

STAFF HANDBOOK

1. WELCOME TO PROXYCARE

We are very pleased that you have chosen to join us for your employment needs and we look forward to offering you with quality placements in your chosen specialty in a wide geographical area that suits your needs.

This handbook is an information booklet designed to give you an idea of what to expect to help you work well with us. Please read it carefully - it includes a number of guidelines and standards required under the Framework Agreements we have with the NHS and other Healthcare Organisations.

This reference guide will answer most, if not all your questions while working with us. If there is anything you do not understand or would like to query about the contents in this booklet, please contact us at the address below.

STAFF HANDBOOK DECLARATION

I (Full Name) _____

acknowledge that I have received and read through the Proxycare staff handbook.

I understand that any personal data/relevant information held by **PROXYCARE** may be passed on and is liable to be inspected by 3rd parties as part of their audit procedures.

Signed: _____

Date: _____

NOTE: Please sign this acknowledgment page and post, fax or email back to us where it will be held on your file.

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Table of Contents

| | | |
|--------|--|----|
| 1. | WELCOME TO PROXYCARE | 1 |
| 2. | INTRODUCTION | 4 |
| 3. | BEFORE YOU START WORK..... | 4 |
| 3.1. | Induction..... | 4 |
| 3.2. | Local Induction | 4 |
| 3.3. | Mandatory/Statutory Training..... | 5 |
| 3.4. | Permanent Staffing | 6 |
| 3.5. | Code of Conduct..... | 6 |
| 3.6. | Risk Incident Reporting..... | 6 |
| 3.7. | Lone Workers Information | 6 |
| 3.8. | Violence and Aggression | 7 |
| 3.9. | Health Assessments..... | 7 |
| 3.10. | Fitness to Practice | 7 |
| 3.11. | Occupational Health..... | 8 |
| 4. | Working for Proxycare | 10 |
| 4.1. | Timesheets | 10 |
| 4.2. | Holiday Pay | 10 |
| 4.3. | PAYE | 11 |
| 4.4. | Umbrella | 11 |
| 4.5. | Auto Enrolment Pensions | 12 |
| 4.6. | Method of Payment..... | 12 |
| 4.7. | Change of Personal Details | 12 |
| 4.8. | Agency Working Regulations (AWR)..... | 13 |
| 4.9. | Professional Indemnity Insurance | 14 |
| 4.10. | Timekeeping..... | 15 |
| 4.11. | Uniform and Identification | 15 |
| 4.12. | ID Badges | 15 |
| 4.13. | Arriving for Work..... | 15 |
| 4.14. | Completing an Assignment..... | 16 |
| 5. | TRAINING AND DEVELOPMENT | 16 |
| 5.1. | Annual Updates Required..... | 16 |
| 5.2. | Appraisals | 16 |
| 5.3. | Continuing Professional Development..... | 17 |
| 5.4. | Revalidation | 17 |
| 5.4.1. | Doctors..... | 17 |
| 5.4.2. | Nurse - Revalidation..... | 18 |
| 6. | POLICIES & PROCEDURES | 20 |
| 6.1. | Professional Standards | 20 |
| 6.2. | Absenteeism | 20 |
| 6.3. | Criminal Records Bureau Checks (DBS)..... | 21 |
| 6.4. | DBS Update Service | 21 |
| 6.5. | Overseas Workers | 21 |
| 6.6. | Rehabilitation of Offenders Act (1974) | 21 |
| 6.7. | Criminal Convictions..... | 21 |
| 6.8. | Recruitment of Ex-Offenders..... | 22 |

| | |
|---|-----------|
| 6.9. Medication Policy | 23 |
| 6.10. Equal Opportunities | 24 |
| 6.11. Health and Safety..... | 24 |
| 6.12. Record Keeping | 25 |
| 6.13. Confidentiality..... | 25 |
| 6.14. The Caldicott Protocols | 25 |
| 6.15. General Data Protection Regulation (GDPR) (EU) 2016/679..... | 26 |
| 6.16. Data Protection | 27 |
| 6.17. Use of Data..... | 28 |
| 6.18. Information Technology..... | 28 |
| 6.19. Consent | 29 |
| 6.20. Dignity And Privacy Policy | 29 |
| 6.21. Caring for Patients in their Own Homes..... | 31 |
| 6.22. Child Protection | 31 |
| 6.23. Safeguarding Children | 32 |
| 6.24. Safeguarding Vulnerable Adults | 33 |
| 6.25. Allegations of Abuse / Neglect..... | 33 |
| 6.26. Investigations and Prosecutions Reporting | 34 |
| 6.27. Whistleblowing | 34 |
| 6.28. Disciplinary Procedure | 35 |
| 6.29. Duty of Candour..... | 36 |
| 6.30. Complaint Handling..... | 36 |
| 6.31. Clinical Complaints Policy..... | 39 |
| 6.32. Counter Fraud - Fraud Awareness..... | 41 |
| 6.33. Mandatory Notifications..... | 41 |

2. INTRODUCTION

PROXYCARE is a specialist Recruitment Consultancy that aims to provide high quality service across National Health Service (NHS) and Private Healthcare Organisations.

Our key objective is to ensure the provision of high quality services to our clients and in order for this to happen, we rely on you to provide a professional service, when representing **PROXYCARE** at our Clients.

We welcome you to **PROXYCARE** and we hope that your assignment with us will be rewarding and a positive experience. The purpose of this handbook is to help you learn about our Agency and our method of operation so that, you can settle in quickly and carry out your duties with confidence. We are proud of the reputation that we have built but we are always mindful that it is dependent on the people who work with us. Our continuing success depends on how well we work together, and to achieve this, there has to be agreed rules, guidelines and standards of conduct for all and these are explained in this Handbook. Please use this Handbook as reference material, but ask your contact within our friendly recruitment team if there is anything that you are unsure of, as we are always here

3. BEFORE YOU START WORK

3.1. Induction

Upon successful registration, you will be introduced to your consultant who will walk through the induction, issue you with ID badge / Staff Handbook, booking/timesheet processes and our expectations of you whilst on placement.

3.2. Local Induction

Once your placement is confirmed we will send you a placement induction form that needs to be completed on your first shift.

Welcome

1. Intro to Manager and your team
2. ID badges and keys
3. Orientation/Walk through Department
4. Fire procedures, fire exits, assembly points
5. Emergency Contacts
6. Meetings room
7. Rest rooms, lockers, staff restaurant
8. Department – you job role and responsibilities
9. Department – structure, function and objectives
10. Trust/Hospital policies and procedures
11. Department specific policies and procedures

Clinical

- Medical room access – codes, keys
- Resuscitation
- Waste disposal

Proxycare are committed to ensuring that you receive full mandatory training relevant to your job prior to your assignment. This training will be dependent upon your role and may include moving & handling, CPR and other courses. Thereafter, we are committed to the concept of on-going training.

You will be expected to attend all training courses relevant to your job. We retain records of all training courses attended. This forms an essential part of our staff performance appraisals.

3.3. Mandatory/Statutory Training

Proxycare offers practical and online mandatory/statutory training in line with Core Skills Training Framework at the point of successful interview and prior to placement and on an annual basis. This includes (but not limited to)

The Statutory/Mandatory Core Skills Training Framework

E-LEARNING MODULES

- Health, Safety & Welfare
- Equality, Diversity & Human Rights
- Safeguarding Children Level 1 & 2
- Preventing Radicalisation
- Blood Component Transfusion
- Safeguarding Children Level 3
- Food Hygiene
- Medication Awareness
- Physical Restraint Awareness

CLINICAL SKILLS

- Your Healthcare Career
- Duty of Care
- Privacy & Dignity
- Person Centred Care
- Communication
- Consent
- Fluids & Nutrition
- Dementia Awareness

PRACTICAL

- Infection Prevention & Control (Levels 1 and 2)
- Information Governance (Inclusive of Counter Fraud)
- Fire Safety
- NHS Conflict Resolution (Inclusive of Complaints Handling + Lone Working)
- Safeguarding Adults (Inclusive of Mental Health & Mental Capacity)
- Moving & Handling (Level 1 and 2)
- Resuscitation Level 1 (Inclusive of Anaphylaxis)
- Resuscitation - Level 2 - Adult Basic Life Support
- Resuscitation - Level 3 - Adult Immediate Life Support

OPTIONAL MODULES

- Resuscitation - Level 2 - Paediatric Basic Life Support
- Resuscitation - Level 3 - Paediatric Immediate Life Support
- Resuscitation - Level 2 - New-born Basic Life Support
- Resuscitation - Level 3 - New-born Immediate Life Support

Your training certificates will be kept on file.

3.4. Permanent Staffing

If you are looking to develop your career, talk to our dedicated permanent team who will find the perfect job for you. Our committed team of experienced recruiters will be able to assist you with the following:

- Sourcing job opportunities
- Assistance with CV preparation
- Interview preparation
- Arranging of informal and formal interviews
- Debriefing after interview

3.5. Code of Conduct

ProxyCare expects its staff to maintain a good behaviour when working with client. All Staff are expected to behave in a professional manner when working with clients, colleagues and any other person when working for us. Unacceptable behaviour such as bullying and any other form of bad behaviour will not be acceptable.

Our expectations are that you will conduct yourself in a professional and caring manner when representing the Organisation. We therefore insist that you behave in a professional manner towards fellow workers, services users, and to other people with whom you may come into contact as part of your duties. Refrain from using bad language and other offensive or insulting behaviour. Proven incidences of sexual, verbal or racial harassment of fellow workers or Service Users, or workplace bullying, will result in disciplinary action. You must also comply with policies on the consumption of alcohol, mind altering drugs and smoking on duty.

Complaints and compliments are the basic means that a service user has of expressing satisfaction or dissatisfaction with our services. As the person who is in daily contact with a service user you are likely to be the one that the service user first reports it to.

3.6. Risk Incident Reporting

Under the Management of Health and Safety Regulations of 1992 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/patients/clients, you have a duty to report this. In the first instance, it should be reported to the person in charge of the establishment to which you are assigned, and to your Proxycare consultant. An incident report form must be completed at Proxycare.

3.7. Lone Workers 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 will apply. Generally, within the healthcare industry, lone workers can be regarded as those who work on a peripatetic basis such as community/district nurses, domiciliary homecare workers etc., or those personnel who work outside of normal hours e.g. Domestic, porters, 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 performed 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 working in a “lone worker” situation please contact your Branch Manager 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.

3.8. Violence and Aggression

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

- Minor assaults 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 incident immediately to the person in charge and also to your Proxycare consultant. The establishment where you are working the assignment will have policies for dealing with such incidents, and an incident report form should be completed both at the place of work and at Proxycare. Remember, all Staff 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.

3.9. Health Assessments

Proxycare Occupational Health Provider undertakes occupational health assessments based on the information provided in your health declaration forms at registration and annually thereafter. The assessment is undertaken by an occupational health professional with an aim of assessing the impact if any, that a declared illness/condition may have on your ability to undertake the work processes of any proposed post.

The primary aim is to advise Trust’s on what adjustments should be considered to ensure a safe/healthy working environment for you. It may then be necessary for occupational health to contact you in order to discuss your health status and to ensure that any proposed work will not impact upon your physical or psychological wellbeing.

On joining Proxycare, you will be required to complete a Health Declaration form, in order that Occupational Health can assess what, if any, modifications might be required in either the working process or environment to ensure your continued good health. You will also be required to complete an Annual Health Review form to ensure that your health status is maintained.

3.10. Fitness to Practice

It is important for your own health and of those in your care that you are fit to practice whenever you attend an assignment. You must declare your fitness to practice or otherwise when you accept an

assignment. You **MUST** also let us know if you are or have become pregnant or acquired any illness during the assignment – vomiting, diarrhea, or a rash. If you are concerned that your assignment involves unnecessary risks to your health or fitness, or that of your unborn child, please do not hesitate to contact us. If you are pregnant we are required to perform a health and risk assessment for all expectant mothers.

You are required to supply Proxycare with an update of your occupational health questionnaire on an annual basis, as this is a contractual requirement of the NHS.

Because of the importance of your fitness to practice, Proxycare reserves the right to request a certificate of fitness to practice from your GP or an Occupational Health Service.

Our clients may request that you undergo a medical examination before commencing work for them. In these cases, future placements may be dependent upon your compliance with this request and its outcome, providing it was made with good reason.

3.11. Occupational Health

As a part of our compliance process and in line with NHS Employment Check Standards we are required to conduct Occupational health screening prior to your assignment. This must also be updated on an annual basis.

Immunity and vaccination screening requirements for locum healthcare workers undertaking placements within the NHS are governed by NHS, Nice Guidance, and the NHS Procurement Agency. This guidance was formulated for the NHS /DOH Agencies by panels of experts within the relevant fields. They decided that due to the peripatetic nature of Locum workers, immunisation and vaccination requirements **should be higher than those required for a substantive post within the NHS.**

Locum staff of all grades and professions are regarded as new entrants to the NHS regardless of any present or previous NHS post, and as such, are required to provide evidence to the standard set out in the attached Guidance 'Health Clearance for tuberculosis, Hepatitis B, Hepatitis C and HIV: New healthcare worker, NICE guidance on Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control; NICE guidelines [CG117] Published date: March 2011, regardless of any prior or present NHS substantive posts.

The Department of Health require that all agency healthcare workers provide documented evidence of their immunity to, or freedom from, a number of common illnesses/infections in order to protect the healthcare worker, their patients and colleagues from infection.

All evidence must state your correct name, date of birth and be on official headed paper or stamped by the issuing medical centre.

Any costs for the required evidence below are to be met by yourself. If your medical practice is unable to offer you the service, you will need to find a private clinic, we can assist you with this.

Your present/previous NHS Employer's Occupational Health Department should be able to assist you in obtaining the required evidence.

All Healthcare Workers must provide documented evidence of your immunisation records for the following;

- **Hepatitis B:** evidence required of your vaccination course dates, along with your post vaccination surface antibody blood test results (Titre levels). A course is three vaccinations, and
- **Hepatitis B five-year booster:** As per Department of Health's 'green book', a booster is advised to be given five years after your primary course of vaccinations, and
- **Rubella:** evidence required of either your serology showing you are immune to Rubella, or evidence of two vaccinations, and

- **Measles:** evidence required of either your serology showing you are immune to Measles, or evidence of two vaccinations, and
- **Tuberculosis:** evidence required that your BCG scar has been seen by either your practice nurse, GP or Occupational Health department. Alternatively, you can provide evidence of a BCG vaccination, Quantiferon or Heaf/Mantoux test.

In addition, if undertaking exposure prone procedures:

- Hepatitis C
- HIV
- Hepatitis B Surface Antigen

To comply with legislation brought into effect in 2008 all EPP bloods need to be identity validated.

Any boosters or new vaccinations should be recorded on your immunisation Record. You need to disclose details on your application form and fax or post proof of vaccination to us. Without proof of immunisation we will be unable to offer you assignments.

For those who have lived in a Tuberculosis High Risk Country for over three consecutive months in the past five years, they must provide evidence of one of the following since they were in that country;

- A Quantiferon/Gold Spot Test (interferon - gamma testing), or
- a Negative Mantoux Test, or
- a Chest X-ray (CXR)

Varicella: A personal declaration demonstrating that you have had chickenpox. Alternatively, you can provide evidence of your serology showing your immunity. If you are not immune, we need to have evidence that you have had two vaccinations.

MRSA

Methicillin Resistant Staphylococcus Aureus (MRSA) is the name given to a range of strains of antibiotic-resistant bacteria. MRSA exists 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.

MRSA is usually transmitted by touch. The single most effective measure for preventing MRSA contamination is washing hands before and after every single patient contact.

In addition, please:

- Use liquid soap and water or an alcohol-based hand rub when washing hands – make sure it comes into contact with all areas
- Remove wrist and preferably hand jewelry 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/clients with waterproof dressings

If you come into contact with a patient who is later found to be contaminated with MRSA, it may be necessary 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 assignments we can offer you due to the risks of infection.

AIDS/HIV

Staff should be aware of and abide by the requirements of HSC 1998/226 "Guidance on the Management of AIDS/ HIV Infected Health Care Workers and Patient Notification"

- 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 appropriate, undergo diagnostic HIV antibody testing.
- 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 health workers to notify their employer and, where appropriate, the relevant professional regulatory body, if they are aware of HIV positive individuals who have not heeded advice to modify their working practice.

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

You are advised to read: "*Guidance on the Management of HIV/AIDS infected Health Care Workers*" available on Department of Health website - <http://www.dh.gov.uk>

4. Working for Proxycare

4.1. Timesheets

- a) Please remember time sheets are your responsibility. **No time sheet, No money.**
- b) Use one timesheet per ward/unit/assignment
- c) Timesheets run from Monday to Sunday.
- d) Time sheets must be submitted by **Monday 10am** at the latest **in order to be paid the following Tuesday.**
- e) Deadlines may change around Bank Holidays and will inform all Staff in advance.
- f) It is your responsibility to ensure your timesheet is legible, completed correctly and has been authorised and signed by your manager - payment may be delayed if this is not the case.
- g) Please make sure the Time sheet is fully completed for example name, signature, hours worked, breaks taken, etc.
- h) PLEASE NOTE THAT YOU ARE EXPECTED TO TAKE BREAKS – WHICH ARE UNPAID.

4.2. Holiday Pay

When you wish to take your holidays, you must give your recruitment consultant the minimum notice set out in your Terms of Engagement, but ideally you will pass on the dates as soon as possible.

Holiday pay entitlement may be claimed by PAYE workers only. This request should be made in writing or email to either your recruitment consultant or the candidate payroll team at: payroll@proxycare.co.uk. Please include either your date of birth or National Insurance number on the email, this is required for verification and audit purposes.

Holiday hours are calculated at a rate of 12.07% of the hours you have worked e.g. for every 10 hours you work you accrue 1.21 hours holiday. The holiday pay rate is based on an average of your last 12 weeks' pay rates.

Your holiday year start date will be the date of your first shift paid.

4.3. PAYE

Payments will be transferred directly to your bank or building society via our faster payment system. Once you have submitted your timesheets on Monday before 10am, providing there are no queries and the timesheet has been filled in correctly, the hours will be processed and you will be paid by 5.30pm the next Tuesday. Your earnings are paid directly into your bank account. Therefore, it is essential that you completed your bank details in the appropriate section of the application form accurately. If you have any questions or wish to change the bank account details, please contact: payroll@proxycare.co.uk

4.4. Umbrella

Payments will be transferred directly to your umbrella company once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. Proxycare cannot take responsibility for the onward payment of funds into your own personal account.

Personal Service Company (PSC)

Payments will be transferred directly to your PSC once you have submitted your timesheets, providing there are no queries and the timesheet has been filled in correctly. The hours will be processed and will be paid directly to your PSC account. There is no need to complete a company invoice as these are generated as per our Self Bill agreement.

NB: Some hospital trusts have arranged alternative payment methods. If you are to work at any of these locations, you will be provided with further information and sent instructions on how to submit your timesheets on confirmation of your locum post.

Pay type options

There are three different payment methods you can choose from:

- PAYE
- Umbrella company
- Personal service company (PSC)

PAYE

Should you decide to be paid into your own personal account you will need to supply your current bank account details directly via email to payroll@proxycare.co.uk. You will also be sent a New Starter Checklist form which you will need to complete in full and return to the above email prior to your first shift. This enables the tax office to inform us of the appropriate tax code for you. If you have a break of 3 months or more, your employment will be terminated and we will follow the HMRC's procedure to send you a P45.

Umbrella Company

If you opt to be paid through an umbrella company, Proxycare are not able to recommend or advise of umbrella companies, due to this we do not have a preferred suppliers list (PSL). You will need to do your own research. It's important that you carry out an extensive review of the companies you are interested in working with and gain a good understanding of their policies regarding IR35 legislation and PAYE types in line with HMRC requirements.

Once you have selected your option, you will need to advise Proxycare which umbrella company you are considering using. We will then be able to confirm if your choice has met Proxycare Audit requirements.

Proxycare currently hold an umbrella service agreement with the company, we will require the below details to be sent to the email payroll@proxycare.co.uk in order to update your new pay type.

We will require:

- Written confirmation from you
- Signed contract of employment (this is a document that is between the yourself and the umbrella company)

If Proxycare do not work with the umbrella you have chosen we will not be able to set you up with them and you will need to choose an alternative company.

Personal service company (PSC)

If you choose to be paid through your own personal service company you will need to email payroll@proxycare.co.uk with the following:

- Written confirmation from yourself
- Business bank document (bank statement showing business account name, sort code and account number this must be dated within the last 3 months)
- Certificate of incorporation
- VAT certificate (if applicable)
- Accountants details (full name, email address, contact number and registered address)

PLEASE NOTE: Candidates working through a PSC must be paid in to a business bank account.

Proxycare will deduct tax and national insurance at source in line with IR35 legislation, which will be submitted to the HMRC on your behalf.

4.5. Auto Enrolment Pensions

The Company provides a workplace pension plan (“the Pension Plan”). Subject to the eligibility requirements and Part I of the Pensions Act 2008 (Pension Scheme Membership for Jobholders) agency workers will be automatically enrolled, who are engaged on a PAYE basis into a qualifying pension scheme and make contributions to that pension.

4.6. Method of Payment

Payments are made by “BACS” and paid directly into your bank/ building society/Company account (Please make sure we have the correct details). Payment will be credited into your account on Tuesdays by 1700hrs. Sometimes delay can occur when payment is being made into a building society account.

4.7. Change of Personal Details

If there are any changes to your personal details it is your responsibility to inform us within 7 working days e.g. change of address, contact numbers, surname, bank details, etc. Please note that this list is not exhaustive and please inform us of any changes as soon as possible.

Please note that we will not accept changes to your banking/building society details over the telephone. All changes must be in person by writing, email confirmation is acceptable.

4.8. Agency Working Regulations (AWR)

The AWR came into force on 1 October 2011 and gave agency workers the right to the same basic terms and conditions as if the hirer (our client), had employed you directly to do the same job.

For more detailed information about AWR please consult the Department of Business, Innovation and Skills website to view the 51-page document released in May 2011 and GOV.UK website.

<http://www.bis.gov.uk/assets/biscore/employment-matters/docs/a/11-949-agency-workers-regulations-guidance.pdf>

<https://www.gov.uk/agency-workers-your-rights/overview>

The AWR give you two specific sets of entitlements: Day 1 Rights, which apply from the first day of your assignment, and Week 12 Rights which come after you accumulate 12 qualifying weeks on assignment.

It is important to remember the AWR does not alter your employment status in any way. You remain an agency worker engaged by Proxycare under your current terms. However, please be aware that it is unlikely that you will be covered by the AWR legislation if you are genuinely self-employed. Agency worker working on self-employed basis or through an intermediary Organisation are not entitled to paid annual leave.

Day 1 Rights will affect all agency workers from the first day of the assignment. Previously you may have had restricted access to those on-site facilities enjoyed by permanent staff of the client such as the canteen, car parking, childcare facilities, or staff common room, the AWR now ensures that you will have no less favourable access to them than comparable employees.

As part of your Day 1 Rights you are also entitled to be notified of any relevant opportunities for employment with the client, although it is still the client's decision who they employ.

The AWR only gives you the same rights of access as those employed directly. It doesn't enhance your rights any further. So, while you cannot be prevented from using the on-site canteen, if the client provides subsidised meals to their permanent employees; the subsidy will not necessarily extend to you. Similarly, if there is a waiting list for access to facilities such as the car park, AWR will allow you to join the waiting list, it does not give you automatic right to a car-park space.

Once you have accumulated 12 qualifying weeks working with the same hirer in the same job, you will be entitled to the same basic terms and conditions of employment as if you had been employed directly by the client.

The Week 12 Rights ensure that you receive the same:

- Basic pay,
- Paid annual leave,
- Rest periods and rest breaks,
- Overtime and shift premiums,
- Performance-related bonus.

As if you had been recruited directly by the client to, do the same job, with the same skills and qualifications. You acquire a single qualifying week each time you do any work within a seven day calendar week after the start of your assignment. This can be a full week or only a few hours, and it can be through more than one agency, so long as you are doing the same job for the same client.

To help us ensure you receive your full rights it is essential you inform your dedicated Proxycare contact if you have worked for a client through another recruitment agency. You are not legally required to give us this information, but if you do not, we will not know when you have qualified and ensure you receive your full rights under the AWR.

You will lose any qualifying weeks:

- If you begin a new assignment with a new client,
- If you change your job role, grade or speciality with the same client,
- If there is a break in the assignment of over six weeks,
- Breaks in your assignment will not necessarily prevent you from completing your 12 weeks qualifying period.

Your qualifying clock will be paused where there is a:

- Break for any reason where the break is no more than six calendar weeks,
- Break of up to 28 weeks because of sickness or injury,
- Break of up to 28 weeks to perform jury service,
- Planned shutdown of the workplace by the hirers or by a strike, a lock out or any other industrial action at the hirer's establishment.

Upon your return to work, the qualifying clock will then continue as usual. If the reason for the break is for family reasons, such as maternity or paternity leave, you may continue to accumulate qualifying weeks even though you are not on assignment

Proxycare works closely with our clients to gather all the necessary information regarding pay and benefits of the comparable staff, to ensure you receive your full rights. Where a client has informed us, you are entitled to a change in pay or other entitlements relating to the AWR, we will liaise with the client to arrange the appropriate amendments.

In cases where the client is already offering the same rate of pay-parity as part of your Day 1 Rights, after your twelfth week on assignment no further changes will be made.

If you have any further questions relating to this information please either contact your Proxycare on 01908 764333, or you can email your query to contact@proxycare.co.uk.

Working Time Regulations

This Regulation is Health and Safety Regulations. This Regulation says that on average you should not have to work more than 48 hours each week expect if you agree to do this in writing.

- An Agency staff is entitled to 11 hours rest from work in each 24 hours and 12 hours if under 18 years.
- A minimum of 20 minutes break to be taken when the working day is longer than 6 hours.
- For Night work, staff should not work more than 8 hours in every 24 hours.
- Staff are entitled to a minimum of 1-day rest from work each week or 2 days every 2 weeks.

4.9. Professional Indemnity Insurance

All Proxycare workers are professionally accountable for their own practice and are responsible for their own actions, errors or omissions at work and requires to have their own Professional Indemnity Insurance. The NHS Clinical Negligence Scheme pays only for cases of medical negligence that arise in NHS Hospitals. It does not provide support in a variety of other situations, including criminal cases, GMC or disciplinary hearings and good Samaritans acts.

The UK Government has introduced new 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 please see <http://www.nhsemployers.org/your-workforce/retain-and-improve/standards-and-assurance/professional-regulation/professional-indemnity-cover/professional-indemnity-cover-qas> for further guidance. All Doctors, Nurses and Health Care Professionals therefore strongly encouraged to take out Personal Accident, Malpractice and Public Liability insurance policy appropriate to your needs, which will provide adequate cover. If you are a member of a professional body you should check the cover that may be included with your membership.

The Agency Worker is strongly recommended to effect professional indemnity Insurance cover while working with our clients. If you do not already hold this, please contact the MDU (0800 716376) the MPS (08457 187 187) or another suitable organization to arrange the relevant cover.

4.10. Timekeeping

Please make every effort to ensure you arrive at and leave all bookings at the agreed time, confirmed in your booking letter. If, for any reason, you are unable to attend a booking you should contact your branch, and if possible your line manager, as soon as possible.

4.11. Uniform and Identification

Please attend all bookings with your current ProxyCare ID badge, statutory registration certificate, and DBS disclosure form. Mobile phones, unless working in the Community, should be switched off for the duration of your assignment.

The uniform requirements of some our clients differ and will be stated prior to the assignment.

If you are on an assignment where a hospital uniform is not required (your branch will inform you) or have any queries regarding dress, please do not hesitate to contact your Consultant.

4.12. ID Badges

ID Badges will be issued in line with your professional registration. New badges will be sent out when we are advised of your registration or re-registration. Badges must be handed back to Proxycare on termination of employment with Proxycare.

4.13. Arriving for Work

On arrival at a new assignment, please take the opportunity to familiarise yourself with the local policies and procedures. In particular, please be aware of the following, where relevant:

- Crash Call Procedure
- Hot Spot Mechanisms
- Violent Episode Policy
- Procedure for Alerting Security Staff
- Policy for Administration & Assistance with Drugs
- Complaints handling

Where possible, we encourage staff to visit their potential workplace prior to starting new assignment. If you have any queries regarding correct local procedures, or are uncomfortable carrying out any of the duties you have been asked to perform, please raise these issues with your line manager in the first instance.

4.14. Completing an Assignment

Notice Period

When possible, staff should let Proxycare know when their assignment is coming to an end, allowing us time to organise your next assignment if necessary. Staff and Clients, according to our Terms of Business, are asked to give at least 1 weeks' notice (except in exceptional circumstances when each case will be looked at individually) and subsequently inform Proxycare of the end date.

Service Evaluation

At the end of every assignment Proxycare provide 2 sets of Evaluations of Service (EOS) to both staff and Client. Clients are asked to supply feedback on the service they have received from Proxycare and also to provide a reference on the staff.

Staff are asked to give feedback on the service they have received from Proxycare and also feedback on the assignment. This information can then be used to advise future Agency Workers. Both positive and negative feedback is actively encouraged so Proxycare can act upon it to improve its quality of service.

5. TRAINING AND DEVELOPMENT

Proxycare is committed to supporting you in your professional development. We will assist you to keep up to date with all relevant clinical guidance as well as attending to your CPD requirements. In particular, you must have annual training up to date.

If your training is organized through Proxycare your certificate will be held on your file. When your training is due to be updated, Proxycare compliance team will be in touch with you. If you attend any training/courses please ensure your Training Record is kept up to date by sending the certificates to us.

5.1. Annual Updates Required

Proxycare will request the following documents are kept up to date on an annual basis or as updates occur:

- Additional qualifications
- Up to date employment history
- Two new referees for work conducted in the last 12 months
- Career progression and training
- Appraisal and revalidation details (Nurses)
- Renewal of criminal records check
- Health review documents completed

5.2. Appraisals

Proxycare will appraise you following the first 3 months of employment, at 6 months, 12 months and 6 monthly thereafter. Appraisals give us an opportunity to consider with you your performance at work. They are also an opportunity for you to raise any concerns or issues you may have.

Appraisals are carried out based on feedback received from clients and cover the following areas:

- General levels of service including punctuality, attitude and ability to carry out practical tasks
- Clinical performance

- Training needs
- CPD
- Any other issues, including progress since the last appraisal

CPD and the Appraisal Process

Continuing Professional development is a key component in the appraisal process and these requirements are a condition of continued professional registration. In order to ensure that an individual Agency Worker complies with this; the appraisal process provides the opportunity to investigate potential learning opportunities. In addition, appraisal as a reflective process provides the opportunity to maintain a reflective record, which can then be submitted as evidence of Continued Professional Development.

5.3. Continuing Professional Development

The appraisal process concludes with the production of a Professional Development Plan. Essentially this involves looking at any staff development needs the Agency Worker may have, and how these can be achieved and funded. Appraisal is defined as a staff development opportunity – we at Proxycare hope that you will find it supportive, useful and that it will assist you to reach your potential.

For Professionals Registered with the Health Professional Council

The HCPC has defined Continuing Professional Development (CPD) as:

“A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.”

In order to maintain your registration with the HCPC:

- You must keep a record of your CPD
- You must make sure that your CPD is a mixture of different kinds of activities – not just one kind of learning – and that it’s relevant to your work. It could be relevant to your current role or to a planned future role.
- You should aim for your CPD to benefit service users. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting service users. Depending on where and how you work, service users might include patients, clients, your team, or students.
- For more information, download the CPD info from www.HCPC-uk.org

5.4. Revalidation

5.4.1. Doctors

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 3 December 2012, all doctors are now required to have their license with the GMC revalidated every five years based on comprehensive appraisals undertaken over that five-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 Agency Worker's agency.

If you consider Proxycare to be your designated body, please contact our revalidation support team on contact@proxycare.com 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 doctors set out in the Good Medical Practice (GMP).

The appraisals will focus on the four following areas:

1. Knowledge, skills and performance.
2. Safety and quality.
3. Communication, partnership and teamwork.
4. 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 Proxycare 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:

1. Continuing professional development (CPD)
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. 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). Doctors 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. You will also be required to collect the feedback from your patients and colleagues to reflect on.

5.4.2. Nurse - Revalidation

Proxycare support all Nurses that are registered through the revalidation process, comprehensive guidance can be sought from <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>.

Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC.

Taking effect from April 2016, revalidation is straightforward and will help you as a nurse or midwife demonstrates that you practise safely and effectively. It will encourage you to reflect on the role of [the Code](#) in your practice and demonstrate that you are 'living' the standards set out within it.

This new process replaces the Prep requirements, and you will have to revalidate every three years to renew your registration.

You will need to submit your application for revalidation online, so it's very important that you have an NMC Online account. If you haven't already, you can set up your <https://online.nmc-uk.org/Account/Login?ReturnUrl=%2f>.

We will make reasonable adjustments for you if you have a disability which means that you may find using NMC Online difficult. We also have special arrangements in place for you if you cannot meet the revalidation requirements because of exceptional circumstances. For more information about reasonable adjustments and exceptional circumstances please see our <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/alternative-support-guidance-sheet.pdf>.

All registered nurses are required to revalidate every three years with the NMC and the requirements are:

- **450 practice hours** – Over the three years prior to the renewal of your registration.
- **35 hours of continuing professional development (CPD)** – Must be relevant to your practice as a nurse and over the three years prior to the renewal of your registration. 20 hours must be through participatory learning.
- **Five pieces of practice-related feedback (at least)** – Feedback can be informal/formal, written or verbal and from a number of sources including patients, service users, students and colleagues.
- **Five written reflections and one discussion** – On the Code, your CPD and practice-related feedback. You must discuss these reflections with another NMC-registered nurse.
- **Health and character declaration.**
- **Professional Indemnity Arrangement.**
- **Confirmation from a third party** – An appropriate third party Confirmer is your line manager or an NMC registrant which you work with.

Revalidation will provide benefits for you as a nurse or midwife as well as the people you care for. It will help to encourage a culture of sharing, reflection and improvement and will be an ongoing process throughout your career.

It is important to know that revalidation is not about making an assessment of your fitness to practise; it is about promoting good practice across the whole population of nurses and midwives, as well as strengthening public confidence in the nursing and midwifery professions.

Proxycare can assist regular agency workers with the revalidation process and if necessary can act as a Confirmer.

We recommend you:

- Download a copy of the Revalidation guide on the NMC revalidation website.
- Register your interest for your **free RCNi Portfolio account** where you will find a huge amount of support towards revalidation.
- For any questions, speak to a member of the team.

6. POLICIES & PROCEDURES

6.1. Professional Standards

Whilst this booklet outlines ProxyCare own policies and standards, these do not supersede the national guidelines of the HCPC and other professional bodies such as the CSP, COT, RCCP, UKRC, RCSLT and BDA.

For further information please check relevant professional bodies.

Code of Conduct

Proxycare expects all Staff to act in a professional manner at all times. We particularly ask you to pay special attention to:

- Punctuality
- Standards of Dress and Courtesy
- Quality of Care and Clinical Procedures
- Consideration and Respect for patients, colleagues and managers
- Confidentiality and Integrity

You are responsible for your own actions when completing assignments, co- operating with colleagues and managers for the care of patients and clients.

You should comply with all reasonable requests, using your professional judgment at all times.

If you have any questions about your work, please try to resolve these locally at first or seek advice from your Consultant.

You should not smoke at work or attend work under the influence of alcohol or any illicit substances

6.2. Absenteeism

If you are absent from work on any day not pre-arranged you must ring your Proxycare Consultant no later than 3 hours before your assignment was due to start.

You must state the reason for your absence, what actions you are intending to take to ensure you return to work as soon as reasonably practicable and when you hope to return to work. Thereafter you must continue to notify your Proxycare consultant of your absence on a daily basis unless you have submitted a Doctor's medical certificate.

In all cases of sickness absence, you must submit a Company Self Certification Form immediately on return to work. In accordance with SSP regulations, failure to submit a Self-Certification Form will result in no payment for periods of sickness. In the event of that absence exceeding seven continuous days due to sickness or injury, you must also submit a Medical Certificate as soon as possible. Thereafter, further Certificates must be submitted covering all absence until you resume work.

Failure to follow the above rules will result in any payment from the Proxycare, including Statutory Sick Pay, being withheld and could result in disciplinary action being taken against you. Where an associate is absent through sickness (or sickness is given as the reason) or any other combination of days which clearly reflect an ad-hoc attendance pattern or where the absence record is cause for concern, the associate will be asked to attend a formal disciplinary hearing where the attendance record will be discussed.

Proxycare reserves the right to arrange for a Medical Examination by an independent Medical Practitioner, or to request a report from your own Doctor/specialist, in order to ensure that you are fit to continue or undertake your job, or to determine your current state of health. Full consultation will take place with you in this event.

6.3. Criminal Records Bureau Checks (DBS)

We are required by the NHS England framework agreements and NHS Employer Check Standards to obtain an enhanced DBS check for all workers which includes an ISA Children's and Vulnerable Adult's list check prior to your first placement with Proxycare and again usually on an annual basis. Your consultant will contact you when an update is required. If you have entered the UK within the last 6 months, you must also provide us with a clear Police Check from your country of origin dated within the last 3 months. If you did not obtain this prior to entering the UK more information can be found at www.dbs.gov.uk or by contacting the Compliance Department.

6.4. DBS Update Service

Where possible, please ensure that your DBS is subscribed to the update service. This will give Proxycare real time information about the validity of your DBS check and as long as no new information is disclosed within your DBS then you may not need to apply for another DBS. The cost for this is £13 per year. For more information, please see <https://www.gov.uk/dbs-update-service>.

6.5. Overseas Workers

If you have been living or working outside of the UK for a period of six months or more in the last five years prior to registering with Proxycare, we will require you to provide an overseas police certificate/certificate of good conduct from the relevant country (or countries) before you commence your first assignment. If this period overseas is immediately prior to registration with Proxycare, then the overseas police check must not be more than three months old at the point of registration. If you are unsure how to obtain an overseas police check, then please contact us for advice.

For any UK resident where you continue to work for Proxycare and then live or work outside the UK for a period of three months or more and then return to the UK, you will be required to provide a new overseas police check/certificate of good conduct.

6.6. Rehabilitation of Offenders Act (1974)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Sections 4.2 and 4.3 of the Act do not apply to "nurses and midwives and any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his or her normal duties ". This means no conviction or caution can be considered spent and should be declared to Proxycare at the time of registration. This requirement also includes convictions, cautions etc, which occur during the Agency Workers registration with Proxycare, including between annual disclosure checks.

6.7. Criminal Convictions

NHS policy and the National Contract require Agencies for the Supply of Allied Health Professionals to obtain a Disclosure & Barring Service certificate (DBS) or a Disclosure Scotland (DS) for all our Staff, particularly those working in Pediatrics and in the Community. Recent disclosures from previous employers may be acceptable. Please be aware that our clients may insist we inform them in writing of any criminal convictions you may have before accepting you for an assignment – we will only provide this information with your consent.

ProxyCare cannot be held responsible should clients decline your services following refusal to comply with this request or disclosure of a criminal conviction. Our own response to criminal record information will depend upon its nature and seriousness.

We also ask you to complete, sign and date a “Criminal Convictions” declaration as part of your application form.

6.8. Recruitment of Ex-Offenders

Proxycare (“PROXYCARE”) will use the DBS Disclosure service to assess applicants’ suitability for positions of trust. It complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.

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

Proxycare has a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

Proxycare promotes equality of opportunity for all with the right mix of talent, skills, and potential and welcomes applications from a wide range of candidates, including those with criminal records. Candidates are selected for interview based on their skills, qualifications and experience.

A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and further details will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

Where a Disclosure is to form part of the recruitment process, Proxycare encourages all applicants called for interview to provide details of their criminal record at an early stage in the application process. This information is sent under separate, confidential cover, to a designated person within Proxycare, which guarantees that this information is only seen by those who need to see it as part of the recruitment process.

Unless the nature of the position allows Proxycare to ask questions about your entire criminal record it will only ask about “unspent” convictions as defined in the Rehabilitation of Offenders Act 1974.

Proxycare ensures that all staff who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. It will 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, Proxycare aims to 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 sought and could lead to withdrawal of an offer of employment.

Proxycare will make every subject of a DBS Disclosure aware of the existence of the DBS Code of Practice and make a copy available on request.

Proxycare undertakes to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

You must inform Proxycare IMMEDIATELY if you receive any warnings, cautions or convictions.

6.9. Medication Policy

Temporary Agency Workers are only allowed to administer medication with the authority of a senior permanent NHS manager and as per relevant professional body guidance on Safe/Good Practice.

IT IS THE POLICY OF PROXYCARE THAT NO TEMPORARY AGENCY WORKER IS AUTHORISED TO ADMINISTER MEDICATION.

Administration of Medication: Doctors

Please refer to the GMC Guidance on Good Practice and any client specific policies relating to the administration of medication.

Assistance with Medication: Health Care Assistants

It is the policy of Proxycare that Health Care Assistants may not administer medication (including homeopathic or non-prescription remedies) without specialist training. Health Care Assistants may only assist or prompt patients in taking medication (by aiding the patient with water or repositioning).

Assistance may only be given where the medication is supplied in a monitored dosage system such as a dosette box, nomad dispenser or blister pack.

Administration of Medication Registered Nurses, Midwives & ODPs

If you are a registered nurse or midwife you should familiarise yourself with and follow the latest version of the Nursing and Midwifery Council Guidelines for safe practice in the management and administration of medicines. Midwives should also refer to the NMC Midwives rules and conduct of practice for specific additional information. These are available at www.nmc-uk.org or ask the compliance department for a printed copy.

If you are an ODP you should familiarise yourself with and follow the latest version of the AODP Standards of Good Practice Guidance in Relation to Controlled Drugs and a Guide to Good Practice in Relation to Controlled Drugs.

Medication should only be administered by a Registered Nurse, Midwife, ODP or by an appropriately trained person.

When administering Medication, agency worker should:

- Check that the medication is recorded in the Care Plan, medication chart or patient record.
- Understand the therapeutic use of the medication administration, its normal dose, side effects, precautions and contra-indications of its use.
- Be certain of the identity of the service user to who the medication is being given.
- Check that the prescription of the label on the medication is clear and relates to the service user or patient.
- Check the expiry date.
- Check that the service user or patient is not allergic to the medication.
- Keep clear, accurate and signed records of all medication administered, withheld or refused in the patients or service user's care Plan, medication chart or patient record.
- Any mistake or error in administering drugs must be reported to your line manager immediately.
- Agency Workers should never in any circumstances administer medication which has not been prescribed, give medication against the wishes of the patient or alter the timing or dosage of medication.

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it. Records should not include

abbreviations, jargon, meaningless phrases, irrelevant speculations and offensive subjective statements. Please bear in mind that full records are essential should any questions be raised about the care and standards of care delivered.

Disposal of Unwanted Medication

Please refer to the client's policy on the disposal of unwanted or surplus medication.

Reporting Drug Errors

If you make an error, identify an error or have concerns over a patient or service user or their medication, you must report it immediately to your line manager at your place of work and, where appropriate to the medical practitioner or prescriber. Midwives should also inform their supervisor midwives as soon as possible after the event.

6.10. Equal Opportunities

ProxyCare seeks to offer equality to all our Staff and will treat any allegations of discrimination with the utmost seriousness. In accordance with these principles Staff may not discriminate on the grounds of:

- Race
- Ethnic Origin
- Nationality
- Colour
- Religion or Belief
- Gender
- Sexual Orientation
- Marital Status
- Disability

6.11. Health and Safety

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

- Take reasonable care for the 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 interests of health, safety or welfare

The Management of Health & Safety at Work Regulations 1992 further requires you to:

- Use any equipment, etc., provided in the interests of safety
- Follow health & safety instructions
- Report anything you consider to be a serious danger
- Report any shortcomings in the protection arrangements for health & safety

When on assignment, it is the client's responsibility to familiarise you with their own Health & Safety policy and procedures, and with locations of fire exits, first aid location & contact person etc. At a client's request in writing, ProxyCare will undertake to train Staff to be supplied in standard workstation safety. We cannot, however, be held responsible for the suitability of workstations used by our clients. If you express concern over the Health & Safety arrangements of your employing client, we will ask the client to investigate and, if possible, to make improvements.

If you refuse to work for a client on Health & Safety grounds, we will attempt to find you other employment without prejudice.

6.12. Record Keeping

Good records are essential to safe and effective patient care and should be:

- Clear, legible and indelible
- Factual and accurate
- Written as soon after the event as possible
- Signed, timed and dated

Records should:

- Be written with the involvement of the patient, client or their carer where possible
- Be written in terms the patient or client can understand
- Be consecutive
- Identify problems that have arisen and action taken to rectify them
- Show care planned, decisions made, care delivered and information shared

Please be aware that full records are essential should any questions be raised about the care and standards of care delivered.

For more detailed information, please see the HPC or relevant professional bodies' guidelines.

6.13. Confidentiality

Any patient information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation.

Please take care with patient records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals.

Patient's/client's information should only normally be shared with their consent – you should make sure patients/clients understand that their information may be shared with various Staff of the team providing care. It is a patient's/client's decision what information should be shared with their family or others.

Where a patient/client is considered incapable of giving consent, please consult relevant colleagues. Where a patient/client has withheld consent, disclosures of information may only be made if:

- They can be justified in the public interest (normally where the disclosure is essential to protect the patient/client or someone else from risk of significant harm).
- They are required by law or court order

You should act in accordance with local and national policies if there is an issue of child protection.

6.14. The 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 of patients within their 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 users of patient information within NHS organisations. Caldicott guardians are senior health professionals.

All Proxycare personnel are required to familiarise themselves with the local policy on confidentiality within the establishment/NHS Trust where they are working.

6.15. General Data Protection Regulation (GDPR) (EU) 2016/679

You are required to comply with the General Data Protection Regulation (GDPR) (EU) 2016/679 and the data protection policy of the client during your assignment. Please ask the client for details of the relevant policy. Further information is available from the information commissioner's website at <http://ico.org.uk>

The General Data Protection Regulation (GDPR) (EU) 2016/679 allows a patient to see the contents of his/her medical records.

Below is a summary where all the patients/representatives are given access to all relevant health information. However, there are a few circumstances where it may not be appropriate:

- Any patient record should be compiled with the assumption that a patient may see the contents,
- Within the Act there is no provision that prohibits informal voluntary arrangements to allow patients access to their records,
- Provisions within the Act that refer to the formal access of records, a patient should be given the informal access arrangements literature.

A definition of records relates to the physical or mental well being of a patient, who could be identified from the information in the file which has been made by or on behalf of a Health Professional in connection with the care of the patient. This includes independent clinical/departmental files as well as the central medical record. The holder of the record is the individual with whose care the record in connection has been made. The patient is the individual with whose care the record in connection has been made.

The Health Professional is a Registered Medical Practitioner, Dentist, Optician, Pharmaceutical Chemist, Nurse, Midwife or Health Visitor, Chiropodist, Dietician, Occupational Therapist, Orthoptist, Physiotherapist, Clinical Psychologist, Child Psychotherapist, Speech Therapist, NHS Art or Music Therapist and Scientists who are Head of Departments.

The following have the right of access, the patient or if a patient is unable to access the information themselves they must give an authorised person the right of access by a written letter with their signature, or any person appointed by the court to manage the affairs of a patient. If the patient has died, the patient's immediate next of kin or any person having a claim arising from the death.

There are a few exceptions where the applicant is entitled to inspect or to be supplied with a copy of the whole record or an extract of the record. Under the terms of the Act Health Professionals, with two exceptions cannot withhold their consent to access the record. The exceptions to this are as follows:

- Where in the opinion of the Health Professional, giving access would disclose information likely to cause serious harm to the physical and mental well being of the patient or any other individual.
- Where giving access would in the opinion of the Health Professional disclose information relating to or provided by an individual other than the patient who could be identified from the information.

However, access can be given where the individual who could be identified has consented to the disclosure. The rule does not apply if the individual who could be identified is a Health Professional involved in the care of the patient.

NB the right of access is granted to a patient or a person authorised in writing by the patient. The holder of the record may deny an applicant's request for access when the Health Professional has formed the view that the patient authorising the access has not understood the meaning of the authorisation.

In addition, patients who are children (i.e. persons under 16 years of age) who in the view of the appropriate Health Professional are capable of understanding what the application is about may prevent a person having parental responsibility from having access to the record. Where in the view of the Health Professional the child patient is not capable of understanding the nature of the application, the holder of the record is entitled to deny access if it were not felt to be in the child's best interest.

Where the patient has died, the Act enable such a patient before death to request that a note could be included in the record that he/she does not wish access to be given on application.

If a record contains terminology that is not understood that is not understood by the patient, the Health Professional concerned must give an explanation. Although a lay administrator may supervise inspection of records that individual may not comment on or discuss the contents.

In the event that an applicant required an explanation the lay administrator will contact the Health Professional. If he/she is not available the administrator will seek an appointment with the Health Professional for the patient.

If the applicant has a correction for his/her records he/she can ask for any inaccuracies in the record to be corrected. The Health Professional/Lay Administrator should either make the necessary correction or make a note in the relevant part of the record that is alleged to be inaccurate.

There are statutory time limits to process the request. If the individual has previous notes that are older than 40 days, the holder has 40 days from receipt to process the request. If the individual is a new patient or previous notes are less than 40 days old, there is 40 days from receipt to process the request. For written applications, there is a 14-day period during which time the Trust must request any proof of credentials or identity. The time limit restarts from the date of receipt of further information.

NB All time limits are calendar days not working days.

Applicants have the right to apply to the High Court or County Court if the holder of the record appears to have failed to comply with the Act.

6.16. Data Protection

In addition to the above, you should adhere to the requirements of the Data Protection Act 1998.

In brief, anyone processing personal data must comply with the eight enforceable principles of good practice.

Data must be:

- Fairly and lawfully processed
- Processed for purposes
- Adequate, relevant and not excessive
- Accurate
- Not kept for longer than necessary
- Processed in accordance with the data subject's rights

- Secure
- Not transferred to countries without adequate protection

For further information, please see <http://www.dataprotection.gov.uk>.

6.17. Use of Data

Proxycare holds a personnel file and computer records within the UK, which contain data relating to you and concerning a wide variety of matters. These include matters such as your contact details, application, references, bank details, and other personal details. It may include some sensitive data concerning your health and ethnic origin. It is held for the following purposes:

- Staff administration;
- Administration of payroll
- Internal accounts and records, marketing and business transactions;
- The provision of management information for business purposes such as marketing activities and corporate and staff planning; and
- To ensure fair treatment and permit Proxycare to comply with its legal responsibilities

We may collect from you certain details relating to another individual, for example details of a person to contact in case of emergency. In such cases, it is your responsibility to ensure that you have informed any such individual of the use of his/her data by Proxycare for the applicable purpose.

It may, in certain circumstances be necessary to disclose your personal data is:

- Customers, suppliers or Clients of Proxycare;
- Third parties who provide services to Proxycare;
- Business Partners or third parties involved in the management of Proxycare business, as a result of, for example, a joint venture, merger or outsourcing contract;
- Proxycare advisers, the relevant regulatory authorities; and/or
- Other third parties where required by law.

In all cases, third parties to whom your personal data is disclosed for processing on behalf of Proxycare will be contractually obliged to use the data only for the relevant purpose specified above and not to forward the data to other parties without your consent.

6.18. Information Technology

Where our clients grant you access to their computer systems, these must only be used as authorised and not to gain access to any other data or programs. In general, please ensure that you:

- Keep any passwords safe
- Keep to the client's policies and procedures
- Log off immediately after use

Specifically, you must:

- Observe any local policies and procedures regarding passwords, floppy disks, CD ROMs and data storage/transfer
- Not load or introduce any programs onto the computer
- Not access any information service or bulletin board including the Internet without specific prior authority from your line manager
- Not download any files or connect to any network or other computer equipment without prior authority as above

6.19. Consent

In accordance with HCPC and relevant professional bodies, you must obtain the consent of a patient before giving any treatment or care.

Consent must be:

- Given by a legally competent person
- Given voluntarily
- Informed

Patients/clients are assumed to be legally competent (that is they can understand and retain treatment information and use it to make an informed choice) unless otherwise assessed by a suitably qualified practitioner.

The exception to this rule is in the case of an emergency where a treatment is necessary to preserve life and the patient/client is unable to give consent. In all cases, you must be able to demonstrate you are acting in the patient's best interests.

If a patient/client is no longer legally competent, decisions should be based on previous consent/non-consent in a similar situation (providing there is no reason to believe they have changed their mind) or their known wishes. Otherwise, treatment should be in their best interests.

In the case of children (those aged under 16 in England and Wales), the involvement of those with parental responsibility is usually necessary – you should be aware of legislation and local protocol.

It is not usually acceptable to seek consent for a procedure, that you will not be performing yourself unless you have been specifically trained for that area of practice.

All discussions and decisions relating to consent should be documented in the patient's/client's records. Where consent is withheld, you should follow the policy in force at your assignment location.

6.20. DIGNITY AND PRIVACY POLICY

The Proxycare will ensure that Agency Workers, respect Service Users privacy and dignity and ensure that they receive the care needed, without undue interference and follow all the policies and procedures/instructions provided/given by the Client according to the Service User needs and care plan.

Prior to entering the premises of a Service User, Agency Workers must knock, speak through the door and wait to be given entry, unless the agency worker has been provided with keys, or access codes, and prior permission to enter. (Where entering with keys is the standard and routine procedure then this will be entered on the Service User's *Personal Care Plan*).

Entry without permission is only acceptable in a clear emergency situation or where there is a concern regarding the safety of the Service User.

Where the Service User is deaf, or otherwise incapable of indicating their willingness to, and acceptance of, the Agency Worker's entry, then some other approach must be agreed and adopted at the time the service begins.

In the event that a Service User is discovered, upon arrival of the Agency Worker, to have had an accident, or an emergency situation arises, the Agency Worker will assess the situation and if judged serious, the Agency Worker is instructed to call the emergency services. All events of this type are to be recorded in the patient's record.

Agency workers must abide by the Company's Confidentiality Policy at all times. This precludes our Agency workers from divulging information about anything they have seen, heard or read about Service Users. Agency Workers may discuss any concerns about a Client's wellbeing or safety. If we need to speak to a third party about our Service Users care, we will seek permission before doing so, except where we are unable to do so while responding to an emergency or where we have a legal obligation to do so. Agency workers are made aware of this policy and any failure to observe the principles outlined will lead to disciplinary action.

When accompanying a client to the toilet, assisting with bathing, dressing or other intimate tasks, Agency Worker must maintain a client's dignity and privacy, only undertaking those tasks that the Service User is clearly unable to do.

Wherever possible the Service Users wishes will be respected concerning the sex of the Agency Worker assigned, (in particular where a *Genuine Occupational Requirement* is evident) when intimate care is to be provided.

All actions undertaken by Proxycare Agency Workers are completed with the express wish of the client and are conducted in such a way that the Service User does not feel undervalued or inadequate.

Confidentiality and Privacy in relation to Social Media

Privacy relates to the service user's expectation and right to be treated with dignity and respect. Service user/agency worker relation is built on trust; therefore, the service user needs to be confident that their most personal information and basic dignity will be protected by the agency worker. Any breach of such a nature, even inadvertent, damages the service user/agency worker relationship and may tarnish the company's image.

Any patient information learned by the agency during the course of treatment must be safeguarded by that agency worker. Such information may only be disclosed to other members of the health care team for health care purposes.

Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm.

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications.

The Internet provides an alternative media for agency workers to share workplace experiences, particularly events that have been challenging or emotionally charged.

Without a sense of caution an agency worker may indulge in disclosing too much information and therefore violating a service user privacy and confidentiality.

Instances of inappropriate use of electronic media are considered a serious breach of the company's policies.

Service Users have the right to:

- Have their needs properly assessed, and to have those needs met on a consistent basis, to a defined level of quality;
- Receive written information about the care they are receiving, together with its cost;
- Exercise an appropriate degree of control over their lives;
- Make informed choices and to take decisions;
- Receive care, attention, and services on an equal basis with all others;
- Be protected from any abuse or conduct which is detrimental to their wellbeing and health;
- Be treated in a manner which promotes dignity, wellbeing and understanding.

- Make a complaint about any aspect of the service they are receiving; Proxycare has a comprehensive complaints procedure in place that is there to ensure we are in a position to safeguard the interest of the Clients and candidates. A copy of our Complaints Procedure can be obtained from our office.

Proxycare will make every effort to ensure that the rights defined above are met on a consistent basis and that staff receive adequate training Protection of Vulnerable Adults, (POVA) on an annual basis.

6.21. Caring for Patients in their Own Homes

Please see below for general guidelines relating to assignments carried out in an individual's private home. For further detailed information please refer to the HCPC or relevant professional bodies' guidelines.

General Conduct

- Clients and their families should at all times be treated with dignity and respect and due consideration should be taken of their religion, culture and any other preferences
- Clients should be addressed using their preferred name
- Care and support should be offered in the least intrusive manner possible
- The independence of clients should be supported and encouraged where possible through appropriate communication about, and involvement in, their own care. This independence should only be curbed where it is in the client's best interests and the reasons recorded

Attending and Leaving a Home Visit

- You should announce your identity clearly on arrival and not enter a client's home without invitation
- Upon arrival at a home visit, you should check whether your client has any specific needs for this visit
- Please take full care securing a client's home when leaving including, where appropriate, doors and windows and the safeguarding of keys

Carrying out Assignments

- Medication should be kept in a safe place, known and accessible to the client, or to relatives and other carers where appropriate
- You should not make use of a client's property (including, for example, their telephone) without their express permission
- You should report any accident or emergency situations as soon as possible to the relevant authorities and to your Consultant
- All visits, incidents, observations, care and, where relevant, financial transactions should be logged on records kept securely in the client's home
- Records are kept for one month, or until the assignment is over, and are made available to the client, their relatives and representatives
- If you are unable to attend any specific appointment, please notify not only us but also your client and line manager

6.22. Child Protection

It is the responsibility of all health professionals if it comes to their attention either directly by a child or indirectly through a disclosure from an adult any concerns relating to child protection. Appropriate action must be taken and referred to the Social Services Department. Agency workers should be familiar with and adhere to local guidelines on child protection.

All agency workers as part of the process must adopt the following:

- Be alert to the urgency of identifying any suspected or confirmed case of child abuse.
- Effective communication – satisfactory and appropriate steps taken
- Legal requirements – The Children’s Act and Department of Health Guidance
- Confidentiality – Child abuse and neglect is one of the exceptional circumstances justifying disclosure to an officer of a statutory agency
- Accurate recording – up to date, legible and complete
- Awareness of all local procedures – referrals carried out as per guidelines. Agency staff should discuss with their Manager to ensure appropriate action is taken throughout the process.

6.23. Safeguarding Children

We all have a statutory responsibility to safeguard and promote the welfare of children and young people. Safeguarding children is about protecting children from harm as well as helping to ensure that children meet their potential and grow up in safe, caring circumstances.

Please consult the local policies and procedures at your work place as these will vary according to the Trusts strategy and how they work with supporting agencies.

Safeguarding Children and Young People

All agency workers should be aware of the competencies required to safeguard children. Please refer to the following link.

http://www.ich.ucl.ac.uk/website/ich/academicunits/Centre_for_evidence_based_child_health/CustomMenu_01/safeguarding_children_rpch0.pdf

More generic information can be found at:

<http://www.oxleas.nhs.uk/advice-and-guidance/safeguarding-children/>

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff has been produced by the Royal College of Paediatrics and Child Health to clarify the competencies required by all health staff to safeguard children and supplements the information set out in Working Together to Safeguard Children, 2006, and has been developed with advice from Skills for Health.

Following every serious case of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information, sharing between professional and agencies, inadequate training and support for staff and failure to listen to children.

The outcome of these reviews and enquiries is clear; that all who come into contact with children and young people have a duty to safeguard and promote their welfare and should know what to do if they have any concerns.

Six levels of staffing have been identified; level one applies to all staff working in health care settings (clinical and non-clinical) and therefore applies to any Proxycare member of staff. As a result, you should, as a minimum:

- Understand what constitutes child abuse
- Know about the range of physical and emotional neglect, and sexual abuse
- Be able to recognise the signs of child abuse
- Know what to do when you are concerned that a child is being abused
- Be able to seek advice and report concerns, ensuring that they are listened to
- Know about local policies/procedures

- Understand the importance of sharing information, how it can help and the dangers of not sharing information
- Know what to do if they experience barriers to referring a child/family

Your mandatory training includes a module on the Protection of Children which will cover these areas and subsequent refreshers will also be provided. Please speak to your Proxycare consultant if you have any questions.

6.24. Safeguarding Vulnerable Adults

Proxycare is committed to safeguarding vulnerable adults and at all times the safety of vulnerable adults is paramount.

You are expected to report any concern about the abuse of a vulnerable adult immediately to your line manager. You must objectively record the nature of your concern and the date, time and name of the person to who it was reported.

You must also:

- Co-operate fully with any official investigation;
- Maintain strict confidentiality and share information on a need to know basis initially only with the assignment manager and then with the authorised investigators;
- Comply fully with the policies and procedures of the organisation.

Any action or behaviour by a candidate which is believed to be a criminal offence will be reported to the Police.

6.25. Allegations of Abuse / Neglect

Proxycare will take seriously any allegations of abuse by staff working through us. If we receive complaints of this sort against you, we may not be able to assign you whilst a full investigation is performed.

Ultimately, if allegations are well founded, we may not be able to offer you work in the future. Where allegations are sufficiently serious, we may need to report you to the HCPC and/or the police depending on the allegation.

Appeals against any decisions made by our staff in these matters can be made to the Divisional Director, whose decision will be final.

Should you in the course of duty suspect that abuse is taking place you should inform your line manager immediately. In the case of caring for service users in their own homes, you must report any suspicions of allegations of abuse immediately to your Proxycare Recruitment Consultant. There are strict guidelines to be followed in reporting abuse under the Department of Health guidance “No Secrets” and a full report will need to be made prior to investigation.

There are many different forms of abuse:

- Physical, including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanction
- Sexual, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Psychological, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

- Financial or material abuse, including theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Neglect or acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Discriminatory abuse, including racist or sexist abuse or that based on a person's disability and other forms of harassment, slurs or similar treatment

6.26. Investigations and Prosecutions Reporting

The candidate must inform Proxycare of any criminal or professional prosecutions or investigations that they are subject to. The agency will then consider whether or not there is grounds for suspension. The severity of the accusation will determine if the candidate is suspended, the main criteria being a risk to the health or life of a patient or colleague. These criteria is not exclusive and cases shall be dealt with on an individual basis. The decision is ultimately made by Proxycare, Managing Director. The relevant statutory body shall then be notified of any decision taken, if seen as appropriate.

It is Proxycare's policy to inform the candidate that it is not in their best interests to continue with the placement. These situations are dealt with the utmost confidentiality and discretion. It is vital that the credibility of Proxycare is not compromised. The health and safety of the patients and colleagues is the primary concern for Proxycare in such a situation, influencing our policy.

The candidate must also cooperate with any investigation undertaken by a Trust involving either themselves or another member of staff.

6.27. Whistleblowing

Proxycare operates a "Whistleblowing policy", which encourages a culture of openness within our organisation and aims to prevent malpractice. With the introduction of the

Public Interest Disclosure Act 1998 all workers now have legal protection from any form of retribution, victimisation or detriment as a result of publicly disclosing certain serious allegations of malpractice.

The policy will apply in cases where a staff member genuinely and in good faith believes that one of the following sets of circumstances is occurring, has occurred or may occur within their line of duty:

- A criminal offence has been committed, is being committed or is likely to be committed
- A person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject
- A miscarriage of justice has occurred is occurring or is likely to occur
- The health and safety of any individual has been, is being or is likely to be endangered
- The environment has been, is being or is likely to be damaged
- Information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed

Anyone who wishes to raise or discuss any issues which might fall into the above categories he/she should contact their consultant at Proxycare in the first instance who will treat the matter in confidence. It is likely that a further investigation will be necessary and he/she may be required to attend a disciplinary or investigative hearing as a witness.

Everyone should be aware that if any disclosure is made in bad faith (for example, in order to cause disruption within the organisation), or concerns information which you do not substantially believe is true, or indeed if the disclosure is made for personal gain, then such a disclosure may constitute gross misconduct for which summary dismissal is the sanction.

Where the concern involves the consultant at Proxycare then the concern should be raised with the Proxycare Divisional Managing Director. All complaints will be viewed seriously and treated confidentially.

6.28. Disciplinary Procedure

The following list of Disciplinary Rules is given for general guidance, but is not exhaustive. Disciplinary Rules are of necessity flexible and when a rule is contravened each case is considered on its own merits before any disciplinary action is taken.

1. Summary dismissal (dismissal without notice or pay in lieu of notice) may be necessary in cases of gross misconduct. For guidance, the following are examples of the offences, which may be regarded as gross misconduct and will normally result in summary dismissal. It is emphasised that this is not an exhaustive list: -
 - I. Unauthorised use or disclosure of confidential information or business matters relating to the Company, its clients, temporaries or applicants.
 - II. Acts of violence, including physical assault; unlawful discrimination; drunkenness; taking of non-prescribed drugs in such a way as to impair the ability to carry out work; conduct of any kind which endangers the health and safety of others.
 - III. A criminal offence committed at work other than a minor road traffic offence committed in the course of the Employment, or an offence committed outside work, which is incompatible with the Employee remaining in employment.
 - IV. Falsification of information or references on appointment.
 - V. Unauthorised absence or gross negligence in the performance of duties.
 - VI. Acceptance of any bribe, secret profit or unauthorised commission.
 - VII. Any conduct tending to bring the Company, or the Employee into disrepute or which results in the loss of custom of a client, temporary or applicant or a loss of business.
 - VIII. Working for or assisting a competitor of the Company or seeking to establish a business which is likely to compete with the Company or divulging confidential information concerning the Company and its business.
 - IX. Refusal to obey a lawful instruction in connection with the Employment.
 - X. If the Company becomes entitled to terminate the Employment pursuant to clause 1, the Company reserves the right in its discretion to suspend the Employee with or without pay without prejudice to its rights subsequently to terminate the Employment on the same or any other ground. Such a suspension will be reviewed as soon as possible and will not normally exceed 20 working days. If the Company does not consider that the conduct complained of either justifies dismissal or suspension, the matter shall be dealt with in accordance with clause 2.

2. The following may be regarded as reasons for disciplinary action in that they deviate from accepted standards and constitute general misconduct. Depending on the seriousness of the facts, the Employee's first offence will usually result in a verbal or written warning as appropriate. Repetition of offences following a warning could lead to a written warning or a final written warning as appropriate. Thereafter any repetition will result in dismissal. It is again emphasised that this is not an exhaustive list.
 - I. Poor job performance.
 - II. Poor time keeping.
 - III. Failure to comply with any other conditions in this Contract.
 - IV. Unseemly or disruptive conduct

3. The Employee has the right to be accompanied by a colleague of his / her choice at every stage of the disciplinary procedure.

6.29. Duty of Candour

Regulation 20 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, introduced a statutory Duty of Candour which came into force on 27th November 2014. The introduction of Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be imposed on healthcare providers

Proxycare as a Healthcare Provider therefore has a statutory Duty of Candour which means every healthcare professional must be open and honest with patients or people in their care. When things go wrong patients or people in their care should expect a face to face explanation and apology from the care giver or healthcare provider.

Candour is defined by Robert Francis as: *'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made'*.

Proxycare wants to make this duty a reality for people who come into contact with our services. We want to ensure there is clear, strong organisational support for staff to follow their ethical responsibility in being open and honest with those in their care. Our duty of candour is a reinforcement of our development of a wider culture of safety, learning and improvement.

In July 2015, The NMC and GMC published guidance that sets out standards expected of all nurses, midwives and doctors practising in the UK. This guidance also emphasises that professionals need an open and honest working environment where they can learn from mistakes and feel comfortable reporting incidents that have led to harm.

Proxycare has issued a Duty of Candour Guidance document which all agency nurses have a duty to follow (a copy of this guidance can be obtained from your recruitment consultant)

The guidance emphasises that:

- Agency/Locum workers must understand their duty for being open and must demonstrate the principles of being open in their work,
- Agency/Locum workers who become aware of an incident having occurred must follow Proxycare' Reporting Policies and apply the principles of being open and the Duty of Candour throughout these processes,
- Agency/Locum workers dealing with patients or relatives should abide by Proxycare' complaints process and advise who they should write to if they wish to formalise a complaint,
- Agency/Locum workers who are concerned about the non-reporting or concealment of incidents, or about on-going practices which present a serious risk to patient safety, must raise their concerns through established governance routes.

6.30. Complaint Handling

General Principles

- The Team Leader/Manager will handle all verbal and written complaints, reporting on the database and to be dealt with by the desk manager as far as possible. If deemed serious enough it will be escalated to the Compliance Manager/Managing Director.

- The complaints policy is periodically reviewed in conjunction with the quality assurance policy for continual improvement.
- Complaints are monitored for emerging patterns, as detailed in this policy.
- Poor performance issues are addressed in the Policy for Training, Development and Appraisal document.

Complaints raised by a client or patient in respect of an agency worker

All complaints whether they are verbally communicated or in writing will be dealt with via the following procedure.

- The Team leader will consider the complaint and respond to the necessary parties by written acknowledgement within 3 working days of the date on which the complaint was made.
- The worker concerned will be contacted and informed of the matter by the team leader.
- In all instances, the worker will be given the right to reply.
- On receipt of written confirmation of the complaint from the client, Proxycare, in conjunction with the client, will come to a decision as to the method by which the complaint should be handled. Dependent upon the nature of the complaint, this will include decision on how any investigation is deemed necessary.
- If the complaint be of a nature which is more complex and the Compliance Manager cannot come to an agreeable outcome with the involved parties, a Director of Proxycare would consider the complaint and work with the parties involved to come to an agreement.
- Where complaints are upheld, the worker may be taken off the agency register and the appropriate action taken in terms of notifying statutory bodies.
- In all cases, Proxycare will keep all parties informed, and will fully record all details of the complaint.

Complaints raised by the worker in respect of the client

In the event of a complaint being raised by a worker in respect of a work-based problem the following will be adhered to:

- In the first instance the worker may contact the Team Leader
- A complaints form will be completed with the worker
- If deemed appropriate the client will be advised
- Advice will be given and, depending on the nature of the complaint, a written submission of the worker, as to whether further action is required
- In all cases the complaint will be recorded on the workers records file
- Where serious complaints are upheld, Proxycare will take appropriate action in terms of reporting responsibilities
- In all cases, Proxycare will keep all parties informed at all times

Complaints raised by a Worker about Proxycare

In the event of a complaint being raised by a worker in respect of a Proxycare based problem, the following will be adhered to:

- All complaints regarding Proxycare staff will be handled by the Compliance Manager.
- Dependent upon the nature and severity of the complaint, the Compliance Manager and the General Manager will decide on the necessity and degree of any investigation.
- As part of any investigation we will interview the complainant, and any members of staff involved.
- Following the completion of any investigation the General Manager will decide upon, and instigate the appropriate remedial action.

Complaints raised by a Client about Proxycare

In the event of a complaint being raised by a client in respect of services received by Proxycare the following will be adhered to:

- All complaints will be reported to the General Manager

- Depending on which department the complaint has been raised about the manager of that department will be contacted and asked to investigate the complaint reporting back to the General Manager.
- The General Manager will then decide what action needs to be taken.
- These complaints will be logged and monitored as to improve services if necessary.

Monitoring of Complaints

Proxycare operates a system of monitoring complaints to identify patterns or trends. The system will operate as follows:

- Each time a verbal or written complaint is made about a worker or a client, it will be recorded on the relevant database and also on the complaints log.
- The Compliance Manager will check these logs on a regular basis. The information from these will be collated and held centrally by the compliance department in order to improve the detection of trends.
- Should any trends or patterns be identified, Proxycare will take the appropriate action to address the issue.
- If necessary Proxycare will seek guidance on how best to take action from the appropriate professional organisations or body.

Timescale for Action

- Written complaints will be acknowledged in writing within 3 days of receipt.
- Details of planned investigations or other appropriate action to be taken will be sent within 7 working days.
- The complainant will be kept informed in writing on a regular basis as to the progress of the investigation / action.
- Upon conclusion of the investigation / action a detailed outcome response will be sent.
- Investigations shall be resolved within 15 calendar days of the complaint being received unless the nature of the complaint requires additional investigation.
- Where appropriate, Clients will be informed in writing of the investigation details within 15 days following its conclusion.

If you personally are the subject of a complaint you will also be asked to record details as part of an investigation and in some circumstances, it may be necessary to suspend you from duty whilst the investigation is in process. Any complaints of misconduct against individuals will be reported to the GMC/NMC/HPC or other relevant Registration Body.

If you have any complaints about any aspects of your work at Proxycare please do not hesitate to contact us. Any complaints from individuals will be dealt with in a professional and confidential manner and Proxycare has a “Whistleblowing” policy; please refer to policy of this book.

Making a Complaint

If you have a complaint about the way you have been treated on assignment or by our staff, please direct this in the first instance to your Consultant or their Manager. If for any reason you are still unsatisfied with the case in point, please call 07528 748528 to talk to the Compliance Manager of Proxycare. Please address all post to:

PROXYCARE
ACORN HOUSE
Midsummer Boulevard
Milton Keynes
MK9 3HP
T 07528 748 528, F 01908 764 356
E: contact@proxycare.co.uk, W: www.proxycare.co.uk

6.31. CLINICAL COMPLAINTS POLICY

Purpose

This document defines the process for addressing any clinical complaint raised by either:

- a Client
- a Temporary Worker working within a healthcare environment
- an Supplier
- an employee of Proxycare in

respect of:

- the behaviour, competence or performance of a Temporary Worker
- any concern relating to a Temporary Worker's status, experience, background or training
- any allegations of abuse or neglect
- any allegation that a Temporary Worker has breached a code of conduct
- Any incident that has or could have resulted in harm to a patient or service user
- OR any other staff member in a clinical environment where the concern is reported by a Temporary Worker in respect of their assignment.

Any issues relating to any other complaints or concerns should be addressed through the Issue and Escalation Process for Proxycare's operations teams.

The process is to ensure that order, structure, focused attention and additional resource is brought to all situations where an issue arises which could otherwise result in any actual or possible clinical or safeguarding risk.

Procedure

Any issue that arises is assigned to a single point of contact that is accountable for ensuring complaints are dealt with efficiently and are properly investigated and that appropriate tracking provides a fully auditable history with feedback provided to the complainant, and subject of the complaint.

It ensures that best practice guidance and legal obligations can be met, all relevant parties including regulatory and professional bodies (e.g. GMC, NMC, HCPC or HSE), the client and agency supplier are notified where appropriate and that complaints can be addressed within a timely fashion.

Timescales

All complaints will be acknowledged immediately wherever possible and within a maximum of 5 working days.

Wherever possible an investigation and conclusion of a complaint will be completed within 15 working days, unless detailed or additional investigation is necessary by the Client or an agency, and/or third party involvement is needed such as a regulatory or professional body.

Clinical Compliant Parties

Executive Sponsor (ES)

The Executive Sponsor of customer services has over responsibility for Proxycare in ensuring full investigation and conclusion of all clinical complaints. This is our Clinical Lead who chairs our clinical governance panel.

Director

The Regional Director has overall responsibility for liaising with clients, suppliers and candidates engaged with any clinical complaint to update all parties on progress.

Agency Supplier

This is notice to the Managing Director and Clinical Lead Nurse at the agency Client

This includes the Medical Director, Divisional Clinical Director where required, HR Director and Deputy HR Director or nominated HR Lead where required

Professional and Regulatory bodies including General Medical Council, Nursing and Midwifery Council or Health Professional's Council

Designated Body

Health & Safety Executive Interim

Orders Panel

Independent Safeguarding Authority

Responsible Officer

Standard workflow for clinical complaints

1. Immediate notice from account management team on receipt of a complaint to ES and Director including where possible details of:
 - background
 - individuals involved
 - relevant dates and times, locations
 - witnesses
2. Immediate notice of complaint from ES and Director to where appropriate is made to:
 - Client
 - relevant Professional and Regulatory Body, ISA or Police
 - Candidate
3. Immediate decision on suspension of candidate if required made in conjunction with all parties and a statement is requested from the candidate in response to the complaint which we give 7 days for the response in writing.
4. All available information made available to all parties by RD to ensure adequate investigation including:
 - Employment checks and work history
 - Details of assignments worked through Proxycare
 - Any previous issues or concerns flagged to Proxycare
5. Investigation owner assigned for each party and reporting processes and Regular briefings/updates scheduled by RD and clinical lead.
6. Outcome decision enforced including reinstatement or termination of candidate and the client will be informed of the outcome of the complaint and how it has been resolved.
7. Where there is evidence of malpractice or the complaint is an event that requires notification, the Employment Business will immediately notify CQC, Safeguarding Authority and where applicable alert the temporary workers professional body, ie NMC, HCPC, GMC
8. We will make a decision where relevant to exclude the temporary worker from its register whilst an investigation is in process
9. A full written record is kept of the nature of each complaint and details of the action taken as a result of the complaint, which we retain on our electronic system for the required length of time.
10. We will internally audit our complaints process and all complaints monthly to identify trends and take action to prevent them happening again, referring them to our Clinical Governance panel

Registration Body Notification and IOP Findings and Alert

Proxycare is required to update any Client of any alerts or notice from a third party if they receive a complaint about an individual registered with them

6.32. COUNTER FRAUD - Fraud Awareness

In 2006 the Fraud Act came into effect, which recognises Fraud as a criminal offence. A person is guilty of fraud if they are in breach of the following:

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position

All agency workers must be aware of what constitutes fraudulent behaviour and the action that they should take if they are aware of any fraudulent behaviour taking place. It is important that you are made aware of the types of fraud that are committed and how to report it.

Fraud includes falsely claiming sick leave, which is paid, claiming for hours not worked, falsely claiming expenses, falsifying records to steal NHS property, failing to declare criminal convictions and falsifying qualifications.

Reporting Fraud: If you suspect that fraud of any type has occurred or is in progress you must not attempt to investigate it yourself. Any genuine concerns about fraud may be reported directly to the Client's Counter Fraud Specialists. NHS employees, patients or members of the public can report NHS fraud either:

1. By contacting the Local Counter Fraud Specialist. Every Client has a local counter fraud specialist.
2. By calling the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland) (free phone number in operation between Monday-Friday 8am – 6pm)

Calls to the National Fraud and Corruption Reporting Line are treated in confidence by trained staff and information given will be professionally assessed and evaluated.

Callers have the option to remain anonymous should they wish to do so.

3. You can also report fraud using an online reporting form at www.reportnhsfraud.nhs.uk

Further details on countering NHS Fraud can also be found at <http://www.nhsbsa.nhs.uk/fraud>

6.33. Mandatory Notifications

All Staff are immediately required to inform their PROXYCARE consultant if they have been subject to a prosecution after their DBS check was undertaken

All Staff are immediately required to inform their PROXYCARE consultant if they are under investigation by the Health Professions or are suspended

All Staff are required to declare themselves fit to practice at the commencement of each assignment; this includes the requirement not to declare fit to practice if suffering from, vomiting, diarrhoea or a rash.

All female Staff are required to inform their PROXYCARE consultant if they become pregnant

All Staff are immediately required to inform their PROXYCARE consultant if they become injured or diagnosed with any condition