We can't compromise on that.

T:

Completely agreed.

Just to reassure you any provider we include:

- Already operates under our existing Master Services Agreement
- Meets OCS minimum compliance standards
- Has signed our Supplier Code of Conduct
- Has passed governance and insurance checks

So we're not comparing "good versus risky". We're comparing approved providers who already meet your baseline quality threshold.

If this is largely standard refresher training aligned to NHS standards, it's entirely possible we can achieve better commercial value than last year without lowering quality.

If we could secure the same or better quality at lower cost, would that matter?

M:

Yes. Budget is tight this year.

T:

So just to confirm:

Quality and compliance are non-negotiable.

But achieving competitive pricing with everything in that price is critical within your capped budget.

M:

Yes.

T:

Perfect. That gives us a clear commercial brief.

10. Individual Trainer vs Structured Provider

T:

Paula, initially you mentioned “someone to deliver training”.

Given:

- 90 learners
- 11 hospital sites
- Fixed completion deadline
- Translation requirement
- Formal accreditation alignment
- Assessment and certification evidence
- Audit retention requirement

This is operationally complex.

If delivered by a single independent trainer on a day rate:

- Continuity risk increases if they become unavailable
- Scheduling becomes inefficient across 18 sites
- Travel costs escalate
- OCS retains compliance responsibility
- Cost can drift if delivery overruns

A Statement of Work provider would:

- Take responsibility for scheduling across sites
- Provide accredited trainers rather than one person
- Manage translation
- Issue certificates and audit packs
- Deliver under fixed or capped pricing

Does that reflect your experience last year?

M:

Yes, scheduling was painful.

11. Engagement Route Recommendation (Explained Transparently)

T:

Based on what you've told me, I recommend:

Primary Route

Accredited providers – Statement of Work supply chain

Because this requirement is driven by:

- Compliance
- Multi-site coordination
- Evidence and audit
- Fixed deadline
- Translation requirement
- Cost control through defined scope

Secondary Route (Parallel)

Individual trainers from the talent pool

To:

- Test price competitiveness
- Provide local capacity options
- Protect against availability risk

This gives you:

- Competitive tension and best price but with an approver supplier list
- Continuity protection
- Compliance confidence
- Faster completion certainty

If this were a single site with 15 learners and no accreditation requirement, I would recommend talent pool only. At this scale, SOW provides better outcomes for you and your team.

12. IR35 Consideration

T:

Because this may involve individual trainers, IR35 is relevant if we engage individuals directly.

If routed under Statement of Work with accredited providers, employment status typically risk sits with the supplier rather than OCS.

That's another reason SOW is typically lower compliance exposure for structured training delivery.

13. Live Summary Confirmation (Human Equivalent of Demo Pane)

T:

Here's what we've captured:

- Training: Cleaning Supervisor Refresher
- Driver: Annual compliance + audit
- Coverage: 11 UK hospital sites
- Learners: 90
- Cohorts: 12–15
- Delivery: On site
- Completion deadline: End July (fixed)
- Accreditation: NHS cleaning standards
- Evidence: Certificates, attendance logs, assessments
- Translation: English, Polish and Romanian materials
- Budget: £45,000 capped
- Approved: Yes
- Preferred provider: None – but include CleanSafe Training if possible
- Commercial priority: Competitive price without compromising quality

Recommended engagement route:

- Primary: Statement of Work accredited providers
- Secondary: Individual trainers (parallel for competitive tension)

14. Submission Confirmation

T:

If you're happy with that approach, we'll now:

- Include CleanSafe as your preferred provider
- Circulate to approved accredited partners under existing MSA
- Structure this as a capped Statement of Work
- Validate delivery scheduling against your audit deadline
- Confirm pricing options within your £45,000 envelope

Initial triage will complete within 24 hours.

You'll be able to track progress and reverse submission if anything changes before sourcing begins.

If scope reduces or parameters change, we can reroute without restarting the process.

Shall we proceed?

M:

Yes, proceed.

T:

Great. We'll move this into sourcing and keep you updated. Anything else I can support you on today across professional services?