



Vivid **Healthcare**

Vivid

Healthcare

Agency Workers

Handbook

Version 1

April 2019

Vivid Healthcare – Agency Workers Handbook

Welcome to Vivid Healthcare!

Over the last year, Vivid Healthcare has established itself as one of the most successful in niche specialties across the UK.

Each of our recruiters is dedicated to one specialty and, as a result, they know that individual area inside out. This insight and experience means Vivid Healthcare are perfectly placed to help candidates find suitable positions. Our commitment is to listen to your requirements and to always work to the best of our ability to meet your needs as closely and as efficiently as possible.

This Handbook outlines Vivid Healthcare's policies and processes in line with Framework guidelines. To maintain our excellent reputation, it is vital that all of our new starters and current locums understand each step of the recruitment / temporary booking process. We have created this handbook to give you an idea of what to expect from your time with us and includes a number of procedures and policies to make sure your experience and that of the patients in your care is of an excellent standard. Vivid Healthcare have a fully trained compliance team who are dedicated to helping our locums keep up to date with the industry compliance standards and as a designated body we are happy to discuss your upcoming appraisals. As an agency we like to pride ourselves on being able to help our locums throughout their revalidation process.

Please read this Handbook carefully and if you have any queries regarding the contents please direct these to us at the address below.

We are pleased you have chosen us as your new work provider and we look forward to offering you a wide range of assignments.

Index & Contents	Pages
1.0 Introduction to Vivid Healthcare Limited	05
1.1 Your Availability for Work	05
1.2 Assignment Briefings	06
1.3 Working in NHS Assignments	06
1.4 Job Description	06
1.5 Engagement/Employment with The Client	06
1.6 Commencement of Assignment and Induction Process	06
1.7 Reporting For Assignment	07
2.0 What We Ask and Expect From You – Compliance	07
2.1 Maintaining Your Compliance	07
2.2 Doctors Revalidation	07
2.3 Nurses Revalidation	08
2.4 Competence in English Language	09
2.5 Disclosure and Barring Service (DBS) Checks (Previously CRB)/Disclosure Scotland/Access Northern Ireland Enhanced Disclosures	09
2.6 DBS Update Service	09
2.7 Application Form	11
2.8 Curriculum Vitae (CV)	11
2.9 Identity Badge	11
2.10 Face-To-Face Interview	11
2.11 Fitness for Assignment(S)	11
2.12 Health Requirements	12
2.12.1 Immunisations and Vaccinations	12
2.12.2 Tuberculosis	13
2.12.3 Measles and Rubella	13
2.12.4 Hepatitis B	13
2.12.4 HIV/AIDS Exposure	13
2.12.5 MRSA	13
2.12.6 Ebola	14
2.12.6 Exposure Prone Procedures (EPP)	15
2.13 Mandatory Training Requirements	16
2.13.1 Lone Worker Information	16
2.13.2 Handling Violence and Aggression	16
2.13.3 Caldicott Protocols	17
2.12.4 Risk Incident Reporting	17
2.12.5 COSHH	17
2.12.6 RIDDOR	18
2.12.7 Health and Safety	18
2.12.8 Moving & Handling	18
2.12.9 Safeguarding Children	18
3.0 Continuing Professional Development – CPD	19
3.1 Training and Development Requirements and Opportunities	19
4.0 Personal Appearance and Hygiene	19
4.1 Clothing	19
4.2 Hair	19
4.3 Nails	19
4.4 Jewellery and Watches	19
4.5 Shoes and Footwear	19
4.6 Hygiene	20
4.7 Smoking	20
5.0 Your Obligations While Working	20

5.1	Record-Keeping Requirements	20
5.2	Computer Access	21
5.3	Security	21
5.4	Insurance Guidelines	21
5.5	Insurance against Personal Accident and Illness	21
5.6	Personal Professional Indemnity Insurance	22
5.7	Motor Insurance	22
6.0	Whistleblowing	22
7.0	Health and Safety	23
7.1	Health and Safety Guidance Notes	23
7.2	Accident Reporting	23
7.3	Infection Control and Communicable Diseases	24
7.4	Complaints and Compliments	24
7.4.1	Policy on Complaints	24
7.4.2	Receiving Complaints	24
7.4.3	Referral and Reporting a Locum	25
7.4.4	Placement Assessment Form	25
7.4.5	Confidential Reference	25
7.5	Alert Letters	26
7.5.1	File Maintenance	26
7.5.2	System Updates	26
7.6	Complaint against A Member of 'The Agency' Staff	26
8.0	Confidentiality	26
8.1	Data Protection and Access to Records	26
8.1.1	Data Protection Manager	27
8.2	Confidentiality	27
9.0	Dealing with Allegations of Abuse	27
10.0	Equal Opportunities	28
10.1	Harassment/Bullying	28
11.0	Fraud	28
11.1	What To Do If You Suspect a Fraud	29
11.2	What Not To Do?	29
12.0	Removal From 'The Agency' Register	29
13.0	Professional Codes of Conduct	31
14.0	Clinical Governance	31
15.0	Agency Worker Regulations	31
16.0	Environmental Policy	32
17.0	Mental Health Act	32
18.0	Financial Section	32
18.1	Payment Options	32
18.1.1	PAYE – Pay As You Earn	33
18.1.2	Limited Company	33
18.1.3	IR35 and Tax Avoidance	33
18.1.4	Umbrella Company	34
18.2	Pay Process	34
18.3	Timesheets	35

18.4	Rates of Pay	35
18.5	Queries	35
18.6	Accommodation	36
18.7	Travel	36
18.8	Meal and Rest Breaks	36
18.8	Holiday Pay	36
18.9	National Insurance	36
18.10	National Insurance Benefits	36
18.11	Statutory Sick Pay (SSP)/Sickness Benefit	37
18.12	Other Benefits	37
19.0	Handbook Declaration	38

1.0 Induction to Vivid Healthcare Limited:

Our aim is to be the first choice for locums seeking work in any healthcare setting.

We are pleased that our agency is recommended by locums, colleagues and friends. We are always keen to receive your feedback and enjoy assisting you recommended friends to fulfill their full potential.

In order to be valued by our candidates, we make the commitment to communicate with you, to do what we say we will and exceed your expectations. We welcome feedback to help us to ensure we offer you the service you require.

The aim of this handbook is to give you a detailed brief on general issues such as: Timesheet procedures, Revalidation etc.

However, we will also assist you in sourcing the necessary induction training:

Basic/Advanced life support
Infection control
Lone worker training
Handling of violence and aggression
Risk incident reporting
The CALDICOTT protocols
Complaints handling
Health & Safety including COSSH & RIDDOR

1.1 Your availability for work:

We operate a sophisticated computer booking system that enables us to identify assignments that are relevant and right for you

As soon as our clients assignment needs are received by us, Locum work will inevitably go to those Locums who give as much notice of their availability for work. It is therefore important that you provide up-to-date contact information including your mobile number and e-mail address so we can contact you at short notice and send you details of our available assignments.

Candidates whom join our agency do so for a variety of reasons. Whatever your reasons we aim to "Get to know you and know what your individual needs are"

We Aim to support you in your work assignment to ensure that you are successful and enjoy your placement. We aim to provide you with relevant information and support you to enable you to deliver an excellent standard of service and ultimately excellent patient care.

We shall communicate regularly with you in person via telephone, email, newsletter and media messaging to ensure you are fully up to date and informed about attractive opportunities for work.

Self-booking is certainly permissible and is very much welcomed by some clients. However, you should ensure you inform us before working the shift, giving appropriate

reference numbers where applicable, in order that your timesheet can be processed correctly. This is important because we are required to maintain our compliance records and knowing where and when you are working helps us to ensure we give you the best possible service.

If you prefer to self arrange your work you will be required to keep your compliance records up to date. We can offer no guarantees of allowing your booking to be processed via our agency if your compliance file has not been maintained in full.

The process of reaching and maintaining your compliance in line with the Government legislation and customer requirements is managed by our excellent compliance team. We work with you to ensure your applications are processed efficiently and accurately to maintain locum records at a fully compliant status.

1.2 Assignment briefings:

We will give as much notice as possible when offering and confirming your assignments. We will also provide you with a full briefing that will include:

- The date and times of shift(s), and booking reference number if applicable
- The duration of the assignment and confirmation of pay rates
- Details of the location, address and contact details
- Details of the tasks you will be expected to fulfil
- Confirmation of accommodation and/or travel if previously agreed
- Any other information relevant to the post e.g. Health and Safety information

1.3 Working in NHS assignments

Working in the NHS requires the highest standards of hygiene, customer care courtesy, patient confidentiality and consideration when working in a health service environment. You are expected to pay particular attention to all relevant policies, rules, procedures and standards of the Hospital/Trust (including any racial discrimination and equal opportunities policies).

1.4 Job description

Full details of the grade, specialty, any sub specialties, hours of work, on-calls and any other details specific to that post will be provided at the time of booking. Full details and a job description will be provided for substantive and long term positions.

There is no formal induction process when you start working for 'The Agency'. However, many hospitals will provide an induction, especially if you have accepted a long term locum position.

Where 'The Agency' receives written confirmation from a Hospital/Trust detailing induction and orientation training, this information will be passed to you.

1.5 Engagement/Employment with the client:

Our Conditions of Engagement with clients include a requirement that clients pay us an appropriate recruitment fee in certain circumstances, if they employ directly any 'The Agency' locum who has worked for them previously through 'The Agency'. This applies equally to temporary or permanent posts, full or part time.

You are required by your Terms & Conditions for temporary workers to notify 'The Agency' if you wish to take up any post with a client of the Company for whom you have worked previously, even if you have terminated your membership with 'The Agency'.

1.6 Commencement of assignment and induction process:

You will be required to report to the person as advised on your assignment confirmation. You should take with you your passport or UK photo card driving licence together with your 'The Agency' ID badge to prove your identity. You should also take your GMC/GDC/NMC/HCPC certificate and any health documentation if requested.

There is no formal induction process when you start working for 'The Agency'. However, many hospitals will provide an induction, especially if you have accepted a long term locum position and we ask you to indicate if you have received an induction

At the start of each assignment in an establishment, ward or department with which you are unfamiliar you must request and receive a comprehensive orientation including the following:

- Fire policies relating to the establishment
- Security issues relating to the establishment
- Cross infection and notifiable diseases
- Moving and handling policies relating to the establishment
- Any "Hot Spots" and "Violent Episodes" to be aware of and the establishment's policies in this regards
- The crash call procedure
- Any health and safety issues relating to your placement in the establishment
- Additional relevant policies e.g. relating to information security/Confidentiality
- Any relevant policies, rules, regulations, procedures or standards

1.7 Reporting for assignment:

Turn up in good time and report to the client as directed in the reporting instructions you are issued with. If you arrive out of hours report to the Reception/Switchboard, they should have a bleep for you and be able to point you in the right direction. Medical staffing will have information about your accommodation (if provided) unless you have been issued with other instructions. Your accommodation will, unless you have been advised otherwise, be for a single person only

"The Agency" provides a 24-hour service. If you have any routine enquiries about your assignment, please telephone your recruitment consultant during office hours, Monday-Friday 08:30 – 17:30. If, however, you require urgent assistance outside office hours, please call 0203 5877566 which will divert to the out of hours assistant.

"The Agency" prides itself on the fact that its locums maintain a high professional standard while carrying out their assignment. Reliability and punctuality are of prime importance.

If you are unable to fulfil an assignment that you have accepted, your Recruitment Consultant needs as much notice as possible. All professional bodies require that you do not put patient safety at risk.

2.0 What we ask and expect from you – Compliance:

All our candidates will be required, before employment, to be "Fully compliant" which is a standard set by "The Agency" please contact the Compliance Manager if you require further details to what the company deems to be "Fully compliant".

The full break down of required documents will be listed at point of registration either by a Recruitment consultant or a member of the Compliance Team

2.1 Maintaining your compliance:

The process that was followed in your registration with "The Agency" ensured that you reached the standards required by legislation and the NHS in the interests of patient safety, in order to work as a locum within the NHS.

In order to continue to offer you assignments you are required to update your record annually in relation to:

- Appraisal
- DBS Enhanced disclosure/ DBS Update service in line with framework guidance
- Your CV
- GMC/GDC/NMC/HCPC Registration and license to practice
- Immunisations and health for a certificate of fitness for employment
- Mandatory training inc. Basic life support
- References
- ID Badge

You will be given sufficient warning that a document will expire in due course or that, in order to continue to work in a specific clinical area, you will need to update the above

2.2 Doctors Revalidation

Licensed doctors are required to demonstrate on regular basis that they are up to date and fit to practice.

This process is called revalidation and is designed to increase patient confidence, improve the overall quality of patient care and support your continuing professional development.

As of 3rd December 2012, all candidates are now required to have their license with the GMC revalidated every five years based on comprehensive appraisals undertaken over that 5 year period

How does revalidation work? Firstly, you will need to identify the 'designated body' that will help you with revalidation. Typically, this is the organisation with which you are most connected e.g. your hospital, GP practice or locum agency

"The Agency" is an approved designated body. If the majority of your work throughout the year is booked through "The Agency" we are potentially your designated body.

If you consider "The Agency" to be your designated body, please contact our revalidation support team or speak to your recruitment consultant.

A "Responsible officer" from your designated body will arrange annual appraisals which are based on the core guidance for Candidates set out in the Good Medical Practice (GMP). The appraisals will focus on the four following areas:

- Knowledge, Skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

Essentially, the appraisal process is there to help you monitor your performance, evidence that you are up to- date and fit to continue to practice, enable you to reflect on the supporting information you have collected (see below) and identify areas for practice development.

Based on the feedback from your appraisals as well as other information drawn from your designated body's clinical governance systems, every 5 years your responsible officer will make a recommendation to the GMC that your license should be revalidated.

Finally, the GMC will carry out its own series of checks, after which your license will be revalidated and you will be able to continue to practice.

When you register with 'The Agency' you are required to provide the name of your Responsible Officer and your next revalidation review date. We gather information regarding your previous appraisals and planned appraisals within our registration process and will check to ensure your appraiser is of the appropriate grade.

If this information changes at any point, please let your recruitment consultant know.

Supporting Information during your appraisals you will need to demonstrate how you adhere to the GMP

framework by providing the following supporting information:

- Continuing professional development (CPD)
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

While some of the details will be provided by your designated body, a significant amount of this information will need to be collected by you. It is expected that you will spend at least half a day on personal development a month (about 6 days a year in total). Candidates often don't realise how much they do, so you must log the books and journals you read and any meetings or events you attend.

'The Agency' has partnered with HLS to aid in the completion of revalidation, for further information please visit their website: <https://www.hls-ltd.co.uk>

2.3 Nurses Revalidation:

Licensed Nurses are required to demonstrate on regular basis that they are up-to-date and fit to practice.

This process is called revalidation and is designed to increase patient confidence, improve the overall quality of patient care and support your continuing professional development.

From April 2016, all Nurses will be required to have their license with the NMC revalidated based on comprehensive appraisals undertaken.

We will expand this section once 'The Agency' has further information.

'The Agency' has partnered with HLS to aid in the completion of revalidation, for further information please visit their website: <https://www.hls-ltd.co.uk>

2.4 Competence in English language

Your comprehension and use of both written and oral English will be assessed when you first contact 'The Agency. If you are an overseas locum and are not exempt from the GMC/GDC/NMC/HCPC English language requirements for registration, you will need to take the four academic modules of the IELTS test and supply us with your original IELTS certificate as evidence.

2.5 Disclosure and barring service (DBS) checks (previously CRB)/Disclosure Scotland/ Access Northern Ireland enhanced disclosures:

The nature of the work undertaken by 'The Agency' means that you may have regular and ongoing contact with young people and/or vulnerable adults. For this reason, it is necessary for us to hold an up-to-date Enhanced DBS check and barred list check (child and adult).

If you have recently entered the United Kingdom (UK) and/or become resident in the UK (either temporarily or permanently) within the previous 6 month period immediately prior to registration with 'The Agency', you should also provide a police check which has been undertaken within the previous 3 months from your country of origin.

'The Agency' will pay for your initial Enhanced DBS and you will simply be required to provide us with a completed 'Disclosure Application Form' which will be supplied in your Registration Pack or alternatively contact your Recruitment Consultant /Compliance Administrator who will happily take the necessary details over the telephone in order for us to apply for an online DBS check. Upon receipt of your original identity documents 'The Agency' will apply for your DBS check on your behalf.

'The Agency' will also pay for your Disclosure Scotland and Access Northern Ireland Enhanced Disclosures checks where required and you will simply be required to provide us with a completed 'Disclosure Application Form' which will be supplied in your Registration Pack, and original identity documents. 'The Agency' will apply for your Disclosure Scotland/Access Northern Ireland check on your behalf.

2.6 DBS update service:

For an annual fee of £13, you should sign up to the DBS Update Service which puts you in control of your DBS certificate, saves you time and money and allows you to take it from role to role (without having to supply the information each time).

You will need to grant your employer permission to view your DBS certificate as required. You will also be able to view when anyone has looked at your certificate for information.

To sign up to the DBS Update Service, visit: www.secure.crbonline.gov.uk/crsc/apply

Annual renewal of Enhanced Disclosure If you have not signed up to the DBS Update Service, when it is necessary for you to renew your Enhanced Disclosure, you are informed of the need to do so by your Recruitment Consultant, who will give you notice that your Disclosure is due to expire.

'The Agency' will retain the top part of the Enhanced Disclosure as evidence that it has been undertaken. Once a recruitment (or other relevant) decision has been made, we do not keep Disclosure information for any longer than is necessary. This is generally for a period of up to twelve months, to allow for the consideration and resolution of any disputes or complaints. If, in very exceptional circumstances, it is considered necessary to keep disclosure information for longer than twelve months, we will consult the DBS about this and will give full consideration to the data protection and human rights of the individual before doing so.

Throughout this time, the usual conditions regarding the safe storage and strictly controlled access will prevail. After this time, Disclosure information is destroyed by secure means.

Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013- DBS Filtering Guidance By reason of the Rehabilitation of Offenders Act 1974 (Exceptions) Order1975 (Amendment) (England and Wales) Order

2013, does not apply to persons whose deployment is concerned with the provision of health services. You are therefore required to declare any prosecutions, convictions or cautions in line with DBS filtering guidance. As of 29 May 2013, the legislation that determines which convictions and cautions can be taken into account by employers and other bodies has been changed. Some Police National Computer (PNC) information, therefore, will now be filtered and will not appear on the DBS certificates. Cautions are now 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Consequently, as part of our recruitment process, we will ask you to declare any criminal convictions and cautions in line with the DBS filtering guidance. These will be dealt with in a confidential manner.

Criminal convictions/cautions 'The Agency' is an Equal Opportunities organisation and as such, undertakes to treat all locums fairly and not to discriminate on the basis of conviction or other information revealed. Having a criminal record will not necessarily debar you from working with 'The Agency'.

You will be asked at the point of registration whether you have been convicted of a criminal offence, been bound over or cautioned or whether you are currently the subject of a police investigation which might lead to a conviction or an order binding you over in the UK or any other country. If you respond positively, you are required to provide additional information including the approximate date, the offence and the authority and country that dealt with the offence.

Denial or non-disclosure of any conviction or caution, which is subsequently shown to exist, will lead to the immediate removal from the 'The Agency' Register.

Policy on recruitment of ex-offenders

Our written policy on the recruitment of ex-offenders is included below to ensure it is made available to all Disclosure applicants at the outset of the recruitment process. As an organisation using DBS to assess candidates' suitability for positions of trust, 'The Agency' complies fully with the DBS Code of Practice and undertakes to treat all candidates for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

'The Agency' is committed to the fair treatment of its staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience. A Disclosure is requested as part of our thorough risk assessment and relevant to the position concerned.

All application forms and recruitment briefs will contain a statement that a Disclosure will be requested. Disclosures form part of our recruitment process, we encourage all

applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within 'The Agency' and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

The nature of the position allows 'The Agency' to ask details about a candidate's entire criminal record in line

with DBS filtering guidance as defined in the Rehabilitation of Offenders Act 1974. We ensure that all those in 'The Agency' who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex- offenders e.g. the Rehabilitation of Offenders Act 1974.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We undertake to discuss any matter revealed with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

2.7 Application form

All Candidates are required to complete 'The Agency's' application form before their employment commences with the Hospital/Trust/Client. Within the application you will accept 'The Agency's' terms and conditions. Some information will need to be updated annually to maintain your compliance.

2.8 Curriculum Vitae (CV):

We will request a full CV from you at the point of registration. This should detail your continuous employment history (if any and as appropriate) with any breaks in employment fully accounted for.

2.9 Identity badge

As a locum, you are required to carry a 'The Agency' identity badge which displays your full name as listed on your GMC/GDC/NMC/HCPC certificate, your GMC/GDC/NMC/HCPC registration number, the 'The Agency' logo, a clear recent photograph and an expiry date of the badge. Clients may ask to see your badge and other proof of identity if they do not know you; please do not take offence as the Client is only taking sensible security precautions. An Identity badge is issued after your application has been successful and must be renewed annually. Please keep your identity badge safe and in the event that it is lost or damaged, please report to your Recruitment Consultant or the Compliance Manager immediately.

If, for whatever reason, you cease to be a 'The Agency' locum, we ask that you return your identity badge to us.

You must not wear your 'The Agency' identity badge unless you are working on an assignment through us.

2.10 Face-to-face interview:

Once we have received your completed application form together with your CV, we will arrange a face-to-face interview with you in a secure and private location convenient to you. The purpose of this interview is to help us to assess, select and place you for work appropriately according to your qualifications, competencies, clinical experience, training and skills. A record of this interview will be maintained on your file.

There may also be instances where a Hospital/Trust /Client would like to interview you or perform a health assessment prior to you commencing as a locum with them. They may refuse to allow you to provide services to them until such interview or assessment has been undertaken. We will endeavour to assist as far as we can if such an interview or assessment is requested, and urge you to attend if at all possible.

Clinical Interviews – In relation to our contracts we hold, all Nurses and Healthcare Assistants (HCA) are required to undergo a Clinical Interview signed off by our clinical nurses. If you are unable to attend your interview without adequate notice (minimum 24 hours) we will pass on the cost to the candidate as 'The Agency' will be charged for a cancellation.

2.11 Fitness for assignment(s)

You are responsible for ensuring that you are fit to carry out assignments which you have accepted and will be asked to declare this at the start of each booking. This is a requirement of the Hospital/Trust/Client you are placed with. You will be deemed unfit to work if you are suffering from vomiting, diarrhoea or a rash. If you are taken ill, are injured or diagnosed with any medical condition and are therefore unable to attend, it is your responsibility to contact your Recruitment Consultant as soon as possible to inform them so that they can assign another locum in your place.

We may ask you to be reviewed by a GP or Doctor prior to your return/commencement of work.

2.12 Health requirements

'The Agency' locums working in NHS establishments should be aware of the additional health criteria you must meet. The additional requirements for more stringent health checks have been implemented in order to protect patients by ensuring that a potentially transient workforce is fit to practice and poses no threat to them and to make any adjustments or provide assistance to enable you to do your work.

You will be required to declare your immunisation status as part of our registration process. You should be aware of the following points:

- You may be asked to undergo a medical examination and/or provide your vaccination/immunisation certificated or other relevant records upon arrival and prior to the commencement of any assignment/shift
- You must inform your recruitment consultant/compliance officer immediately if you become aware you are pregnant, to ensure we can assess your working conditions are suitable for you.
- You must abide by the requirements of HSC 1998/226 guidance on the management of AIDS/HIV infected health care workers and patient notification
- You must inform "The Agency" immediately if you are injured through your work or are diagnosed with any medical condition(s)

We are committed to promoting and adhering to equal opportunities and if you have a significant health condition or disability we will consider reasonable adjustments as required under the Equality Act 2010.

If your work involves direct patient contact or handling clinical specimens you may be at risk of acquiring or transmitting particular infections. We will assess the information you provide with the immunisations required for the post according to national Department of Health and local policies. If you require additional immunisations or blood tests, these will be required before a Certificate of Fitness can be issued.

Your comprehensive health screening must be updated on an annual basis to ensure you remain compliant to work. If you spend three months or more outside of the UK, you will need to have your health assessments updated prior to being able to work for 'The Agency' again.

2.12.1 Immunisations and vaccinations

Your immunisations and vaccinations record must be kept up-to-date and 'The Agency' Recruitment Consultants will support you in achieving this. In accordance with the "Green Book" (Immunisation against Infectious Disease DH 2006) Healthcare Workers applying for employment via agencies should be assessed for immunity to Varicella, Tuberculosis, Measles Mumps & Rubella and Hepatitis B, regardless of whether they are employed in the NHS or not (DH 2007).

We require validated documentary evidence of your immunity to the following:

- Hepatitis B
- Hepatitis C
- Rubella
- Mumps
- Tetanus
- Varicella
- Tuberculosis
- Aids/HIV

Whilst past infection often suggests immunity, the only true way of ascertaining this is by blood testing.

Satisfactory evidence includes:

- A positive serology report
- Proof of two part immunisation
- Written declaration

2.12.2 Tuberculosis:

Due to greater risk involved in locum work, you must provide evidence of immunity in either of the following formats:

- Confirmation of a BCG (this must be completed by someone who is trained and/or competent in the reading of Mantoux/BCG scars)
- Evidence of a positive Heaf or Mantoux result (Heaf grade 2 – Mantoux 6mm or greater but less than 15mm)

If you have entered a TB prevalent country for a period of four weeks or more, you must advise 'The Agency' as your OH certificate of fitness may no longer be valid.

2.12.3 Measles and Rubella:

Satisfactory evidence of protection would include documentation of:

- Having received two MMR vaccinations or
- Positive antibody tests for Measles & Rubella

2.12.4 Hepatitis B:

Satisfactory evidence would include documentation of:

- A copy of your most recent pathology showing titre levels of 100 or above
- If non or low responder, we require a copy of your most recent pathology report along with clinical evidence i.e a letter from your OH department or GP confirming that you are a non or low responder
- If you are a non responder we will also require evidence of a negative result for Hepatitis B surface antigen

Please note, all Hepatitis B reports must be in English and be stamped and signed with clear details of the laboratory that issued the report.

Although levels of 10iu/ml or more are generally accepted as enough to protect against infection, the only true way of maintaining the risk of locum work is to provide evidence of anti-HB levels of 100iu/ml or greater.

Under the Control of Substances Hazardous to Health (COSHH) Regulations, you have the right to know whether or not you are protected. It is therefore important that if you have anti-HB levels between 10-99 miu/ml, you are not placed in a locum position unless you are confirmed as a low or non responder.

You should have levels of 100 miu/ml, or greater due to the greater risk involved. Antibody levels below 10 iu/ml may be classified as a non-responder to the Hepatitis B vaccine. In cases of non-responders and low responders it is imperative that clinical evidence is supplied in order for a fit to work application to be processed.

2.12.4 HIV/AIDS Exposure:

- If you believe you may have been exposed to HIV infection in any way you should seek medical advice from your GP or Occupational Health department and, where
- If you are found to be infected, you must again seek guidance from your GP or Occupational Health department
- If you are found to be HIV positive and perform or assist with invasive surgical procedures you must stop this immediately and seek advice from your GP or Occupational Health department regarding what action, if any, should be taken
- Please be aware that it is the obligation of all medical practitioners to notify their employer and, where appropriate, the relevant professional body, if they are aware of HIV positive individuals who have not heeded advice to modify their working practice

Please note that the above guidance does not supersede current Department of Health Guidelines (in particular HSC 1998/226) or local practices and procedures.

2.12.15 MRSA:

Methicillin Resistant Staphylococcus Aureus (MRSA) is the name given to a range of strains of antibiotic resistant bacteria. MRSA lives on the hands or in the nose of around one third of the healthy population and is usually harmless. It can however prove fatal if it enters the bloodstream of an already weakened patient. It is usually transmitted by touch.

The single most effective measure for preventing MRSA contamination is washing hands before and after every patient contact. In addition, please:

- Use liquid soap and water or a alcohol-based hand rub when washing hands – make sure it comes into contact with all areas

- Remove wrist and preferably hand jewellery at the beginning of each shift where you will be regularly decontaminating your hands
- Wear disposable gloves and aprons when attending to dressings or dealing with blood and body fluids (sterile gloves should only be worn when performing aseptic techniques)
- Dispose of gloves and aprons after use
- Cover cuts or breaks in your skin or those of patients with waterproof dressings

If you come into contact with a patient who is later found to be contaminated with MRSA, you may need to attend screening sessions at the hospital's Occupational Health Department. During this time and before you have been declared clear from MRSA, we may be restricted in the placements we can offer you due to the risks of infection.

2.12.6 Ebola:

There is currently an outbreak of Ebola virus disease occurring in West Africa. It was first reported in March 2014 in Guinea and since late May has involved four countries: Guinea, Liberia and Sierra Leone with Mali conforming its first case of Ebola 24th of October 2014.

WHO have now declared end of Ebola outbreak in Senegal, Nigeria, Spain and Mali.

This is now the largest known outbreak of this disease worldwide.

Ebola is a rare but serious viral infection, spread person to person by direct contact with blood and body fluids of infected people. The incubation period of Ebola ranges from two to 21 days, and so whilst unlikely, it is not impossible that a person infected in Guinea, Liberia, Sierra Leone or Mali could arrive in the UK before developing symptoms. To date, no cases of Ebola have been reported in the UK.

Those that have may need to undergo a brief risk assessment to determine if they might be at risk of Ebola infection. An algorithm has been developed to assist IRC healthcare staff carrying out the initial health assessment of detainees.

Any person who has been in West Africa in the previous 21 days should be risk assessed using the algorithm. Those wishing to visit the affected areas must ensure that those deemed the employer is made aware prior to travel and return. If there are any concerns, please contact your local Public Health England health protection team for further advice.

Each trust may have its own standards in place regarding EVD screening. 'The Agency' will assist in screening to those standards as long as this does not compromise the available guidance from PHE, WHO and meets the minimum standards set out by your governing body.

The governing frameworks have now added some minimum requirements to follow (18/11/2014). Following you will see that Ebola screening cases will now be categorised. For all new placements the OH questionnaire will ask if the candidates have visited the affected areas within the last 21 days. It will also state that they should advise their employer of any possible planned trips to the affected areas.

FOLLOW-UP AFTER THEIR RETURN TO THE UK

CATEGORY	WHAT THIS CATEGORY MEANS
----------	--------------------------

Category 1	This person visited an Ebola affected area, but had no direct contact with an Ebola case (or body fluids) while they were there; this includes people who have had casual contact e.g. visited a home without direct contact with the Ebola patient or body fluids of the patient
Category 2	This person had direct (close) contact with Ebola cases (or body fluids) while they were in the affected area, but wore appropriate protective equipment/clothing
Category 3	This person had direct (close) contact with Ebola cases (or body fluids) while they were in the affected area, wore appropriate protective equipment/clothing (PPE), but are concerned that they may have had a breach in these protective measures or have had direct contact with an

Further information about the Ebola virus outbreak can be found on the following webpage's: Public Health England (including the outbreak and maps of affected area):

www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Ebola/

World Health Organization (WHO):

www.who.int/csr/disease/ebola/en/index.html

www.who.int/mediacentre/factsheets/fs103/en/

www.who.int/csr/resources/publications/ebola/travel-guidance/en/

2.12.6 Exposure Prone Procedures (EPP)

You will be asked to declare in the initial Medical questionnaire whether you wish/intend to work in EPP areas. EPP are strictly defined as "those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. However, other situations, such as pre-hospital trauma care should be avoided by health care workers restricted from performing exposure prone procedures, as they could also result in the exposure of the patient's open tissues to the blood of the worker.

For those who wish to undertake EPP work, the immunisation criteria are more rigorous. If you are new to EPP, you must provide added evidence of screening issued within the last two years for the following blood borne viruses prior to undertaking EPP:

- Hepatitis C
- HIV
- Hepatitis B Surface Antigens (even if you are immune, following vaccination) If the screening took place more than two years ago, further screening must be undertaken.

Satisfactory evidence would include:

- Your most recent pathology report confirming a negative result.

Even if you have clearance from elsewhere such as the hospital you currently work in, all locums are automatically considered as 'New' to the NHS due to the nature of risk involved with locum work and you will therefore still be required to provide documentary evidence detailed here.

Locums, who have been absent from EPP areas for a period of time, e.g. those who may have been exposed through work in other occupational environments or may have spent time working abroad, in countries with a high incidence of blood-borne viruses (BBV), must undertake this additional screening.

The additional testing for EPP workers need only be a one-off screening but thereafter, locums have a professional obligation to seek appropriate guidance if they suspect they have been exposed to any BBV.

All blood samples, supplied for the purpose of EPP testing, must be identified validated samples (IVS).

The healthcare worker should show proof of photographic ID – NHS trust identity badge, new driver's licence, passport or national identity card – when a sample is taken.

2.13 Mandatory training requirements:

You must receive annual training (with the exception of Advanced Life Support which currently carries a validity period of four years) in the following subjects:

- Basic/Advanced Life support (adult or paediatric as appropriate) compliant at all times with the Resuscitation Council UK Guidelines and has been delivered by means of a practical course
- Lone worker training
- Handling violence and aggression
- Information governance (including data protection and the Caldicott protocols)
- Safeguarding of Children and protection of Vulnerable adults
- Health and safety including COSHH and RIDDOR
- Infection prevention and control including MRSA and clostridium difficile
- Complaints handling
- Fire safety
- Equality and Diversity
- Manual handling
- Risk incidence reporting
- Any other mandatory training under current or future health and safety regulations

2.13.1 Lone Worker Information:

Lone workers are those workers who work by themselves without close or direct supervision. Lone working is not governed by any specific legislation but a wide range of legislation may apply depending on the nature of the work involved. In all instances the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations of 1992.

Generally, within the healthcare industry, lone workers can be regarded as those who work on a peripatetic basis such as GP's, community/district nurses, domiciliary homecare workers etc., or those personnel who work outside of normal hours e.g. Domestic, porters, On call Candidates, security etc.

In all cases where a worker is expected to work alone, a risk assessment should be performed by the employer and steps taken to reduce risk to the lowest practicable level. The risk assessment should address:

- Whether the work can be done safely by a single person
- What arrangements are required to ensure the lone worker is at no more risk than employees working together.

If for any reason you consider yourself to be at risk if working in a "lone worker" situation please contact the Agency immediately so that a further risk assessment can be performed and arrangements can be made to ensure safe systems of work and your personal safety.

2.13.2 Handling Violence and Aggression:

It has been recognised for some time that workers in a hospital setting work within an environment where there is a potential for threat, aggression or violence. Violence and aggression can be defined as including the following circumstances:

- Minor assault including situations where physical contact and/or injuries occur which require first aid treatment
- Threats with an offensive weapon without physical injury
- Aggravated assault resulting in injury requiring medical assistance
- Threatening behaviour which could include verbal abuse or threats and fear arising from damage to the physical environment
- Assault resulting in serious injury and/or death

Any violent, abusive or threatening behaviour is unacceptable.

You must report any incidents immediately to the person in charge and also to your Recruitment Consultant. The establishment where you are working will have policies for dealing with such incidents and an incident report form should be completed both at the place where you are working and by the Agency. Remember: all staff members have an obligation under the Health and Safety at Work Act 1974 to have regard for their own health, safety and welfare at work, and that of others who may be affected by their acts or omissions.

2.13.3 Caldicott Protocols:

The Caldicott Review was commissioned due to the development of information technology and its capacity to disseminate information about patients/service users both rapidly and extensively.

An essential component of the clinical consultation in the provision of health care is confidentiality. All healthcare workers have stringent requirements with regard to confidentiality within their duty of care. However, information given about patients underpins the efficient operation of the NHS, and it is important that confidentiality does not impede upon the provision of effective patient care. Therefore, the Caldicott Review devised protocols and recommendations which assume the appointment of a Caldicott Guardian who is created to safeguard and govern the uses made of confidential patient

information within NHS organisations. Caldicott guardians are senior health professionals.

2.12.4 Risk incident reporting:

Under the Management of Health and Safety Regulations of 1999 you have a legal duty of care to report all accidents, incidents and near misses. These regulations impose a duty on employers to perform risk assessments on all work activities. If during the course of your work you identify a risk to the health, safety and welfare of your own personal safety, and/or that of your colleagues/patient/clients, you have a duty to report this. The first incidence should be reported to the person in charge of the establishment to which you are assigned, and to your Agency consultant. An incident report form must be completed.

2.12.5 COSHH:

Is the law that requires employers to control substances that are hazardous to health. You can prevent or reduce workers exposure to hazardous substances by:

- Finding out what the health hazards are
- Deciding how to prevent harm to health
- Providing how to prevent harm to health
- Making sure they are used
- Keeping all control measures in good working order
- Providing information, instruction and training for employees and others
- Providing monitoring and health surveillance in appropriate cases
- Planning for emergencies

2.12.6 RIDDOR:

RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident.

2.12.7 Health and Safety:

Under the Health & Safety at Work Act 1974, it is your duty to:

- Take reasonable care for health and safety at work of yourself and any other people who might be affected by your acts or omissions
- Co-operate with your employer and others to enable them to comply with statutory duties and requirements
- Not intentionally or recklessly misuse anything provided in the interest of health, safety or welfare. The management of health and safety at work regulations 1999 further require you to:
 - Use any equipment, etc, provided in the interests of safety
 - Follow health and safety instructions
 - Report anything you consider to be a serious danger
 - Report any shortcomings in protection arrangements for health and safety

On assignment, it is the Client's responsibility to familiarise you with their own Health & Safety policies and

procedures, and with the location of fire escapes, First-Aiders etc. If you refuse to work for a Client on Health and Safety grounds, we will attempt to find you other employment without prejudice.

All Agency staff are required to familiarise themselves with the local policy on Confidentiality within the establishment where they are working assignments.

As a service to our Candidates, we provide training through a variety of training providers to help you to achieve compliance with the majority of courses detailed above. These online courses can be taken in your own time and once successfully completed; you will be issued with a certificate. We also provide access to a number of other courses which require physical attendance such as Basic or Advanced Life Support or Manual Handling

For more information on training, please contact your Recruitment Consultant

2.12.8 Moving and Handling:

Moving & Handling is defined as "The transporting or supporting of loads by bodily force". A load can be either inanimate (such as a box) or animate (such as a person or an animal). According to figures published by the Health & Safety Executive (HSE) more than a third of all 'over-three-day' injuries are caused by Moving & Handling incidents. 'The Agency' recognises its responsibilities to ensure that locums are aware of potential hazards. It is likely that some locums will be in a situation where patients need moving or supporting and there will not always be lifting equipment available. You should always make yourself aware of the Hospital's/Trust's procedures as part of your initial induction when commencing an assignment and undertake any available relevant training.

2.12.9 Safeguarding Children:

"Child protection training is essential for all health professionals engaged in services for children. It is not an optional extra." (Mr. Barry Capon, chair of independent inquiry into the death of Lauren Wright, 2002)

All Candidates have a duty under the Children Act 2004 to make arrangements to safeguard and promote the welfare of children and young people. You should know what to do if you have any concerns. 'The Agency' wants to ensure that you are able to meet this requirement. We understand that there are different training needs to fulfil your duties dependent upon your level of contact with children and young people and level of responsibility. The following documents should assist you with your generic knowledge:

If you are a Paediatric or A&E doctor/nurse, or a GP, you will need Safeguarding Children Level 3. We require documented proof that these courses have been undertaken and we will provide advance warning when you need to retake these courses.

3.0 Continuing Professional Development – CPD:

As a 'The Agency' locum, you are responsible for updating your skills and knowledge and maintaining your Continuing Professional Development (CPD) portfolio. CPD is fundamental to the development of all health practitioners and to the enhancement of quality patient and client care. Recipients of care have a right to access healthcare practitioners who possess up-to-date knowledge, skills and abilities appropriate to their sphere of practice.

You should maintain a written portfolio of your professional experience and attendance at professional development courses. CPD forms a vital part of the revalidation process and demonstrates your commitment to learning. You will need to bring a summary of your CPD activities to your annual appraisal to show that you have met the requirements

for revalidation this should also include a written and agreed 'Personal Development Plan' from your appraisal.

3.1 Training and Development Requirements and Opportunities:

As 'The Agency' locum you are responsible for updating your skills and knowledge regarding best practice in Health and Safety. You should subscribe to all Codes of Practice, as laid down in statute or by the GMC/GDC/NMC, the relevant Royal College or the Health Professional Council (HCPC) as appropriate.

We will want to know the outcome of your most recent Annual Review of Competence profession (ARCP) and/or grading of any Record of In-Training Assessments (RITAs) obtained in the past 5 years, where applicable, as part of the recruitment process.

We offer subsidised training through a number of suppliers and free training ourselves – speak to your Recruitment Consultant for more information.

4.0 Personal Appearance and Hygiene:

Please ensure that you follow the guidelines below:

4.1 Clothing:

Dress smartly. Jeans and casual clothing is not acceptable. Freshly laundered clothes should be worn each day. Short sleeves are recommended to eliminate clothing contact with patients. Nurse/HCA uniforms can be purchased from Vivid Healthcare.

4.2 Hair:

Hair should be tied back from the face in a style which does not allow hair to fall forward and which does not require frequent readjustment.

4.3 Nails:

Nails should be clean, short and varnish free. False porcelain and plastic nails are not permitted.

4.4 Jewellery and Watches:

No jewellery is the preferred option, however a plain (i.e. no stones) metal ring and one pair of stud earrings is acceptable. Wristwatches, bracelets and fabric wristbands should not be worn by clinical staff due to the need for frequent hand washing.

4.5 Shoes and Footwear:

Footwear should be enclosed or have an enclosed toe and heel strap. Shoes should have low, wide heels and a soft non-slip sole. Fabric shoes should not be worn.

Travelling to and from assignments White coats or any other uniform should not be worn outside of the hospital and in many cases outside of the department you are working in. You should check the department's policy.

4.6 Hygiene:

Please maintain a high standard of personal hygiene at all times. You will be expected to follow NHS clinical guidelines.

4.7 Smoking

The supplier shall instruct its staff not to smoke on the authorities premises except in those areas where they expressly permitted to do so.

5.0 Your Obligations While Working:

You should be aware at all time whilst on Hospital/Trust premises that you:

- must work as directed by the Authority and follow all reasonable requests, instructions, policies, procedures and rules of the Authority;
- shall not neglect, nor without due and sufficient cause omit, to discharge promptly and diligently a required task within the terms of the engagement;
- shall not make unnecessary use of authority in connection with the discharge of the provision of the
- Services and engagement instructions;
- shall abide by the Working Time Regulations 1998 and where applicable, New Deal requirements;
- shall not act in a manner reasonably likely to bring discredit upon the Authority;
- shall not unlawfully discriminate within the meaning of Clause 16 (Unlawful Discrimination);
- shall not falsify records, timesheets, expenses or attempt to de-fraud the Authority in any way;
- shall not corruptly solicit or receive any bribe or other consideration from any person, or fail to account for monies or property received in connection with duties performed under the provision of the Services on an engagement;
- shall maintain proper standards of appearance and deportment whilst at work;
- shall be properly and presentably dressed in such uniform and protective clothing, or otherwise, as agreed between the Parties;
- shall display their photo ID badge on their clothing at all times during an engagement to facilitate clear identification;
- shall not wear the uniform, protective clothing, photo ID badge or use the equipment on the
- Hospital/Trust/Clients premises unless fulfilling the terms of the agreed engagement;
- shall not engage in any form of physical or verbal abuse, threatening behaviour, harassment/bullying or be otherwise uncivil to persons encountered in the course of work;
- shall not at any time be, or appear to be, on duty under the influence of alcohol or drugs;

- shall not at any time be, or appear to be, in possession of firearms or other offensive weapons;

5.1 Record-Keeping Requirements:

Maintaining records is an essential and integral part of the responsibility of providing care. Records must be:

- Factual and objective
- Legible and in ink
- Clear and unambiguous – where any confusion could arise, capital letters may be advisable
- Clearly dated and timed
- Written in terms which other members of the clinical and care team, the patient and relatives can understand and should not include abbreviations
- Signed by you, with your qualifications and printed name
- Alterations should be scored out using a single line and initialled.

5.2 Computer Access:

Some Hospitals/Trusts may allow access to certain computer systems and certain programs and data within those systems. In these instances you should:

- Observe the computer security instructions in respect of the proper use and protection of any password used in connection with such computer systems or any computer floppy disk, CD ROM disk, removable hard drive or any other device for the storage and transfer of data or programs
- Not attempt to gain access to data or programs to which authorisation has not been given
- Not load any program into any computer via disk, typing, electronic data transfer or any other means
- Not access any other computer or bulletin board or information service (including, without limitation, the Internet) except with specific prior consent of the Hospital/Trust or representative
- Not download any files or connect any piece of computer equipment to any network or other item of
- computer equipment except with the prior consent of the Hospital/Trust or representative.
- Shall work to a standard set by the Data Protection Act 1998.

5.3 Security:

Whilst on Hospital/Trust/Client premises you should comply with all security measures. The Hospital/Trust/Client has the right to carry out physical searches of you, your possessions or your vehicle, complying with the Human Rights Act 1998 at all times.

Contravention of any of the above or where there are concerns regarding your competence or public interest, could result in you being asked to cease working for 'The Agency' and to remove yourself from the Hospital's/Trust's/Client's premises.

5.4 Insurance Guidelines:

All 'The Agency' locums are responsible for their own actions, errors or omissions at work. You are therefore strongly encouraged to take out Personal Accident, Malpractice

and Public Liability insurance policies appropriate to your needs which will provide adequate cover. If you are a member of a defence body you should check the cover that may be included with your membership.
Clinical Negligence Scheme for Trusts (CNST)

The CNST, administered by the NHS Litigation Authority (NHSLA), provides an indemnity to members and their employees in respect of clinical negligence claims arising from events which occurred on or after 1st April 1995.

It is funded by contributions paid by member trusts and is often equated to an in-house mutual insurer. For more information on the NHSLA, please visit their website www.nhsla.com.

5.5 Insurance against Personal Accident and Illness:

You will only be paid for work that has been undertaken so, if for any reason you are unable to undertake work, you may well suffer financially as a result. The normal risks which prevent locums from working are accidents (either at work or at home) or illness. You are advised to seek and obtain insurance cover against such risks and at a level that protects your income during periods when you cannot work.

'The Agency' advises you to seek the services of an independent Financial Advisor in the first instance to ensure that you are covered in such an event.

5.6 Personal Professional Indemnity Insurance:

The UK Government introduced legislation which requires regulated healthcare professionals from July 2014 to have relevant insurance or indemnity to cover their practice and confirm this to their professional body. The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 came into force on 16 July 2014. However, by the nature of your employment with the NHS you are fully covered for the practice you do as part of your employment. This cover includes agency workers working in the NHS, locums, students and those not working under contract of employment, but contracted to an NHS body to provide services to persons whom that NHS body owe a duty of care.

However, if you practice outside of NHS employment it is your responsibility to ensure that you have an appropriate indemnity arrangement in place. This may be through your non-NHS employer, your professional body, or by taking out separate private cover. If you are in any doubt, you are recommended to contact your professional regulator for advice.

We recommend that our locums take Personal Professional Indemnity Insurance cover prior to commencing work as a locum. We will ask for a copy of your certificate if you have such cover.

5.7 Motor Insurance:

The use of a private motor vehicle travelling to, from or during an assignment is "own business use" and you are advised to check with your motor vehicle insurance company to confirm that you are covered for such risks and to arrange such cover where this is necessary.

Recording an accident/incident If any incident occurs, the incident must be recorded accurately in the Hospital's/Trust's Accident Book.

6.0 Whistleblowing:

Whistleblowing continues to be an issue that many people have views and concerns about and a number of changes to legislation have been made over recent years to strengthen the whistleblowing framework, including changes to the Public Interest Disclosure Act introduced under the Enterprise and Regulatory Reform Act 2013, which came into force on 25 April 2013. These changes were intended to:

- ensure that people only blow the whistle on matters which are in the 'public interest'
 - allow whistleblowing claims to go through the employment tribunal system without being too easily dismissed for not being made in 'good faith'
 - introduce redress for those who suffer any form of bullying or harassment by a co-worker as a result of them reporting a concern
 - extend the definition of 'worker' to further clarify who is covered by the legal provisions
- However, there has been much debate recognising that legislative drivers and guidance will only take us so far, and that taking action quickly and effectively is absolutely crucial. An independent review into the NHS reporting culture was also undertaken during August and September 2014. The key aim of the review was to provide independent advice and recommendations to the Secretary of State for Health on measures to ensure that NHS workers in England:
- can make disclosures about any aspect of the quality of care, malpractice or wrongdoing at work and be confident that they will be listened to, and that appropriate action will be taken
 - know that they will not suffer detriment as a result
 - If they are mistreated, as a result of them raising a concern, they can be assured that appropriate measures are in place to deal with those mistreating them.

Notably the review found that certain groups of staff were particularly vulnerable when raising concerns because of the nature of their term of employment which means that they are less likely to be a fully integrated member of a team, and they may miss out on the same level of induction, training, and communications that permanent members of staff may have around raising concerns. The report specifically makes reference to locums, agency and bank workers being more vulnerable but it is essential that employers consider how they engage, communicate and support all workers in their organisation on issues relating to raising concerns. This includes students, volunteers and permanent staff who are required to provide services within the community and within primary care.

7.0 Health and Safety:

Health & Safety law applies equally to employers, employees and the self-employed and all 'The Agency' locums (as self-employed agency workers) have a general duty to ensure that their work activities do not endanger themselves or others. Equally, the Hospital/Trust has a general duty to ensure that the work environment is itself free from any dangers to health or safety.

7.1 Health and Safety Guidance Notes:

'The Agency' seeks to ensure the following in relation to Health & Safety in liaison with the Hospitals/Trusts in which you are placed to work:

- That you have the necessary qualifications, experience, skills and capability to carry out the assignments that you are put forward to undertake
- That any risks to health in connection to the use, storage and handling of substances hazardous to health, are identified through an assessment of their potential effects, as required by the latest edition of The Control of Substances Hazardous to Health (COSHH) Regulations, and that necessary control measures are implemented

- That you are given sufficient information, instruction and training to ensure you're Health & Safety
- That consideration is given to Health & Safety factors when equipment is bought, or new services obtained, or when changing procedures or work patterns and that all necessary safety precautions are taken and that necessary safety instructions have been understood.

You are responsible for your own personal health and safety and you have a duty of care to your fellow workers.

Your Responsibilities Include:

- The duty to comply with all safety instructions and directions laid down
- The duty to use the means and facilities provided for health and safety in a proper manner
- The duty to refrain from the wilful misuse of, or interference with, anything provided in the interests of health, safety and welfare and any action that may be construed as dangerous
- The duty to report any potential hazards or dangerous occurrences that may cause harm to others.

7.2 Accident Reporting:

Locums are responsible for ensuring that all incidents or accidents that relate to the provision, control and maintenance of Health & Safety in the workplace are reported to the Hospital/Trust and your Recruitment Consultant (and/or to the Local Authority in the case of serious accidents and/or dangerous occurrences).

It is also important that the internal reporting procedure of the Hospital/Trust is carried out e.g. recording the accident in the accident report book. In addition to internal reporting through the accident report/service records, the Hospital/Trust must ensure that the following are reported to the appropriate enforcing authority, e.g. the local Environmental Health Officer:

- Fatal accidents
- Major injury accidents/conditions
- Dangerous occurrences
- Accidents causing more than three day's incapacity for work
- Certain work-related diseases
- Certain gas incidents
- If you suffer a needle stick injury you must attend for treatment immediately and report the incident.

If possible take note of the patient's details in order to help identify potential risks.

As soon as a sharp injury occurs you should do the following:

- Encourage bleeding by squeezing site of puncture wound, do not suck
- Wash the wound with soap and water, do not scrub
- Cover wound with waterproof dressing
- Report to OH Department, GP or A&E as appropriate for advice
- Report incident to your Recruitment Consultant

Counselling is usually available following these blood tests. Always report a needle stick injury, even if it occurs with a 'clean' needle, via an incident report or accident book according to protocol.

7.3 Infection Control and Communicable Diseases:

'The Agency' will inform you of any information relating to infection control, outbreak of viruses and all other pertinent matters.

- Clean clothes should be worn daily to avoid cross-contamination
- Shoes should be cleaned daily to avoid cross-contamination.
- Use of disposable protective clothing
- Standard precautions to prevent or reduce the risk of cross-infection include wearing gloves and aprons.
- Disposable protective clothing must itself be disposed of safely, using clinical waste bags.

7.4 Complaints and Compliments:

The Company welcomes comments from clients, their representatives and locums, as knowing their views helps us to improve our service. Compliments let us know we are getting things right and are always passed on to the appropriate people.

7.4.1 Policy on Complaints:

Our standard complaints procedure is in line with the Department of Health Guidelines HSC 2003/012 Maintaining High Professional Standards in the Modern NHS. It defines the means by which a representative can make a complaint and the responsibilities of the staff to whom the complaint is addressed providing guidance on good practice at each stage of the process. It is contained below for your information:

7.4.2 Receiving Complaints:

Concerns about a locum's conduct or capability can come to light in a wide variety of ways; upon receipt of a complaint regarding a locum placed through 'The Agency' this will immediately be passed to the Company Representative who will request that the complaint is put in writing.

The Company Representative will send the complainant written confirmation acknowledging the verbal complaint within 3 working days which includes an overview of our complaints process. Where there are reasonable grounds to believe a locum may pose a threat to the safety of patients, the locum will not be offered work by 'The Agency' and will leave the complainants premises until the matter has been fully and satisfactorily resolved.

The Company Representative will refer to the locum's electronic record on the database in line with Quality Assurance Process to check for any previous complaints. The Company Representative will update the Complaints Register and also create a Complaints Record detailing the name and contact number of the locum, the subject matter of the complaint and the date on which it was made and dependant upon the nature of the complaint decide if the locum will be offered future placements.

At 3-day intervals the complainant will be contacted by telephone to establish if the complaint has been put in writing. This process is to be undertaken on two occasions and if no response is received the file can be closed and no further action is to be taken unless a written response is received. The Complaint Record and Complaints Register are to be updated and written confirmation that the complaint has been closed is sent to the complainant.

Upon receipt of a written complaint, this will be acknowledged in writing within 3 working days and a note made on the Complaint Record of when the letter was received. The Company Representative will discuss the complaint verbally with the complainant in order to attempt a rapid and fair resolution to the complainant's satisfaction. If it is not possible to resolve the complaint in this way confirmation is to be obtained that the letter of complaint can be passed to the locum.

The Company Representative will contact the locum and inform them that a complaint has been made disclosing details of the nature of the complaint and requesting the locum provides a response within 3 days. The locum will be advised that his/her written response will be forwarded to the complainant.

If no response is received from the locum the Company Representative will contact the locum to establish when we can receive a response. This process is undertaken on two further occasions and if no response is received the complainant is informed and agreed further action will be taken as required by the complainant.

In instances where a locum has not responded 'The Agency' database will be updated to restrict future placements.

Following this discussion, written confirmation is sent to the locum enclosing the letter of complaint. Upon receipt of the locum's response, this is to be forwarded to the complainant on the day of receipt request sting further instruction in order to resolve the concern. The Company Representative will then await the complainant's instruction which is to be followed up at 3 day intervals.

Upon notification of the complainant instruction, remedial action is to be taken as appropriate and confirmed in writing. The Complainant may inform 'The Agency' that an Alert Notice will be issued and upon receipt, the Alert Notice part of the Complaints Procedure is to be followed. (Note: Alert Notices are solely for use in cases where an individual is considered to be a serious potential or actual risk to patients or staff.)

The locum is informed of the outcome within 2 days from the date of the complainant instruction.

Following the investigation, if the complaint is deemed to be well-founded and is of a serious nature, it may result in the locum's removal from the 'The Agency' Register and s/he may be reported to the appropriate professional body.

'The Agency' will use all reasonable endeavours to ensure that all complaints are resolved within 15 days of the complaint being notified, unless the nature of the complaint requires additional investigation or action by a professional or government organisation e.g., the GMC/GDC/NMC/HCPC/Police/Home Office in which case 'The Agency' shall ensure that the complaint is resolved as soon as possible thereafter.

7.4.3 Referral and Reporting a Candidate:

Where there is evidence of malpractice, the Company Representative shall formally assess if the complaint requires further investigation or action by a professional, government organisation or the police and refer the complaint appropriately. In instances of uncertainty, the appropriate professional or government organisation will be contacted for advice and the locum reported as necessary.

All referrals are diarised to ensure the complaint is monitored through to satisfactory outcome.

7.4.4 Placement Assessment Form:

In instances where a poor Placement Assessment Form is received, the Company Representative is to clarify further with the Trust and investigate appropriately.

7.4.5 Confidential Reference:

In instances where a poor Confidential Reference is received, the locum should not be placed with the Hospital/Trust/Client again until the issues has been resolved and the Hospital/Trust/Client has put in writing that they are satisfied with the outcome.

7.5 Alert letters:

Upon receipt of an Alert Letter the Compliance Manager will check the database to identify if the locum is already registered with 'The Agency'. If the locum is registered with 'The Agency', the Alert Letter is immediately passed to the Recruitment Consultant and Senior Management for review.

7.5.1 File Maintenance:

The Compliance Manager will be responsible for maintaining the Complaint Record and Register during the course of the investigation. The Complaint Record will be a comprehensive record containing all details of the complaint. This will include internal and external letters or other written correspondence. The records will include times, dates and agreed action including telephone conversations in the management of the complaint. The Complaint Record will be retained in the locum's electronic file, highlighting that a complaint investigation has taken place, the nature and date of the investigation and the outcome.

7.5.2 System Updates:

The Complaint Record and all ongoing correspondence and communication through to resolution and actions taken shall be scanned and or noted and maintained in an electronic format in the respective locums file. When a locum is not to be offered work whilst an investigation is taking place, or as a conclusion of a complaint, the system will be amended to restrict placement. If it is agreed that a locum is not to be placed at a particular Trust and after a full review of the complaint the Company Representative decides the candidate will continue to offer assignments at other Trusts, the locum will be 'blacklisted' from one Trust only.

If the complaint is resolved, then the system will be amended accordingly.

7.6 Complaint against A Member of 'The Agency' Staff:

Where a complaint is against a member of 'The Agency' staff, the Recruitment Consultant should in the first instance attempt at an immediate resolution. If an immediate resolution can not be obtained, the complainant is requested to put the complaint in writing to the Company Representative.

The Company Representative will follow the procedure above in order to quickly obtain a fair resolution of the concern to the complainants' satisfaction. Upon notification of the complainant's instruction, the Company Representative will endeavour to resolve the complaint within 15 days of the complaint having been notified.

8.0 Confidentiality:

All locums, whilst undertaking assignments, will at some point encounter information which is of a confidential nature. Patient details are a matter of a very high level of confidentiality and must not be disclosed to any third party, howsoever acquired. As an example, even chatting to another patient about whom you are going to see next is a serious breach of confidentiality.

Each patient has an absolute right to confidentiality and privacy regarding the services they are receiving in accordance with the Data Protection Act 1998 and Human Rights Act 1998. Any concerns you may have regarding confidentiality can be discussed with your Recruitment Consultant.

You should also not disclose to any person or third party (other than a person authorised by the Hospital/ Trust or the National Frameworks) any confidential information howsoever acquired in connection with the provision of services which concern the Hospital/Trust, its business, its staff or its procedures, nor the identify of any patient, clinical conditions, treatment and/or medical records.

You may be asked to sign a confidentiality agreement if required.

8.1 Data Protection and Access to Records:

'The Agency' is a "data controller" for the purposes of the Data Protection Act 1998. This is because the agency holds and uses both "personal data" and "sensitive personal data" about its employees, clients, locums and other individuals. 'The Agency' processes data, including your records and client records. The information contained in your locum records is taken from your application form, as well as the Enhanced Disclosure, references and Terms and Conditions for Temporary Workers. There may be occasions when your records are disclosed to our Associates, Clients and organisations for audit purposes (e.g. CCS, HTE, LPP) or other official bodies, e.g. GMC/GDC/NMC/HCPC, when requested.

8.1.1 Data Protection Manager:

In order to ensure that 'The Agency' complies with its obligations under the Act, 'The Agency' has appointed a Data Protection Manager. This individual is the Company's Data Controller. You should refer to your Recruitment Consultant in the first instance, if you are in any doubt about any of the Company's obligations under the Act.

8.2 Confidentiality:

In order to protect vulnerable individuals, in some circumstances, it will be necessary to share what might normally be regarded as confidential information.

9.0 Dealing with Allegations of Abuse:

In all cases of suspected abuse, you should immediately follow the policies and procedures of the Hospital/Trust/Client in which you are working, including the reporting procedures. All cases of suspected abuse should be reported to your Senior Manager, who, in conjunction with the relevant department and other appropriate agencies, will instigate an investigation to:

- Establish matters of fact
- Assess the needs of the vulnerable adult or child for protection, support & redress
- Decide what sanctions are necessary with regard to the perpetrator
- Decide what action should be taken if the service or its management have been culpable, ineffective or negligent.

You should not attempt to directly question those involved in suspected abuse cases as this may jeopardise the scope of questions, under the Police and Criminal Evidence Act (PACE) that the authorities are able to ask in any later investigation. A properly coordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared; repeated interviewing is avoided and will cause less distress for the person who may have suffered abuse.

When Reporting An Incidence Of Suspected Abuse, The Following Details Will Be Required:

- Name and address of the vulnerable individual
- Information about the client such as age, disability, environment, gender, ethnicity & living arrangements
- Whether or not the person is already known to any agency, particularly social services, or whether it is a new referral
- Information about the suspected abuse perpetrator
- Type of suspected abuse
- Setting in which abuse took place
- Time and frequency of suspected abuse
- Whether or not there is imminent danger to the victim.

Any Allegations Of Abuse Will Be Taken Through The Following Steps:

- Reporting to a single referral point
- Recording the precise factual details of the alleged abuse
- Enquiry and verification to establish the substance of the initial reports
- Initial co-ordination involving representatives of all agencies which might have a role in a subsequent investigation
- Investigation
- Joint discussion, decision and case planning
- Implementation of agreed actions
- Monitoring and review.

Complaints will be dealt with independently, treated seriously and clients and workers who report suspected abuse will be informed of the outcome. Presumption of innocence should clearly underpin all dealings and proceedings with regard to those against whom a complaint or allegation has been made, until there is evidence to the contrary and it is proved otherwise.

Alleged perpetrators who are also vulnerable adults/vulnerable children themselves have the right to the support of an appropriate adult whilst they are being questioned by the Police, under the Police and Criminal Evidence Act.

Procedure In Relation To Crime or Suspected Crime:

Sexual, physical or psychological abuse, financial exploitation, theft or fraud constitute criminal offences and should be reported to the police in line with the Hospitals/Trusts/Clients policy. The Police have a duty to the victim to assist, support and obtain evidence of alleged abuse and a responsibility to investigate reported crimes as well as interview any identified suspects.

10.0 Equal Opportunities:

'The Agency' recognises that discriminatory attitudes held by both institutions and individuals are widespread in our society and that such attitudes hinder both equal opportunities for work and the effective provision of services to minority groups and communities.

In all aspects of work, 'The Agency' operates a policy of equal opportunity and equal access to service.

Information may be requested from staff, locums or Clients, enabling 'The Agency' to monitor the success of this policy. The giving of such information will be voluntary and it will be used solely for monitoring purposes. Individual details will be kept confidential; however group statistics may be released to relevant authorities.

'The Agency' Equality of opportunity extends to all aspects of 'The Agency' including recruitment and selection, assignment of work, pay rates, assessment of performance and action in response to complaints by Clients.

Equality of opportunity covers all locums/potential locums and you will be treated equally regardless of your sex, age, marital status, racial, ethnic or national origin, physical or mental disability, political or religious beliefs, sexual orientation or gender reassignment status.

You have the right to accept or refuse individual assignments but any indication that you have not acted, or will not act, in accordance with this policy will be investigated and this may result in removal from 'The Agency' Register.

10.1 Harassment/Bullying:

'The Agency' is committed to creating a working environment where you are treated with dignity and respect and where each person's individuality and sense of self worth within the workplace is maintained. You have a duty to treat those alongside whom you work with respect and dignity and to take all steps necessary to ensure that harassment does not occur. Whatever the form of harassment (whether by direct contact, written correspondence, the spoken word or by use of email/intranet) behaviour of this nature can be objectionable and will not be tolerated by 'The Agency' or any of the institutions we service. Any locum, who is considered, after proper investigation, to have subjected a patient, another locum or anyone else alongside whom they work to any form of harassment or bullying will be dealt with in an appropriate manner and includes removal from our Register.

11.0 Fraud:

Instances of fraud will be investigated and where necessary, the NHS Counter Fraud and Security Management Service (England and Wales), the NHS Scotland Counter Fraud Service or the Northern Ireland Central Services Agency Counter Fraud Unit (CFU) and/or the Police will be informed.

Causing loss or making a gain at the expense of someone by deception and dishonest means' (Fraud Review 2005:23)

Fraud is taken very seriously by 'The Agency' and the NHS. Each timesheet includes a counter fraud declaration which should be signed by you and counter signed by an Authorised Signatory of the Hospital/Trust where you are placed.

If you provide false information it may result in disciplinary action and you may be liable to prosecution and civil recovery proceedings. Any questionable timesheets will be brought to the attention of the Local Counter Fraud Specialist.

Fraudulent activity manifests itself in many different ways including deception, bribery, forgery, counterfeiting, extortion, corruption, theft, conspiracy, collusion, and

embezzlement, misappropriation of assets, false representation and concealment of material facts.

Some examples of fraud in the NHS include:

- Timesheet fraud (e.g. staff and professionals claiming money for shifts they have not worked)
- False expense claims (e.g. false travel or subsistence claims)
- Fraudulent job applications (e.g. false qualifications or immigration status)
- Working whilst sick (e.g. usually working for another organisation without informing the Trust)
- Working two places at once (e.g. failing to declare they are working for another organisation)
- Excess Study Leave
- Advertising scams (e.g. false invoices for placing adverts in publications)
- Patient fraud (e.g. false travel claims, fraudulently claiming exemptions for pharmaceutical charges)
- Misappropriation of assets (e.g. falsely ordering goods for own use/ to sell)
- Procurement fraud (e.g. the ordering and contracting of goods and services)
- Fraud by professionals (e.g. Pharmacists – constitutes specific types of fraud such as false claims for treatment, unauthorised use of NHS facilities/equipment)
- Pharmaceutical fraud by companies (e.g. overcharging for drugs, supplying inferior or reduced quantities of drugs etc.).

11.1 What To Do If You Suspect a Fraud:

If you discover or suspect a colleague, patient or other person of committing fraud you must:

- Make yourself aware of the Hospital/Trust/Client policies and immediately tell the 'nominated officers' if it relates to a place of work. If this is not possible, inform your Recruitment Consultant who will advise the Hospital/Trust/Client on your behalf. Their 'nominated officer' will investigate further and bring it to the attention of the Local Counter Fraud Specialist or will contact the national NHS Fraud & Corruption Reporting Line on 0800 028 4060 for England and Wales, 0800 096 33 96 for Northern Ireland or 08000 15 16 28 for Scotland. If it relates to a Recruitment Consultant or someone else from 'The Agency', inform the Managing Director of 'The Agency'
- Secure any records in your possession
- Record details of relevant events
- Await further advice.

Everything reported will be treated in the strictest confidence and you can request to remain anonymous. It would however be helpful if you are able to provide the investigating officers with additional information.

11.2 What Not To Do?

- Do not confront the suspect'
- Do not assume only one person is involved
- Do not talk about your suspicions, concerns or queries.

The Reason For The Above Is Twofold:

- To ensure evidence is secured against loss, destruction and contamination

- To ensure that nothing is done that could give rise to an action for slander or libel.

12.0 Removal From 'The Agency' Register:

You may be removed from 'The Agency' Register in the following circumstances:

- Where your conduct or standard of work has seriously fallen below the level required by 'The Agency' or your Code of Professional Conduct
- If it is believed that you have acted in an unprofessional manner, 'The Agency' reserves the right to remove you from your assignment and not re-assign until the matter has been investigated and resolved
- If you are the subject of an Alert Letter issued by a Hospital/Trust/Client
- If 'The Agency' has been alerted by the GMC/GDC/NMC/HCPC or other regulatory bodies with regard to practicing locums.

Examples of such conduct are as follows (this list is not exhaustive):

- Failure to attend a booking having accepted an engagement, or repeated lateness
- Failure to provide care in a fashion consistent with the locum's professional Code of Conduct or in a caring and appropriate manner, e.g. sleeping on duty, non adherence to clinical instruction, etc.
- Failure to carry out reasonable instructions of the Hospital/Trust or 'The Agency' or acting in a manner likely to bring discredit upon the Hospital/Trust or 'The Agency'
- Breach of trust involving 'The Agency' or the Hospital/Trust
- Unlawful discrimination
- Disclosure of confidential information to a third party relating to either a patient, the Hospital/Trust or 'The Agency'
- Misconduct and/or gross misconduct - any behavior which potentially puts any patient, individual or vulnerable person at risk or puts 'The Agency' at risk including the following (non-exclusive and no exhaustive list:
 - Being under the influence of alcohol or any substance that will adversely affect your performance
 - Possession, custody or control of illegal drugs while on duty, or the supply of illegal drugs to patients, their families or representatives
 - Be, or appear to be, in possession of firearms or other offensive weapons
 - Theft or stealing from patients, colleagues or members of the public
 - Corruptly solicit or receive any bribe or other consideration from any person, or fail to account for monies or property received in connection with duties performed under the provision of an engagement
 - Other offences of dishonesty

- Abusive or violent behaviour including physical, sexual, psychological, emotional, financial abuse of a person encountered in the course of work
- Fighting with or physical assault on other workers, patients or members of the public
- Harassment, bullying and/or discrimination
- Sexual misconduct at work
- Gross insubordination, aggressive/insulting behaviour or abusive/excessive bad language
- Falsification of a qualification which is a stated requirement of the locum's employment/membership or which results in financial gain to the locum
- Falsification of records, timesheets, reports, accounts, expense claims or self-certification forms or attempts to de-fraud the Authority in any way, whether or not for personal gain
- Failure to observe 'The Agency' procedures or serious breach of 'The Agency's rules
- Unsatisfactory work
- Damage, deliberate or otherwise to, or misuse of a patient's, Hospital's/Trust's or 'The Agency' property
- Gross negligence which covers acts of neglect, misuse or misconduct and/or not discharging promptly and diligently a required task within the terms of engagement (deliberate or otherwise)
- Conviction of a criminal offence, caution by a police constable or being bound over by a court where this is relevant to the locum's employment/membership or failing to disclose a criminal offence, caution or bind over (including those which would be considered 'spent' under the Rehabilitation of Offenders Act 1976) which occurred before or after engagement with 'The Agency'
- Inappropriate relationship with patient or customer
- Other acts of misconduct may come within the general definition of gross misconduct.

You are advised to read both your Terms & Conditions for Temporary Workers and this Handbook in full, to ensure you fully understand what we ask of you. You cannot work if your health or physical ability impedes you from carrying out your duties effectively. Whilst you will not be required to relinquish membership at the normal retirement age of 65, you must, like any other locum, be in good physical and mental health.

13.0 Professional Codes of Conduct:

To practice in the UK, all Candidates must hold a current registration with the GMC/GDC/NMC/HCPC and a license to practice, and must at all times abide by their Code of Professional Conduct. Candidates not adhering to the above standards may be removed from the register and will not be eligible to practice.

14.0 Clinical Governance:

Clinical Governance is about quality. It is the term that is used to describe the things we do to help Hospital/Trusts/Client provide a quality service to patients that is continually checked and improved upon. It is Clinical Governance that helps to make the Hospital/Trust/Client visions and values an everyday reality.

Whatever your job, as an employee of the Hospital/Trust/Client, you have everything to do with Clinical Governance for the benefit of patients. Clinical Governance is and must be everybody's business.

The Department of Health gives guidance for Clinical Governance on its web site at [www.doh.gov.uk/ Clinical governance](http://www.doh.gov.uk/Clinical_governance)

15.0 Agency Worker Regulations:

The Agency Worker Regulations (AWR) was established to give agency workers the right to the same basic employment and working conditions as if they had been recruited directly by a company.

From Day 1 of a placement you are automatically entitled to have access to collective amenities and facilities, such as a staff canteen or car parking (unless there are particular circumstances where these cannot be made available). The organisation is also required to give you access to information for relevant job vacancies within the company. If you have any queries relating to what is available, please contact your recruitment consultant.

After you have worked in the same role with the same client for 12 weeks, you will qualify for equal treatment in respect of pay and basic working conditions, including annual leave, as if you were directly employed by the client. You can accumulate these weeks even if you only work a few hours a week. However, if you start a new assignment with the same employer which is substantially different or there is a break of six calendar weeks in the same job then the 'qualifying clock' is reset. If your role substantially changes, your recruitment consultant will inform you of your new duties.

Whenever you are booked in to a job, we will ask you about any previous shifts you have worked with the client in order for us to monitor the 12 week qualifying period for you and to help establish when you are entitled to equal treatment.

There is more detailed information available on the direct.gov web site:

www.gov.uk/agency-workers-your-rights/overview

16.0 Environmental Policy:

'The Agency' is committed to the continual improvement in its environmental performance, preventing pollution and complying with all environmental legislation, regulations and codes of practice relevant to the industry sector.

We, therefore, encourage all agency workers to conserve energy and water, minimise waste and recycle where possible. Please ensure you keep sites clean and tidy to ensure minimum disturbance to client organisations, colleagues and patients. It is your responsibility to ensure waste material is disposed correctly and safely.

17.0 Mental Health Act:

The Mental Health Act 1983 covers the assessment, treatment and rights of people with a mental health condition.

It is a legal requirement that anyone working alongside patients considered to be suffering from a mental disorder or with learning difficulties is able to demonstrate an understanding of the Mental Health Act.

18.0 Financial Section:

Your status as a 'The Agency' Locum is that of an 'agency worker'. This is important in relation to your employment rights and State benefits you may or may not be eligible for. However, 'The Agency' is required by law to treat you as though you are employed for the purposes of PAYE and Class 1 National Insurance Contributions only.

18.1 Payment Options:

There are four ways Candidate locums can be paid:

1. The PAYE system as an individual
2. Through a Limited Company (UK Based)
3. Through an Umbrella Company (UK Based)
4. Through an Umbrella Company (PAYE) (UK Based)

We recommend you seek independent advice regarding which is the most appropriate way for you depending upon your personal circumstances. Speak to your Recruitment Consultant if you are unsure of who to contact as they will have information on a number of different companies you can use.

We have an obligation to confirm the tax status of all Candidates working through 'The Agency', either directly with us under our PAYE reference or through a third party e.g., private service company, Umbrella Company.

More recently a number of Trusts have indicated their preference to pay locum Candidates directly, rather than via the agency introducing the doctor. Your Recruitment Consultant will advise you if a Trust you are being put forward to work for uses this "direct engagement" model. You will also be advised at confirmation if there are any Trust specific cut off times for receiving authorised timesheets. Payroll companies used by Trusts when operating in this way include PWC (Staffflow/Liaison), Brookson and 247.

To enable us to maintain the necessary records required by HMRC and to keep them accurate we will request the following from you on an annual basis:

Umbrella Company – A statement from the Umbrella Company as to how they comply with the HMRC Tax and NI legislation and payment of all liabilities

Private Service Company – a copy of the audited accounts and corporation tax computations certificate along with a statement from the company as to their compliance to employee / employer tax and NI liability. Please note that 'The Agency' are now legally required to supply details of all locums where we don't operate the PAYE on the locum's payments, under the following categories - Self Employed; Partnership; Limited Liability Partnership; Limited company; Non UK engagement or where another party operates PAYE on the locum's payments. This information will be required on a quarterly basis.

We also require our locum Candidates (or relevant Limited Company/Umbrella Company) to have a UK bank account and to confirm that they do not use any Offshore Employment Intermediaries and that those Candidates utilising a limited company only use companies registered in the UK.

Note that 'The Agency' do not accept locums who wish to be paid on a "self employed" basis but can provide advice and help on alternative payment methods (limited company or umbrella company for example). Changes in legislation have resulted in recruitment agencies being required to provide documentary evidence to demonstrate workers wishing to be supplied on a "self employed" basis are not subject to (or the right of) supervision,

direction or control by any person, in relation to the manner in which the worker provides their services. A signed declaration from the worker is insufficient evidence and we are unlikely to receive satisfactory evidence from our NHS clients to this effect, even for Consultants.

18.1.1 PAYE – Pay As You Earn:

As a PAYE locum, the following will be deducted from your salary:

- Income tax – PAYE is calculated based on your gross earnings after the deduction of any appropriate pension contributions. It is a tiered tax rate system with a top rate of 40% or 50% for high earners.
- National Insurance – NI is paid by both employees and employers. The levy funds State Benefits like pensions and unemployment. The employee rate is up to 12% and the employer rate is up to 13.8% of your pay.

This is the way you will be paid if you do not advise us otherwise. There are benefits in that all your tax and NI deductions will be taken care of for you.

Please note you cannot offset business related expenses.

You will be sent via email notice of the gross payment due to you from the timesheet being processed.

You will then receive an e-payslip detailing the gross; tax and NI deductions and net pay that will be paid to you due from the timesheet being processed.

18.1.2 Limited Company:

A Limited Company locum will be responsible for their own tax and National Insurance contributions to HM Revenue and Customs (HMRC). You effectively manage your own company and will need to comply with tax return legislation and other company requirements. These are suitable for higher income earners.

Before 'The Agency' can pay you as a Limited company, the following items must be provided:

- A Certificate of Incorporation
- Proof of a Business Bank Account – cancelled cheque
- Proof of Directorship
- VAT registration number (if VAT registered).

A number of expenses can be offset against your taxable income, therefore increasing your net earnings.

If you are employed on a PAYE basis and would like to change to a limited company, please advise your Recruitment Consultant. If you wish to set up a limited company, speak to your Recruitment Consultant. There are many companies that can assist you with both setting up and helping you to manage your day-to-day affairs.

- At least 50% shareholdings

Limited Company – Advantages:

- Complete control of all transactions and company matters
- You can be seen to be "representing" your company and "running a business" with its own trading name
- Full control of revenue. Paid directly into the company bank account, rather than passing via an umbrella company bank account
- Faster payment and administration process due to direct control, assuming the contractor deals efficiently

with all transactions.

- Smaller tax burden (higher percentage net pay) for contract revenue earned outside of the IR35 legislation.

Limited Company – Disadvantages:

- Main disadvantage is the amount of administration/paperwork arising, particularly in the late filing/payment penalty culture.
- Responsible for day to day issues such as invoicing, keeping a simple accounting system and fully liaising with your accountant, to ensure all forms, returns and accounts are filed by the due dates.

Please note that you can offset business related expenses against tax.

You will receive a self billing invoice by email to the email address you have provided to us. The self bill invoice will be on behalf of your limited company or for yourself if you are self employed. The self bill invoice will detail the hours worked, your hourly rate and any expenses being paid to you (or deducted from you should we have already paid these on your behalf) for the hours detailed on the timesheet sent to us.

18.1.3 IR35 and Tax Avoidance

In the Budget in March 2016 it was announced that the Government would consult in Summer 2016 on changes to the operation of IR35 within the public sector. The proposals so far are:

1. From April 2017 where individuals work through PSCs for a public sector client, the party that pays the PSC will be required to check IR35 status rather than the PSC itself. If the PSC falls inside IR35 the paying party will have to calculate "deemed employment income", deduct tax and NICs and report via Real Time Information.
2. New tests will be prepared together with a new online tool to assess status. The online tool will also be available to establish IR35 status in the private sector.
3. The public sector end client will have to inform the agency that they are a public body so that the agency knows to apply the tests. The public sector client will also have to check that the agency is correctly applying the rules.
4. The public sector is very broad – this includes all government departments, local authorities, NHS, schools, police, public bodies such as the BBC and publically owned companies such as TFL.

Further information will be provided once these have been published by HMRC.

However, where Supervision Direction and Control (SDC) applies, the contract that is issued will be within IR35.

18.1.4 Umbrella Company:

Umbrella companies employ thousands of contractors, taking care of their pay, compliance and administration. Signing with an umbrella company means you become an employee of theirs too. Because you are an employee of the umbrella company (and not the agency or end client), they can package your pay into a combination of salary and non-taxable items such as expenses and other employee benefits. This can commonly save between 25% and 50% of your tax bill.

An umbrella company is similar to a PAYE service; however, you have the ability to claim the full amount of allowable business expenses prior to the tax being calculated. For example, if an umbrella company receives

£500 from the agency and you have £100 worth of expenses, tax is then calculated on the £400.

Some basic expenses can be claimed. Non-UK nationals are able to claim the cost of flights to their home country, their accommodation, an amount of their grocery bill and a sum towards any relocation expenses.

Umbrella Company – Advantages:

- Avoids time and trouble of running a limited company. After a simple set up, you complete timesheets and forward to your umbrella company
- Knowledge that money is lodged into your bank account and documents are sent to you, explaining how the payment is calculated. There is no requirement for you to be involved with running a spreadsheet, VAT returns, payroll matters, company accounts, taxation, etc.
- For short term contractors, a main advantage is not having the costly process of forming a company and then arranging for it to be dissolved.

Umbrella Company – Disadvantages:

- You will by definition not be running the company and will therefore be using it simply as a service to process transactions.
- You cannot represent yourself as running your own independent business, through which you can make policy decisions, take risks or act as company director.
- There is an element of trust, since your money will be passing through the third party umbrella company bank account.
- For contracts earning revenue outside IR35 there is a significantly higher tax burden than using a Limited Company - due to the Managed Service Company legislation (introduced in 2007 Budget).

18.2 Pay Process:

We currently run one payroll per week.

Cut off times are:

Tuesday 17.00 – Payment will be Friday that week

- Please note the timesheet has to be signed and authorised correctly to ensure payment.

More recently a number of Trusts have indicated their preference to pay locum Candidates directly, rather than via the agency introducing the doctor. Your Recruitment Consultant will advise you if a Trust you are being put forward to work for uses this "direct engagement" model. You will also be advised at confirmation if there are any Trust specific cut off times for receiving authorised timesheets. Payroll companies used by Trusts when operating in this way include PWC (Staffflow/Liaison), Brookson and 247.

Please remember to advise your Recruitment Consultant if you should change your personal circumstances, e.g. change of address, bank details etc.

18.3 Timesheets:

All information given on your timesheet must be accurate and timesheets must be completed in full. Unfortunately, if a timesheet is not correctly completed or authorised, we have to return it to you for correction/authorisation as appropriate, before we can process it and this may cause a delay in paying you.

The number of hours worked and any meal or rest breaks taken must be included. The majority of hospitals now insist that breaks are taken and deducted from your hours worked.

Your Recruitment Consultant will confirm at the time of booking as to the process/signatures required for authorising your timesheet.

18.4 Rates of pay:

Different pay rates apply to different assignments and details of pay rates are given to you when we offer you work. The pay rate will be confirmed when a post is accepted.

18.5 Queries:

If you have any queries relating to your pay, please contact the Payroll Customer Service on 0203 5877566 and give details of the placement including dates and Hospital/Trust/Client.

We will endeavour to resolve your query as soon as possible. If for some reason, you have been under/ overpaid, the money will be adjusted in your next payment. It is in your interest to cross check payment details against your copy timesheet.

You are required to pay income tax on your earnings (if they exceed the threshold for the current financial year). The rules affecting people working through agencies are contained in Section 134 TA 1988 (formerly Section 38, Finance (No. 2) Act 1975).

If you have any queries regarding your tax code or feel that you may be entitled to additional allowances, please contact the tax office direct (address below). They can adjust your tax code if appropriate. If the 'The Agency' is not your main source of work for tax purposes and there are issues with overpayment of tax and other income issues, it is also advisable to discuss these with the Inland Revenue/

18.6 Accommodation:

Accommodation is available at the majority of hospitals; normally at a small charge though some may provide it free of charge. It is normally suitable for single occupancy only. Speak to your Recruitment Consultant at the time of confirming your availability about accommodation. Mutually acceptable arrangements can normally be made.

18.7 Travel:

Travel allowances are not paid unless authorised by the Hospital/Trust/Client concerned at the time of the booking being confirmed.

18.8 Meal and Rest Breaks:

It is your responsibility to ensure that rest periods are taken in the course of each assignment. Hospitals/Trusts are obliged to provide you with:

- The opportunity to take 20 minutes unpaid break during each assignment of 6 hours duration or more.

- The entitlement to take 11 hours of consecutive rest per day. However, providing an equivalent break or compensatory rest period can be agreed at the convenience of you and the Hospital/Trust. This can be varied where:

- Flexible practice is required where there is no opportunity to take rest breaks
- An assignment involves shift work and a daily rest cannot be taken between the end of one shift and the start of the next one, or
- Night shifts involving working longer hours, in which case individual agreements between you and 'The Agency' must be reached.

You should agree locally when any meal or rest break should occur. If no arrangements are made, you should ensure that you take your breaks at a mid point during any shift and not at either the start or finish of any shift.

It is a requirement of the Hospital/Trust, the NHS CFSMS (Counter Fraud and Security Management Service) and the National Frameworks that you should account for meal and rest breaks on your timesheet but you will not be paid for these unless you have prior agreement from your Recruitment Consultant. 'The Agency' will investigate all occurrences where breaks are not accounted for.

18.8 Holiday Pay:

When you are working for 'The Agency', the Working Time Regulations require us to incorporate a holiday pay fund in our fee collection arrangements for you, unless your contract is in the Isle of Mann. This is not relevant for those being paid through a limited or umbrella company or if you are self employed.

18.9 National Insurance:

If you elect to be paid through 'The Agency' PAYE pay roll, any deductions in respect of Class 1 National Insurance will be made by 'The Agency' on your behalf, if earnings exceed the National Insurance threshold. If you are entitled to pay reduced National Insurance or are exempt from paying contributions, you must produce the appropriate certificate, before undertaking any assignments.

18.10 National Insurance Benefits:

If you have made sufficient National Insurance contributions you may be eligible for certain State Benefits: Statutory Maternity Pay

In certain circumstances, pregnant locums may be eligible for Maternity Allowance (MA) from their local Job Centre Plus.

If you are pregnant you must: Inform your Recruitment Consultant that you are pregnant and he/she will arrange for a risk assessment of your working environment to be undertaken in order to identify the type of assignments you can (or cannot) undertake. Obtain your MATB1 from your Doctor or Midwife and contact your local Job Centre Plus (see www.gov.uk/maternity-allowance).

18.11 Statutory Sick Pay (SSP)/Sickness Benefit:

Because yours is a "contract" for the period of each day, 'The Agency' does not usually pay sick pay. You should make enquiries at your local Job Centre Plus with regard to sickness benefit.

18.12 Other Benefits:

You may be eligible for other benefits, details of which may be obtained from your local Job Centre Plus. For general advice on your circumstances and what you may or may not be eligible for, visit www.gov.uk

Vivid Healthcare Ltd – Handbook Declaration

19.0 Handbook Declaration

I declare that I have received, read and fully understood Vivid Healthcare's 'Agency Worker Handbook' and understand that I am registering with Vivid Healthcare. I confirm that I will comply with the contents of the 'Agency Worker Handbook' in full during all assignments with any participating authority under the Framework Agreement. I also confirm that I am already trained to NHS standards and I will contact Vivid Healthcare should I feel I require further training in any area.

Print Name:	
Position:	
Signed:	Date: