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STAFF HANDBOOK

For General & Specialist Nurses, Theatre Staff & Healthcare Assistants

Agency Worker Handbook Declaration

I have read a copy of the Agency Worker Handbook which outlines the goals, policies, benefits and expectations of Inscor Healthcare Ltd and its Clients, as well as my responsibilities as an Agency Worker. I have familiarised myself with the contents of this Handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the NMC's "Standards for Medicines Management", 2008 (Cover 2010) and the Agency Worker Handbook provided to me by Inscor Healthcare Ltd. I further confirm that I am aware that I must notify Inscor Healthcare Ltd about any changes regarding my Fitness to Practice and/or to Professional Registration immediately.

I understand this handbook is not intended to cover every situation which may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Inscor Healthcare Ltd.

Updates to this Handbook will happen from time to time. Whenever this happens Inscor Healthcare Ltd will notify me. I agree to familiarise myself with these changes before undertaking any further shifts through Inscor Healthcare Ltd.

I understand that the Agency Worker Handbook is not a contract of employment and should not be deemed as such.

Print Name

Profession

Registration No

Signature

Date

I hereby give permission for the Inscor Healthcare Ltd to allow access, as a minimum, to my personnel files as part of any official audit, or Client compliance purposes, carried out by, but not limited to, NHS Buying Solutions and/or any person authorised by the NHS Authority. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

Signature:

Date:

UPDATES

Our contracts with our customers require us to update this and handbook annually, and one updated we are also required to get a new written (or e-signed) confirmation from you that you have read and familiarised yourself with the updated contents.

To save you the time of reading the whole Handbook again, we have provided you with a list of updates together with the section numbers.

Updates to this Handbook from previous Handbook dated March 2011.

Working Time Regulations and Holiday Allowance Section 2.8

Electronic DBS Process for England - Enhanced Disclosure and Barring Service (DBS) Section 4.3

Agency Worker Regulations (AWR) Section 4.7

Identifying and Reporting Hazards Section 11.3

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Section 12

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Introduction

Welcome to Inscor Healthcare Ltd and thank you for choosing to work with our company. Our aim is to provide an effective agency healthcare recruitment service to both our Clients and our Agency Workers. As a nursing agency, we operate nationwide which means regardless of where you are based we will be able to help you find your ideal nursing job. We aim to continue to build a solid reputation since the company was established and continue to provide a quality service. We are dedicated to offering our Agency Workers an exemplary service through which you can develop your career, by offering choice and convenience along with professional support.

This handbook contains policies, procedures and statements that are informative and which will be of assistance to you during each assignment you undertake. It is not practical for such a handbook to cover every situation which may arise during the course of your assignments, nor does its content replace any policies and procedures which may be in place at the hospital, trust or home to which you are assigned.

You should read it thoroughly and familiarise yourself with the information provided. It includes a number of guidelines and standards required under the Framework Agreements we have with the NHS. It is important that you fully understand everything covered in it. Whilst this handbook outlines Inscor Healthcare Ltd.'s own policies and standards, these do not supersede the national guidelines of the NMC and any other professional membership bodies.

Parts of the Handbook will be updated from time to time to reflect any changes. Whenever this happens we will give you notification. It is your responsibility to review the changes and seek advice if you do not understand any of the contents of this handbook. It is important that you thoroughly read through the handbook and understand what is required of you. If you have any questions please raise them with your Consultant at the earliest opportunity.

Working for Inscor Healthcare Ltd

1. Compliance

The process of reaching and maintaining compliance with government legislation and Client requirements are managed for you by the Inscor Healthcare Ltd.'s compliance team. Inscor Healthcare Ltd.'s Compliance Team works with local Branch Managers, Consultants and Nurse Recruiters, initially to ensure that all new applications are processed efficiently and accurately and to maintain each Agency Workers' records at full compliance, ensuring that you never find that you are unable to work in a particular area because an item in your file is missing or has lapsed.

Once your recruitment file, including qualifications, references, health & training has been established, you will be offered work. We will alert you whenever any of your documentation requires updating, and you should immediately take steps to ensure that these items are updated. In most instances, many of our contracts do not offer any grace period so once a document has expired, you will be required to immediately stop working. In the case of annual training, a refresher course should be booked in good time to ensure no gaps in your work offerings. Please contact your Consultant if you require any assistance.

Your timesheet is a crucial document that generates the invoice to the Client and our payroll department. You must ensure that the information on these timesheets is accurate and a true reflection of hours worked. Timesheets are subject to scrutiny and audit by our own company and the Client. Any discrepancies will be noted and investigated accordingly. The following guidelines will help ensure you are paid correctly and on time. Please read carefully.

2. Timesheets, Payment, Tax and National Insurance, Sickness Benefit, Working Time Regulations and Holiday Allowance, and Insurance Guidelines

2.1 Timesheets

- Please complete your timesheet in full.
- Print clearly your name, name of facility, name of ward or unit, week ending, and your booking or reference number for each shift.
- Complete the date and ensure it is written in the right box
- Ensure the timesheet is signed at the side of each shift, and **again at the bottom**
- **If the timesheet is not signed at the bottom it cannot be processed.**
- **Make a copy and leave the original signed timesheet with the Client**, and scan/email a copy to payroll@inscorhealthcare.co.uk or post to the address on the timesheet.
- Pay is weekly always on a Friday (with the exception of Bank Holidays, when you will receive your pay on a Thursday).
- Your timesheets need to be in by lunchtime Monday to ensure you are paid on Friday
- We advise that you send your timesheets by Friday of each week to make sure they arrive on time.
- If you choose to put more than 2 timesheets in a normal sized envelope we advise you to use two 1st class stamps or take it to the post office to be weighed. **If you do not put enough postage on your timesheets they can be delayed for up to 4-6 weeks.**
- Timesheets can be downloaded from our website so print as many copies as you need as you may get moved to another ward during your shift, in which case you will need to start a new timesheet for a new ward.

2.2 Rates of Pay

Different pay rates apply to different assignments and details of pay rates are given to you when you join Inscor Healthcare Ltd and they are updated annually, as pay rates change. It is a good idea to confirm which rate of pay applies, when booking shifts and which clinical grade you have been booked at. This ensures that you can complete your timesheet accurately before asking the nurse in charge to sign it.

2.3 Travel

The general rule is that travel allowances are not paid for NHS assignments. You may find, however, that travel allowances will be payable for non-NHS assignments, where a set distance is exceeded and if so this will have been discussed at the time that the booking was made. The mileage rates and criteria for claiming travel allowances are set out clearly on the rate of pay sheets and, given that they are subject to audit, you should carefully check and record the distance for which you make a claim.

2.4 Method of Payment

Payment will be made by Bankers' Automated Clearing Services (BACS) directly into your bank/building society account on a weekly basis. A payslip detailing how your pay has been calculated and showing any deductions made will be posted to your home address or emailed to you. Please remember to let us know if you should change your personal circumstances, e.g. change of address or bank details. Please note that we will not accept telephone changes to your banking/building society details. All changes must be in writing via your Consultant.

2.5 Tax and National Insurance

Although Agency Workers are self-employed, unless registered as a Limited Company, Inscor Healthcare Ltd is required by law to treat you as though you were employed, for the purposes of PAYE and Class 1 National Insurance Contributions only. You are required to pay income tax on your earnings (if they exceed the threshold for the current financial year). The rules affecting people working through agencies are contained in Section 134 TA 1988 (formerly Section 38, Finance (No. 2) Act 1975). If you have any queries regarding your tax code or feel that you may be entitled to additional allowances, please contact the tax office direct. They can adjust your tax code if appropriate. If Inscor Healthcare Ltd is not your main source of work for tax purposes and there are issues with overpayment of tax and other income issues, it is also advisable to discuss these with the Inland Revenue direct or via their web site.

Deductions in respect of Class 1 National Insurance will, unless registered as a Ltd Company, normally also be made by Inscor Healthcare Ltd on your behalf, if earnings exceed the National Insurance threshold. If you are entitled to pay reduced National Insurance or are exempt from paying contributions, you must produce the appropriate certificate, before undertaking any assignments.

2.6 National Insurance Benefits

If you have made sufficient NI contributions you may be eligible for certain Social Security Benefits: Statutory Maternity Pay In certain circumstances, pregnant Agency Workers may be eligible for Statutory Maternity Pay through Inscor Healthcare Ltd or Maternity Allowance from their local Social Security Office. If you are pregnant you must:

Inform Inscor Healthcare Ltd that you are pregnant and he/she will arrange for a Risk Assessment of your working environment to be undertaken in order to identify the type of assignments you can (or cannot) undertake.

Obtain your MATB1 from your Doctor or Midwife and pass this to your local office.

Obtain from your local Social Security Office, leaflets FB8 'Babies and Benefits' and NI17A 'A Guide to Maternity Benefits'.

Please sent the MATB1 form to your personal consultant, who will liaise with our payroll department be able to determine whether SMP is payable through Inscor Healthcare Ltd. Agency Workers who are considered to be ineligible will be given a completed SMP1 form, which together with their MATB1 form should be forwarded to their local Social Security Office, with a request to consider the payment of Maternity Allowance.

2.7 Statutory Sick Pay (SSP) / Sickness Benefit

Because yours is a "Contract" for the period of each day, Inscor Healthcare Ltd does not usually pay sick pay. You should make enquiries at your local DSS office with regard to sickness benefit. If you have an assignment booked and you are unable to complete the assignment, please contact your Consultant as soon as possible to report this so that a replacement Agency Worker can be supplied.

Other Benefits: You may be eligible for other benefits, details of which may be obtained from your local Social Security Office.

2.8 Working Time Regulations and Statutory Allowance

Under the Working Time Regulations (WTR), Agency Workers' working time (including Placements and services provided personally to anyone else) should not exceed 48 hours per week (averaged over a period of 17 weeks). Night duty hours must not exceed 8 hours in 24 hours (averaged over 17 weeks). However, Agency Workers wish to waive this right, are required to declare this on joining the agency. Agency Workers can withdraw the option to work in excess of 48 hours per week at any time by

providing 3 months written notice. Working time shall include only the period of attendance at each individual Placement. It shall not include travelling time.

The holiday year runs from 1st October to 30th September. As an Agency Worker, you start accruing holiday pay as soon as you begin work through us and can request this from us at any time. Holiday entitlement is up to 5.6 weeks in any holiday year, pro-rata, for workers who work less than full time hours. Any holiday pay that you accrue must be taken before the end of September, as the holiday year runs from 1st October to 30th September. (any outstanding balance of holiday pay not claimed by this date will be lost).

Holiday pay rate is calculated as an average of the pay rates you have received over the previous 12 weeks. It is each Agency worker's responsibility to claim his or her holiday pay, and Inscor Healthcare Ltd will not send reminders, nor will Inscor Healthcare Ltd be responsible for loss of holiday payments. You may not work whilst on holiday. It is simple – holiday is a necessary period of rest. You may not claim holiday for weekends, unless these are usual working days for you. To claim Holiday Pay please contact your Consultant. Holiday pay is not applicable to any Agency Worker registered as a Limited Company as it is already included in the rate of pay.

2.9 Insurance Guidelines

All Inscor Healthcare Ltd Agency Workers are self-employed and are responsible for their own actions, errors or omissions at work. You are therefore strongly encouraged to take out Personal Accident, Professional Indemnity/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.

2.9.1 Insurance Against Personal Accident and Illness

Agency Workers will only be paid for work that has been undertaken so, if for any reason you are unable to undertake work, you may well suffer financially as a result. The normal risks, which prevent Agency Workers from working, are accidents (either at work or at home) or illness. You are advised to seek and obtain insurance cover against such risks and at a level that protects your income during periods when you cannot work. Inscor Healthcare Ltd advises all Agency Workers to seek the services of an independent Financial Advisor in the first instance to ensure that they are covered in such an event.

2.9.2 Motor Insurance

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

vehicle, you must have "own business" cover for passengers as well as for yourself. A copy of this certificate must be given to your compliance team, together with a copy of your current driving license.

2.9.3 Recording an Accident / Incident and Insurance

If any accident/incident occurs, which could give rise to a claim, the incident must be recorded accurately in the Client's Accident Book. You are also strongly advised to complete an incident report and forward it to your Consultant. You are advised to take out additional insurance.

3. Booking Shifts, Communications, Attendance, Timekeeping and Cancellations

Booking Shifts: Please book your shifts by telephoning your personal consultant. Regular and effective contact is vital so we can find you the work you want. Let us know your availability and key requirements as often as necessary.

As an agency that provides a quality last minute shift requirement service, we need to ensure that we always present professionally and efficiently. Clients rely on our company to source quality staff to fill shortfalls in their staffing needs due to sickness, annual leave and rota shortages. When we fill a shift, we need to ensure this is upheld and doesn't leave our Client short staffed and patients at risk.

We appreciate that sometimes unavoidable things do occur however you must always try and give us as much notice as possible if you have to cancel a shift.

If you feel slightly unwell, but are unsure if you will need to cancel the shift still advise us of the situation so we can be prepared if a replacement is needed.

To cancel a shift you have already accepted, please phone your Consultant immediately. **Shift cancellations will not be accepted by e mail or text.**

Please be accessible by phone when you have said you will be available. Be prepared to answer calls from a "private number" as our office number will be displayed this way and we may need to cancel you from a shift.

Please ensure you always arrive for work at least fifteen minutes before the shift is due to start. This will allow you to find your ward, store your belongings, change into your tunic and introduce yourself to the Nurse in Charge or Manager.

If running late for work, please contact your Consultant or the main Inscor Healthcare office immediately. Always call before the shift is due to start and please give a realistic estimated time of arrival. If your journey is further delayed, please update us again.

It is always better for us to call ahead and inform a Client of lateness, than the Client calling us looking for a worker running late. This will look unprofessional and may affect future work allocation from that Client.

Allow plenty of time to travel to work, particularly if travelling by bus or tube, which are frequently subjected to disruptions and can run behind time

When travelling to a new establishment, please plan out your route carefully and ensure you have all the travel information you need before you leave home- if you need assistance planning your journey, your Consultant will be happy to do this for you

It is not acceptable if you fail to inform us of your delayed arrival due to: no mobile phone credit, no number for Inscor Healthcare Ltd. Please make sure your mobile phone credit is topped up and you have Inscor Healthcare Ltd.'s main contact number saved:

Phone Number: 0333 987 4240

We provide a 24-hour service 365 day a year. You may use this service if you have an urgent concern, difficulty or emergency that needs immediate attention. Please call during office hours if the situation is non-urgent

4. Before You Start Work

4.1 General Obligations

- 1) As an Agency Worker to be deployed in the provision of the Services you need to be aware that at all times whilst on the Client's premises you:
 - a) are under the direction and control of the Client at all times.
 - b) must work as directed by the Client and follow all reasonable requests, instructions, policies, procedures and rules of the Client (including any racial discrimination and equal opportunities policies);
 - c) shall not neglect, nor without due and sufficient cause omit, to discharge promptly and diligently a required task within the terms of the engagement;
 - d) shall not make unnecessary use of authority in connection with the discharge of the provision of the Services and engagement instructions;
 - e) shall abide by the Working Time Regulations 1998 and where applicable, New Deal requirements;
 - f) shall not act in a manner reasonably likely to bring discredit upon the Client;
 - g) shall not unlawfully discriminate for any reason;
 - h) shall not falsify records, timesheets, expenses or attempt to de-fraud the Client in any way;
 - i) shall not corruptly solicit or receive any bribe or other consideration from any person, or fail to account for monies or property received in connection with duties performed under the provision of the Services on an engagement;
 - j) shall observe the highest standards of hygiene, customer care, courtesy and consideration when working in a health service environment;
 - k) shall keep confidential information howsoever acquired whether relating to the Client, its business or relating to patients, including but not limited to patient identity, clinical conditions and treatment;
 - l) shall be competent in understanding and using both written and oral English;
 - m) shall be able to communicate effectively with the Client's staff, other healthcare workers, patients, carers and the general public;
 - n) be helpful, pleasant and courteous;
 - o) have good telephone skills;
 - p) shall have legible handwriting;
 - q) shall be confident and able to deal with Client's staff at all levels;
 - r) shall be able to work with minimum supervision, where appropriate;
 - s) shall be prompt and punctual;
 - t) shall maintain proper standards of appearance and deportment whilst at work;

- u) shall be properly and presentably dressed in such uniform and protective clothing, or otherwise, as agreed between the Parties;
- v) shall display your photo ID badge on your clothing at all times during an engagement when they are on the Client's premises.
- w) shall not wear the uniform, protective clothing, photo ID badge or use the equipment on the Client's premises unless fulfilling the terms of the agreed engagement;
- x) shall not engage in any form of physical or verbal abuse, threatening behaviour, harassment/bullying or be otherwise uncivil to persons encountered in the course of work;
- y) shall not at any time be, or appear to be, on duty under the influence of alcohol or drugs;
- z) shall not at any time be, or appear to be, in possession of firearms or other offensive weapons;

4.2 Fitness for Practice

As an Agency Worker with Inscor Healthcare Ltd you are required to sign a statement at recruitment registration confirming that you are aware that you must notify Inscor Healthcare Ltd about any changes to your professional registration immediately. Equally, you are required to declare before each occasion on which you are deployed in the provision of Services via Inscor Healthcare Ltd that you are fit to practice at that time. Should you not be able to give this declaration truthfully, and then Inscor Healthcare Ltd will be required to provide an alternative Agency Worker.

Please note: Any Agency Worker failing to maintain appropriate up to date, current professional registration will be withdrawn from active assignments until professional re registration is effective. Registered Nurses failing to maintain current professional registration will not be allowed to work as a healthcare assistant during this period of non-registration.

You should not declare yourself to be fit to practice if you are suffering from any of the following conditions: vomiting, diarrhoea or a rash. You should inform the Client, and Inscor Healthcare Ltd, if you become injured or diagnosed with any medical condition. You MUST also let us know if you are pregnant. 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.

The Client may request that you undergo a medical examination before any occasion on which you are involved in the provision of the Services. The Client shall instruct you of the circumstances and reasons for the medical examination. The Client shall be entitled to refuse to allow you to be involved in the provision of the Services unless the medical examination demonstrates that it is safe for you to work. The Client shall also be entitled to refuse to allow you to be involved in the provision of the Services if you decline to be examined.

4.3 Electronic DBS Process for England – Enhanced Disclosure and Barring Services (DBS)

The nature of the work undertaken by Inscor Healthcare Ltd Agency Workers is likely to have regular and ongoing contact with young people and/or vulnerable adults. For this reason, it is necessary for us to carry out Enhanced Disclosures (criminal record checks), including check of the Children's and Adult's Barred Lists, as part of the recruitment process. If you are a new candidate you are initially required to contribute to payment for your DBS check via the Registration Deposit of £50. As an organisation using the DBS Disclosure service to help assess the suitability of applicants for positions of trust, Inscor Healthcare Ltd complies with the DBS Code of Practice, Data Protection Act and any other relevant regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. If you have already registered with DBS and have received a certificate number, we can check your DBS online. The only requirement is a valid passport and the original DBS. For more details about DBS services and how to register with them please check www.dbs.gov.uk.

Inscor Healthcare Ltd processes all criminal record checks for England electronically. This ensures that your initial DBS and any other subsequent renewals are processed promptly, usually within a few weeks or so (assuming no issues with your application). As such we have very limited scope for issue of any refunds once you have paid us your Registration fee so any refunds are strictly in accordance with our refund policy.

4.4 Renewal of Enhanced Disclosure

Agency Workers are required to renew their Disclosures annually. You will receive a reminder when yours is due for renewal. Please attend to this as soon as you can to avoid work being cancelled.

4.5 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 Inscor Healthcare Ltd. This requirement includes convictions, cautions etc, which occur during the Agency Workers registration with Inscor Healthcare Ltd, including between annual disclosure checks.

4.6 Criminal Convictions / Cautions

Inscor Healthcare Ltd is an Equal Opportunities organisation and as such, undertakes to treat all Agency Workers fairly and not to discriminate on the basis of conviction or other information revealed. Having a criminal record will not necessarily debar any individual from working with the company. Denial or nondisclosure of any conviction or caution, which is subsequently shown to exist, will lead to the immediate removal of the Agency Worker from the Inscor Healthcare Ltd Register. Any Agency Worker with convictions/cautions we be asked to prepare a "Confidential" Statement of Events surrounding each conviction/caution. Positive Disclosures are reviewed by the Company's Director. Due consideration is given to the nature of the role, together with the circumstances and background of any offence and over-riding consideration is to the care, safety, and protection of Clients. Inscor Healthcare Ltd is bound by the Disclosure Body's Code of Practice and we guarantee that the information will be treated confidentially.

Please be aware that our Clients do request to see a copy of your "Applicant's copy of your DBS from time to time.

You have a responsibility to report any cases of suspected child or abuse of vulnerable adults. We have a detailed policy outlining this procedure.

4.7 Agency Worker Regulations (AWR)

These regulations, which came into force on 1 October 2011, are designed to ensure that agency workers receive, usually after a qualifying period, treatment no less favourable than their full time employed equivalents.

Detailed guidance on the regulations is available online (www.bis.gov.uk) and your consultant can help but in brief your entitlements include:

- a) immediate access to facilities, etc. provided by the Client to equivalent employed workers at the Client, and,
- b) after a qualifying period of twelve weeks, equal basic working conditions. The working conditions referred to are principally pay and holiday pay.

For the purpose of entitlement to equal working conditions the definition of the twelve week "Qualifying Period" is important so when calculating whether any weeks completed with the Client count as continuous towards the Qualifying Period, where:

a) the Agency Worker has started working during an assignment and there is a break, either between assignments or during an assignment, when the Agency Worker is not working;

b) the break is:

(i) for any reason and not more than six Calendar Weeks;

(ii) wholly due to the fact that the Agency Worker is incapable of working in consequence of sickness or injury and the break is 28 Calendar Weeks or less; paragraph (iii) does not apply; and, if required to do so by the Employment Business, the Agency Worker has provided such written medical evidence as may reasonably be required;

(iii) related to pregnancy, childbirth or maternity and is at a time in a protected period, being a period beginning at the start of the pregnancy and ending at the end of the 26 weeks beginning with childbirth (being the birth of a living child or the birth of a child whether living or dead after 24 weeks of pregnancy) or, if earlier, when the Agency Worker returns to work;

(iv) wholly for the purpose of taking time off or leave, whether statutory or contractual, to which the Agency Worker is otherwise entitled which is: 1) ordinary, compulsory or additional maternity leave; 2) ordinary or additional adoption leave; 3) ordinary or additional paternity leave; 4) time off or other leave not listed in paragraphs

(iv) i, ii, or iii above; or; 5) for more than one of the reasons listed in paragraphs (iv) i, ii, iii to iv above;

(v) wholly due to the fact that the Agency Worker is required to attend at any place in pursuance to being summoned for service as a juror and the break is 28 Calendar Weeks or less;

(vi) wholly due to a temporary cessation in the Client's requirement for any worker to be present at the establishment and work in a particular role for a pre-determined period of time according to the established custom and practices of the Client;

(vii) wholly due to a strike, lock-out or other industrial action at the Client's establishment; or

(viii) wholly due to more than one of the reasons listed in paragraphs (ii), (iii), (iv), (v), (vi) or (vii);

(c) the Agency Worker returns to work in the same role with the Client. Any weeks during which the Agency Worker worked for the Client before the break shall be carried forward and treated as counting towards the Qualifying Period with any weeks during which the Agency Worker works for the Client after the break. In addition, when calculating the number of weeks during which the Agency Worker has worked, where the Agency Worker has started working in a role during an Assignment and is unable to continue working for a reason described in paragraph (b)(iii) or (b)(iv) 1), 2), or 3), for the period that is covered by one or more such reasons, the Agency Worker shall be deemed to be working in that role with the Client for the original intended duration or likely duration of the relevant Assignment, whichever is the longer.

For the avoidance of doubt, time spent by the Agency Worker working during an assignment before 1 October 2011 does not count for the purposes of the definition of "Qualifying Period". In the event that your pay is to be increased so as to comply with the regulation the new rate will be shown on your payslip.

AWR and Statutory Leave

As noted in the terms of engagement agency workers under PAYE are entitled to up to 5.6 weeks leave (or a proportion thereof pro-rata according to your levels of agency work). The terms of engagement also

state the basis on which this leave is to be claimed by you and paid to you. In the event of you meeting a qualified period there is a possibility that you might, depending on the Client concerned, be entitled to annual leave at a higher rate than the equivalent of 5.6 weeks per year. If this is the case then any leave entitlement over and above the 5.6 weeks due to you will not be added to your leave entitlement but will be paid to you as it is earned and will be included in your standard hourly rate of pay.

In the event that additional holiday pay does become payable to you under the Agency Worker's Directive there may or may not be accompanying pay increase or pay decrease separate to the additional holiday pay. This will be explained to you on an assignment by assignment basis.

What If I Am Not Treated as A PAYE Worker for Tax Purposes?

As you are aware our preferred option is that all agency workers operate via our own PAYE system. If, however you operate through a limited company or through an umbrella company we will pay your gross pay (without deduction of tax) to the nominated limited company or umbrella company. In so far as we are able this gross pay will be paid at the same gross rate as any PAYE equivalent agency worker (which will of course be set so as to comply with the Regulations). How this is then paid to you will be determined by the umbrella company/the limited company and as such represents something over which we have no control.

Please Note: If you are self-employed then the Agency Worker Regulations do not apply to you.

What Are My Obligations Under the Agency Worker Regulations?

In order to help us and any Client to provide you with comparable treatment then we will need to immediately know:

- a) if you work or have worked through any other agency at any Client where we place you. Your consultant will ask you at the time of making any booking but if we are to help you then you must please inform us of any bookings at any of our clients.
- b) if you believe that you have not received the equal treatment to which you are entitled
- c) if you become pregnant or are otherwise entitled to maternity or paternity leave
- d) if you are returning to work after maternity leave, paternity leave, jury service or sick leave

Please immediately raise your concerns you may have regarding the AWR to us by contacting your Consultant.

5. Documentation, ID Badge, Uniform, Assignments, Engagement / Employment by A Client and Client Policies and Procedures

You may be required to produce proof of identification in the form of your passport or UK photo card driving license, before starting any assignments. In addition, you may be requested to produce a copy of the following and as such should carry them with you for each assignment:

- Inscor Healthcare ID Badge
- NMC Pin Card: Registered Nurses and Midwives
- Intention to Practice: Midwives
- HPC Pin Card: OPDs
- Enhanced DBS Disclosure Form

Timesheets: carry at least 2 or 3 in case you work on more than one area.

ID badges are a security tool. Your ID badge will be issued to you before you start work for Inscor Healthcare Ltd and should be worn whenever you are on an assignment booked through us. The ID badge displays your photograph, name, job title and expiry date. Your ID badge will be valid for a year and you will automatically be issued a new ID badge as your current one expires. Should you not receive an updated ID badge or lose your current badge, you can request a new badge via your Consultant.

Failure to comply with any of these requirements could result in you being refused permission to work by the Client. Badges must be returned to us on termination of your employment with Inscor Healthcare Ltd.

5.1 Uniform and Dress Code

All Agency Workers are required to wear the full Inscor Healthcare Ltd uniform or alternative dress code as specifically advised at the time of booking. This will apply to all hours spent on duty. Please ensure when you accept an assignment that you are aware of the appropriate dress code / uniform required and that you are able to accommodate this requirement.

The full Inscor Healthcare uniform consists of:

1. White Inscor Healthcare tunic or t-shirt: clean and ironed
2. Smart navy-blue trousers: no jeans or combats
3. Smart and practical black shoes: flat, waterproof, closed-toe
4. Inscor Healthcare ID Badge

Your clothing should at all times appear professional and acceptable to represent the Inscor Healthcare Ltd and suit the Client. **Your ID badge should be worn and must visible at all times.**

Your uniform should only be put on once you are on the facility premises due to infection control purposes. This is a requirement of most Clients.

Health and safety must be considered at all times. Shoes should not have a heel higher than one inch unless medically required in the circumstances of a disability. Open toe sandals are considered as a hazard as spillage could injure. No jewellery other than plain wedding bands and small stud earrings are acceptable. Watches are not to be worn on the wrist. Nail varnish and/or false nails are not permitted for clinical work due to infection control concerns. Nails should be kept clean, bare and cut down/neat.

Personal Protective Equipment is supplied where appropriate within most units; please ensure that you wear the necessary PPE to eliminate/lower any risk to your personal health.

Inscor Healthcare Ltd operates an anti-discriminatory policy and would consider it a disciplinary offence for anyone to wear offensive slogans political or otherwise where there is the possibility of offending a Client or colleagues with whom you are working.

It is your responsibility to ensure your uniform is kept clean, laundered, ironed and neat at all times. Please take care with your personal hygiene at all times.

You should ensure you have enough uniforms to cover the amount of shifts you work.

- if you are part-time you should have at least 2 uniforms
- if you are full-time then ensure you have at least 4 uniforms

If you require further uniforms, please contact your Consultant ASAP

5.2 Acceptance of Assignments

You are required to work competently; you must possess the knowledge, skills and abilities required for lawful, safe and effective work without direct supervision. You must acknowledge the limits of your professional competence and only undertake roles and accept responsibilities for those activities which you are capable to undertake. In view of this, please ensure that prior to agreeing to accept an assignment, you are satisfied that you have the skill level and competence to perform the role safely.

Please note that even if you feel you are competent to undertake a particular task you must check that the Client's Policy & Procedure enables you as an Agency Worker to complete the required task. The Client may ask Inscor Healthcare Ltd to provide a copy of your CV before accepting you as an Agency Worker. The Client also reserves the right to accept or decline a Inscor Healthcare Ltd Agency Worker for an assignment.

5.3 First Assignment with New Clients

Please ensure that you arrive in good time, and meet with the specified contact person as agreed. At the start of each assignment in an establishment, ward or department with which you are unfamiliar you must request and receive a comprehensive orientation including the following:

- Fire policies relating to the establishment.
- Security issues relating to the establishment.
- Moving & Handling policies relating to the establishment.
- Any "Hot Spots" and "Violent Episodes" to be aware of and the establishment's policies for this.
- The Crash Call procedure.
- Any Health and Safety issues relating to your placement in the establishment.
- Additional relevant policies, e.g. relating to Information Security/Confidentiality.

It is your responsibility to ensure you are aware of any emergency telephone numbers e.g. cardiac arrest number, for the area in which you have accepted your shift.

When you attend a booking with a Client for the first time, we will, on completion of the first shift, contact both yourself and the Client to monitor the success of the placement. This forms part of our quality assurance and monitoring process, ensuring that a professional service is provided at all times.

Upon being offered an assignment you will be advised of the grade and type of work you will be expected to perform. We will clarify the extent of responsibility you will be expected to fulfil. Copies grade and specialty specific job descriptions as outlined in the National Framework and Local Agreements are available from your Consultant. If possible, we will provide you with a job description from the Client. Failing this we will obtain as much information concerning the placement as possible, in order for you to be able to judge whether the assignment being offered is suitable.

5.4 Engagement/Employment by a Client

Our terms of business with our Clients include a requirement that the Clients pay us an appropriate recruitment fee in certain circumstances, if they employ directly any Inscor Healthcare Ltd Agency

Worker, who has worked for them previously through Inscor Healthcare Ltd. This applies equally to agency or permanent posts, full or part-time. You are required by your Terms of Engagement for Agency Workers to notify your Consultant take up any post with a Client of Inscor Healthcare Ltd for whom you have worked previously, even if you have terminated your registration with Inscor Healthcare Ltd.

5.5 Completing an Assignment

At the end of every assignment Inscor Healthcare Ltd provides Evaluations of Service to Clients. Clients are asked to supply feedback on the service they have received from Inscor Healthcare Ltd and also to provide a reference on the Agency Worker. Agency Workers are also asked for feedback on the assignment. Both positive and negative feedback is actively encouraged so Inscor Healthcare Plc can act upon it to improve its quality of service.

5.6 Client Policies and Procedures

You are required to adhere to the policies and procedures issued by the Client. Please ensure that you are advised at induction of where these are kept. You should also be made aware of any significant changes in policy at the commencement of any duties. Inscor Healthcare Ltd also has a range of key policies and procedures, in addition to those outlined in this Handbook. If you have any questions about policies and procedures please discuss with these with your Consultant or Inscor Healthcare Ltd Clinical Nurse Manager as appropriate and soon as possible.

Should any conflicts or confusions arise during your working assignment with regard to the interpretation of policies and procedures we strongly urge you to seek advice from a senior member of staff, or contact us at the time the conflict is occurring. Equally, should an occasion arise whereby you believe that you are being compelled to compromise your integrity and are instructed to breach your Code of Professional Conduct, we would instruct you to seek guidance immediately. Always remember that you are personally and professionally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or direction from another professional.

In the event that a more general conflict arises, you have a professional duty to make all reasonable attempts to resolve any difficulties. As a professional you are expected to co-operate with others in the team. In the event of difficulties, please contact us and we will do all we can to help to negotiate a satisfactory resolution.

5.7 Record Keeping

Record keeping is a professional requirement of all Agency Workers. Failure to maintain a record would cause considerable difficulties in respect of any legal proceedings, e.g. allegations of negligence. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis. Records are a valuable resource because of the information they contain. This information can facilitate

clinical decision making, improved patient care through clear communication of the treatment rationale and progress, and facilitate a consistent approach to team working. However, a record is only of use if it is correctly recorded in the first place, regularly up-dated, and easily accessible when it is needed. Everyone working in healthcare that records, handles, stores, or otherwise comes across information, has a personal common law duty of confidence to comply with this. All patient treatment and refusal of treatment and advice must be noted. It is advisable to note when telephone contacts are made. All patient records should be kept confidential in line with the Data Protection Act 1998. Ensure your clinical documentation complies with NMC and HPC guidelines and industry requirements. If you require further information on this, please refer to the NMC or HPC websites or contact our Nursing Department.

6. Important Operational Policies and Procedures

6.1 Safeguarding Children and Young People

All Agency Workers are required to have a valid annual training certificate for Safeguarding Children and Young People and which is part of Inscor Healthcare Ltd.'s training program.

6.2 Codes of Conduct

All registered Nurses, Midwives, and OPDs working with Inscor Healthcare Ltd will be required to adhere to the respective Codes of Professional Conduct, which contain full details of the codes of practice, in respect of all agency work undertaken. You will have been provided with these publications directly by your professional body. Additional copies can be downloaded from the NMC and HPC websites. Please ensure that you behave in a manner that upholds the reputation of your Profession. Behaviour that compromises this reputation may call your Registration into question even if it is not directly connected to your professional practice.

Inscor Healthcare Ltd.'s code of conduct informs all Agency Workers of our Clients' expectations about their general conduct and approach to tasks, emphasises the importance of a professional approach to all Clients and service users, and highlights situations that Agency Workers may have to deal with.

You are required to adhere to the following:

Discrimination: Agency Workers should not discriminate between people on the grounds of Creed, colour, race, political preference, sexual preference, ethnic background, Disability of whatever nature, age, marital status or gender.

Reputation: Agency Workers are ambassadors of the Inscor Healthcare Ltd and must not say or do anything that may harm our reputation.

Own duties: Agency Workers must never attempt to perform any duties of care or otherwise that may fall outside their expertise/and or qualifications. Specifically, care staff must not attempt to perform the duties of nursing staff.

Confidentiality: Agency Workers will at times become privy to information concerning a Client or service user, this information must be treated with respect and remain confidential at all times. At no time may any Agency Worker discuss the confidential affairs of Inscor Healthcare Ltd, a Client or a service user without specific written permission to do so. The only exceptions to this requirement are cases where the law dictates otherwise or if silence may negatively affect a service user's wellbeing.

Dignity: Agency Workers must not do or say anything that may put the dignity or health of their service users at risk.

Professionalism: Agency Workers must at all times remain professional whilst on assignment, even if regular contact with service users or other workers may engender Personal relationships. Agency Workers must take specific care to keep the professional nature of the relationships intact in the working environment.

Keep updated: Agency Workers must at all times keep up to date with policies and procedures and changes to legislation that may affect them.

Respect: Agency Workers must always respect the working practices and demands of service users unless unreasonable or if a working practice may breach health & safety.

Keep to plan: Agency Workers must always, whenever applicable, keep to the requirements of a care service plan and/or any other agreed role requirement.

Best interests: Agency Workers must always act with the best interests of the service user in mind.

Notifications: Agency Workers should always in the first instance notify the manager of the Institution where they are working, of any concerns, followed by a telephone call to Inscor Healthcare Ltd.

Own decisions: Agency Workers must always allow the service user to make the decisions about what is best for them. This includes decisions about treatment and personal affairs.

Complaints: Inscor Healthcare Ltd has a detailed policy on how to report complaints, in the event of a complaint that may affect your duties and obligations please refer to our policy and notify us immediately.

6.3 Substance Abuse

You must not arrive on duty intoxicated by either alcohol or drugs prior to a shift. Clients may request that you undertake an alcohol breath test if they suspect that your performance may be affected. Each trust will have a policy regarding dealing with suspected intoxication. Any Agency Worker arriving for or suspected of arriving for duty intoxicated who is sent home will not be refunded travelling or time expenses.

6.4 Confidentiality

All Agency Workers, whilst undertaking assignments, will at some point encounter information, which is of a confidential nature. Client details are a matter of a very high level of confidentiality and must not be disclosed to any third party. Clients have an absolute right to confidentiality and privacy regarding the

services they are receiving in accordance with the Data Protection Act 1998 and Human Rights Act 1999 and your agreement with Inscor Healthcare Ltd. Any concerns you may have regarding confidentiality should be discussed with a Inscor Healthcare Ltd Manager.

6.5 Data Protection / Access to Records

Inscor Healthcare Ltd is a "data controller" for the purposes of the Data Protection Act 1998. This is because Inscor Healthcare Ltd holds and uses both "personal data" and "sensitive personal data" about its employees, Clients, Agency Workers and other individuals. Inscor Healthcare Ltd processes data, including your records and Client/patient records. The information contained in your Agency Worker records is taken from your application form, as well as Disclosure and Barring Service, references and Terms and Conditions for Agency Workers. There may be occasions when your records are disclosed to Regulators and Inspectors and Clients (e.g. CQC, NHS Buying Solutions).

Inscor Healthcare Ltd will use your personal details and information we obtain from other sources for assessing your suitability for employment with us and if your application is successful we will use your information for personal administration and management purposes including carrying out appropriate security (or financial) checks. We may need to share your information for these purposes with our associated companies, and our Clients. You consent to our processing sensitive personal data about you, for example your health information or racial or ethnic origin information, for the purposes of your placement with us and to the transfer of your information abroad where necessary. Data Protection Compliance Officer: In order to ensure that Inscor Healthcare Ltd complies with its obligations under the Act, it has appointed a Data Protection Compliance Officer. This individual is the Inscor Healthcare Ltd Company Secretary. You should refer to the Data Protection Compliance Officer if you are in any doubt about any of Inscor Healthcare Ltd.'s obligations under the Act.

Rights of Access (Subject Information): The Act gives you the right, on application in writing (and payment of a fee as appropriate), to ask for a copy of the information we hold on you and to correct any inaccuracies. For quality control, training and security purposes, we may monitor or record your communications. Inscor Healthcare Ltd is not obliged to provide information to you in all circumstances. A number of exemptions apply and Inscor Healthcare Ltd may in certain circumstances be unable to disclose information, where that information also relates to another individual who could be identifiable from the information disclosed. However, in these circumstances Inscor Healthcare Ltd will provide you with reasons why we believe such a decision to be necessary. All requests for disclosure received from you or those who claim to be data subjects will be submitted to the Directors for action and they will normally respond within two weeks. Upon receipt of such data, you should check its accuracy and inform the Director of any amendments required. It is in the interests of everyone that all information is accurate and up-to-date. Your co-operation and assistance are greatly appreciated. It is assumed that you will

only need to verify personal data on one occasion. There will be no charge made for the first application in any calendar year; however, additional requests will normally attract a charge of £15 per application.

6.6 Computer Use

The Client may at its discretion authorise you to gain access to certain computer systems and certain programs and data within those systems. You shall not attempt to gain access to data or programs to which authorisation has not been given. Agency Workers deployed in the provision of the Services, must at all times when using such computer systems:

- 1)** observe the Client's computer security instructions in respect of the proper use and protection of any password used in connection with such computer systems or any computer any floppy disk, CD ROM disk, removable hard drive or any other device for the storage and transfer of data or programs;
- 2)** not load any program into any computer via disk, typing, electronic data transfer or any other means;
- 3)** not access any other computer or bulletin board or information service (including, without limitation, the Internet) except with specific prior consent of the Client or as the case be from the Client's representative; and
- 4)** not download any files or connect any piece of computer equipment to any network or other item of computer equipment except with the prior consent of the Client or the Client's representative.

The Client shall provide copies of its written computer security policy to Inscor Healthcare Ltd and if supplied, will be available to you on reasonable request.

6.7 Security

Whilst on the Client's premises, you must comply with all security measures of the Client. The Client shall provide copies of its written security procedures to Inscor Healthcare Ltd and these are available to you on reasonable request. The Client shall have the right to carry out any physical searches, or your possessions or of vehicles used by you at the Client's premises. The Client or any person, firm or organisation who is responsible to the Client for security matters shall, when carrying out such searches, comply with the Human Rights Act 1998.

6.8 Professional Indemnity Cover

Whilst working within the NHS you are covered under the Clinical Negligence Scheme for Trusts (CNST). It is important to realise that the cover offered by the CNST is by no means sufficient to cover all the situations in which you may find yourself. Inscor Healthcare Ltd would therefore advise you to take out your own personal PI cover. Medical Professionals working outside the NHS should have their own PI cover.

NHS Indemnity does not apply to family health service practitioners working under contracts for services, e.g. GPs (including fund holders), general dental practitioners, family dentists, pharmacists or optometrists; other self-employed health care professionals e.g. independent midwives; employees of FHS practices; employees of private hospitals; local education authorities; voluntary agencies.

NHS Indemnity covers negligent harm caused to patients or healthy volunteers in the following circumstances: whenever they are receiving an established treatment, whether or not in accordance with an agreed guideline or protocol; whenever they are receiving a novel or unusual treatment which, in the judgment of the health care professional, is appropriate for that particular patient; whenever they are subjects as patients or healthy volunteers of clinical research aimed at benefiting patients now or in the future.

6.9 Medicines Management

You have been provided with a copy of the NMC Standards for Medicines Management 2008 (2010 cover version). Inscor Healthcare Ltd.'s Medicines Management policy reflects the guidance contained with that publication and you are expected to fully apprise yourself of the contents of both these documents and practise in accordance with the guidance contained therein.

The Medicines Management policy sets down minimum acceptable standards and behaviours expected of an Agency Worker placed through Inscor Healthcare Ltd in acute and community settings, where they are involved with Medicines Management for the adult client or patient and aims to safeguard the best interests of Clients and patients, clarify the scope and limitations of the responsibility of the Agency worker, support Clients/patients with their medications, clarify the role of the unqualified Agency Worker, encourage safe systems for handling, storing, assisting and administering medicines, minimise risk, identify communication structures for concerns, errors and risks, define "assistance with medicines" and "administration of medicines", ensure that recording and control of medicines is correctly performed to prevent loss, inappropriate access to and misuse of medicines by patients / carers, residents, staff or any member of the general public, and support the agency nurse to work to the highest standard when involved in the prescribing and administration of medicines.

Practitioners involved with the delivery of care carry responsibility for their actions. Signatures and initials must be capable of identification. Whilst the policy focuses on clarity for Agency Workers regarding their role and scope of practice for medicines management in the Acute & Independent Hospitals and hospices the principles in this medicines management policy are to be understood to cover all settings i.e. the community setting.

Please note: A further comprehensive Medicines Management Policy is available focusing primarily on clarity for Agency Workers within the Community Setting. Please ask your Consultant or the Nursing Department for a copy.

Medicines management should ensure a patient/client receives maximum clinical benefit from the prescribed medication in a safe way, which minimises any potential harm.

Suitably qualified Agency Workers will provide patient/clients with supervision and support to ensure that they receive their medications in an appropriate manner: as they are prescribed and in accordance with dispensing instructions; and in a timely manner to ensure an effective clinical outcome.

Suitably qualified Agency Workers may administer prescribed medication, including controlled drugs, provided the patient/client has consented and this is recorded as part of their care (Signatures and initials must be capable of identification). Any medicines given must be given as directed by the prescriber.

Intravenous Medications/ Blood bloods/transfusions

In the situation that a qualified Agency Worker has received previous training in the area of the administration of Intravenous Medications, it is possible to administer such medications under the scope of professional practice, NMC. However, organisations vary and some do not permit Agency Workers to undertake such tasks until such time that they have assessed the Agency Worker's skills and deem that they have achieved competency in accordance with Organisational Policies and Guidelines. Please ensure you are fully apprised of the organisation's policies and procedures in relation to the above.

Definition of a Medicinal Product

A Medicinal product is:

"Any substance or combination of substances presented for treating or preventing disease in human beings or animals. Any substance or combination of substances which may be to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product." Council Directive 65/65/EEC.

Blood and Blood Products

Blood is not classified as a medicinal product although some blood components are. Products derived from the plasma component of blood such as blood clotting factors, antibodies and albumin are licensed and classified as considered to be medicinal products. For the purpose of the administration of medicinal products registrants would be expected to apply the standards for medicines management to all medicinal products but should consider additional guidance by the National Patient Safety Agency:

Right Patient, Right Blood, November 2006 (available at www.npsa.nhs.uk). A key requirement of this guidance is that all staff involved in blood transfusion undergo formal competency assessment on a three-yearly basis.

Procedure: Assistance & Administration of Medicines

Adults, who are supported in the community setting in their own homes by a Inscor Healthcare Ltd Agency worker, will normally be responsible for their own medicines both prescribed and non-prescribed.

Definition of Assisting

The definition of assisting is (Care Workers in the Community setting should also refer to training level 1 in the Medicines Management for Agency Nurses within the Community Setting Policy) when a care worker or nurse assists someone with their medicine, the Client or patient must indicate to the care worker or nurse what actions they are to take on each occasion.

Definition of Administration

If the Client or patient is unable to do this or if the care worker or nurse gives any medicines without being requested (by the Client or patient) to do so, this activity is interpreted as administering medicine (Care Workers in the Community setting should also refer to training level 2 in the Medicines Management for Agency Nurses within the Community Setting Policy).

To administer medicines means “to give a medicine either by the introduction into the body, whether by direct contact e.g. orally or by injection, or by external application e.g. a transdermal patch for analgesia or an impregnated wound dressing”.

Procedure: Qualified Nurse & ODP Agency Worker professional responsibilities

The Nurse’s and ODPs role in medicines management is the safe handling and administration of medicines and the provision of support to the Client/patient receiving them. Part of this responsibility is to ensure that the patient/Client understands the reasons for the medication, the likely outcome and any potential side-effect.

Agency Nurses and ODPs placed in organisations must work with local policies, procedures and directives, and within the limits of their competency and experience. Inscor Healthcare Ltd expects all agency workers, at the commencement of each assignment, to familiarise themselves with the local policies and procedures that they are working in. If these policies are not made available to you, it is your responsibility to inform the Departmental Manager and the Clinical Nurse Manager of Inscor Healthcare Ltd.

Nurses are strongly advised to be fully appraised of the Nursing and Midwifery Council (NMC) “Standards for medicines management”, 2008. (Cover version 2010)

This framework provides the minimum standards by which their practice should be carried out and it is against these standards that their conduct will be measured. Inscor Healthcare Ltd expects all qualified nurses working through the agency to follow these standards strictly and to use this to apply their professional expertise and judgement when supporting Clients/patients with their medicines in all care settings.

Key points of these are that the nurse must:

- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be certain of the identity of the patient to whom the medicine is to be administered
- be based, whenever possible, on the patient's informed consent and awareness of the purpose of the treatment
- be aware of the patient's care plan
- check that the prescription, or label on medicines dispensed by a pharmacist, is clearly written and unambiguous
- have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies
- check the expiry date of the medicine to be administered
- check that the patient is not allergic to the medicine before administering it
- contact the prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine,
- or where assessment of the patient indicates that the medicine is no longer suitable
- make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible
- ensure that a record is made when delegating the task of administering medicine
- where supervising a student nurse in the administration of medicines, clearly countersign the signature of the student

ODPs are strongly advised to be fully appraised of the HPCs Standards of Proficiency – Operating Department Practitioners, 2008, and the Standards of Conduct, Performance and Ethics, 2008.

This framework provides the minimum standards by which their practice should be carried out and it is against these standards that their conduct will be measured. Inscor Healthcare Ltd expects all OPDs working through the agency to follow these standards strictly and to use this to apply their professional expertise and judgement when supporting Clients/patients with their medicines in all care settings.

In addition to local policy and specifically with regard to Medicines Management ODPs must be familiar with the several agencies and different Government Legislation which governs their practice: The Medicines and Healthcare Products Regulatory Agency (MHRA) provides information about medicines regulation, The National prescribing centre provides information about prescribing and patient group directions, The Department of Health produces a helpful publication 'Medicines Matters'.

The relevant legislation is available from the Office of Public Sector Information's website.

Procedure - Medicines - Unqualified Agency worker' Role in Medicines Management Inscor Healthcare Ltd Unqualified Agency worker's responsibilities:

When working in organisations such as Hospitals, Nursing homes and Hospices it is unlikely that an unqualified Agency Worker will be involved in medicines management. In a Care-Home or in the Community in client's home an Agency Worker may be required to assist a client with their medications Unqualified Agency Workers must clarify with their Consultant or Inscor Healthcare Ltd Clinical Nurse Manager the extent of their responsibilities for medicines when placed in the community or care setting.

In a Care-Home an unqualified Agency Worker may be asked to be a second witness to medication administration when no second qualified nurse is available. If an Agency Worker considers that they are not competent to do this they must inform the person in charge of the shift. Any unqualified Agency Worker required to be a second witness must have received appropriate training in the management and Safe Handling of Medicines. All care workers involved with medicine management must be able to evidence accredited training.

Please note: A further comprehensive Medicines Management Policy is available focusing primarily on clarity for Agency Worker within the Community Setting. Please ask your Consultant or the Nursing Department for a copy

Procedure - Medicines - Acute & Independent Hospitals and Hospices

All medicines administered in a hospice or acute hospital must be considered prescription only. In this setting, whether administered by a nurse/pharmacist or self-administered by the patient himself, medicines administration can only occur when a written prescription exists or a Patient Group Direction (PGD) is available.

Agency Workers must establish when they have responsibility for administering medicines. They can do this as a single-administration or if a second check by another qualified practitioner is required.

Self-administration in Acute & Independent Hospitals & Hospices:

In some circumstances, patients retain responsibility for the whole or part of the process for their medicines management. Agency Workers should establish local policies, procedures and means of recording this when they are responsible for these patients.

Self-administration of medicines by a patient does not discharge a nurse's responsibility for supervision, assessment and documentation of medicines taken.

Procedure - Medicines - Advice Giving

The Agency Worker must not offer advice on specialist treatments e.g. a subcutaneous syringe driver, used for palliative care or a cancer drug, unless they have the specialist knowledge to do so.

In the community setting Inscor Healthcare Ltd Agency Worker will not influence:

- How the Client chooses to obtain his medicines
- How and where the Client chooses to keep medicines in the home (unless this affects the efficacy of the drug)
- How medicines, which are no longer needed, are disposed of

Procedure - Medicines – Consent

A Client's consent for medicines to be administered must be checked, documented and dated in the Care Plan. This documented consent should be revised should the Client's physical or cognitive abilities alter.

Checking a Client's consent should confirm his/her understanding:

- of the intended effect of the medicine
- of potential side-effects
- that he/she has the right to refuse the medicine

Consent is dynamic and therefore must be established at every medication administration event. Agency Worker must obtain Clients' consent before administering or assisting with their medicines.

Procedure - Medicines - Refusal of Medication

When a Client refuses to take their medication, or to receive it from the Agency worker, the refusal and the reason for this must be recorded. The patient's right to decide whether to receive medications must be respected. Appropriate encouragement to take or receive the medication is acceptable, however forcing a Client to take the medicine through physical or verbal coercion is not acceptable and is abusive.

Agency Workers must be aware that sometimes, even the act of standing over a Client may be seen as intimidation

Procedure - Medicines - Unqualified Agency Worker- Assisting, Prompting, Administering

Healthcare assistants/care assistants/auxiliaries and support workers may not administer medicines and healthcare products unless they have had appropriate and recognised training to enable them to administer medicines.

An unqualified Agency Worker's competence to administer medicines must be supported with verified documentary evidence, which is clear about the scope of their training and its outcome, e.g. qualifies the individual to administer specific medicines to named patients.

Competence to administer medicines in a specified setting does not give an unqualified Agency Worker the authority to do so in others.

An unqualified Agency Worker must not administer any medication through interventional techniques, unless specially trained by a qualified healthcare professional. The professional may delegate the task to the unqualified Agency Worker but remains responsible for his/her competence to undertake this.

Procedure - Management of Medication Errors

At any point of the medication process a mistake can occur.

Reporting an Error: The Agency Worker must inform the supervisor or unit manager if on placement in an establishment and follow the local policy and guidelines for reporting and documenting a medication error. Depending on the situation and its severity, the prescriber must be informed immediately or the "out of hour's doctors" contacted if in the community. If an error occurs in the Client's home they must be informed or if they unable to understand, their main carer/guardian must be contacted. The Client's GP must also be informed. The Client must be monitored for any adverse reactions and the situation documented clearly and at the time of the event.

Qualified and unqualified Agency Workers must report any medicine errors to their local branch office.

If the Agency Worker made the error, he/she must provide all details to the Local Branch Office and document clearly on an incident report. If the Agency Worker has been personally involved in a medication error, an investigation will be carried out by the Local Branch Office. The Agency Worker will be kept informed of the progress of the investigation and support will be given to achieve a satisfactory conclusion for both the Client and the Agency Worker. Depending on the circumstances and severity of the error, further action may be taken.

The Agency Worker is expected to cooperate with any investigation and may request an independent assessment of the investigation if they do not accept the outcome.

Procedure - Disposal of Medicines

Agency Workers must follow establishments' written policies for the safe disposal of unwanted medicines. Records must be made and kept.

Clients in their own homes are responsible for the disposal of their own medicines. However, in some situations, the Agency Worker will be required to do this on their behalf. Best practice is to return unwanted medicines to the dispensing pharmacist. Controlled drugs must be treated in this way and returned to the Pharmacist or GP. A record and a signed receipt that this has happened are essential to protect the Agency Worker from any misunderstanding.

Procedure - Medicines - Patient Group Directions (PGD)

A PGD refers to written instructions for the supply or administration of medicines to a group of patients who may not be individually identified prior to presenting for treatment. A PGD will cover approved practitioners in supply and administration of medicines under this directive and authorised by the individual hospital Trust. The PGD does not allow practitioners to prescribe.

An Agency Worker may not be covered to administer medications under a PGD, as each person who administers the medications must be named on the PGD. Written evidence of formal assessment of competence in the management of these medications usually accompanies the PGD.

If an Agency Worker is required to administer medicines under a PGD, advice and/or consent must be sought from the unit Manager/shift supervisor at the organisation. The Agency Worker must understand the scope or limitation of their responsibility when administering medicines under a PGD. The Agency Worker must use their personal and professional judgement as to whether they will accept the responsibility this extended role will place upon them. An Agency Worker should not accept this role on delegation from a practitioner authorised to use PGD's.

Procedure - Medicines - Nurse Prescribing

Nurse prescribing is a recordable qualification following specialist training.

If a qualified Agency Worker is on placement where he/she is required to use this extended role as part of the placement they must contact the Hospital Trust, PCT or organisation's Nurse Prescribing Lead to make necessary arrangements. The Agency Worker is strongly advised to familiarise themselves with the local policy and procedures for nurse prescribers. An Agency Worker must not undertake any "nurse prescribing" activities unless their placement has specifically requested this.

Procedure - Medicines Management - Trouble Shooting

The Agency Worker should not make decisions on medicine management unless competent to do so.

Agency Workers should access up-to date information about the use of medicines when they do not know or are unsure of the use and benefit of specific medications. The British National Formulary (BNF) should be available in hospitals, hospices and Nursing homes. Any concerns regarding medication should be referred to the patient/client's key clinician or visiting specialist team e.g. Hospice or the community pharmacist who dispensed the medicine for the Client can be contacted for advice.

If a qualified Agency Worker has concerns about their or others' competence in medication administration, it is essential to contact the local branch office. Qualified nurses are advised to act promptly if they identify poor practice or errors in medication administration.

Procedure - Witnessing in Medication Management

It is important to understand that witnessing the administration of a drug carries the same responsibility as doing it and careful checking is required.

Witnessing is not to be treated as a rubber-stamping exercise. Where two people sign that they have witnessed the administration of a drug, both are equally responsible only if both are registered nurses - unqualified Agency Workers cannot be held responsible for the administration of a drug.

Procedure - Medicines - Registered Nurse in Sole Charge of an Establishment

Where Agency Registered Nurse is in sole charge of an establishment, e.g. a Nursing Home, and is required to administer controlled drugs, he/she should refer to the policy of the Nursing Home.

It is best practice that, where this occurs, the controlled drugs and Medication Log are checked at handover so there can be no dispute later as to what has been done. When the time comes to administer the controlled drug, a second Agency Worker should be present to act as a witness.

6.10 NHS Counter Fraud Service: NHS Executive Directorate for the Prevention of Fraud

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

Types of Fraud within the NHS:

Payroll Fraud - payments made to fictitious employees or fraudulent manipulation of payment; false or inflated travel, expense claims, overtime or unsocial hours claims, timesheet fraud claiming for hours that have not been worked or putting in duplicate timesheets.

Requisition and Ordering Fraud - accepting inducements from suppliers; ordering goods and services for personal use and collusion with suppliers to falsify deliveries or order supplies not needed.

Overseas Patients Fraud - People not resident in the UK who come to the NHS for treatment must pay for their treatment before they leave the UK.

What To DO:

If you suspect fraud, the following are some simple guidelines to help you in what you should do.

DO make an immediate note of your concerns

DO report your suspicions confidentially to someone with the appropriate authority and experience

DO deal with the matter promptly if you feel your concerns are warranted

DON'T do nothing

DON'T be afraid to raise your concerns

DON'T approach or accuse individuals directly

DON'T try to investigate the matter yourself

DON'T convey your suspicions to anyone other than those with the proper authority

6.11 Equal Opportunities

Inscor Healthcare Ltd recognises that discriminatory attitudes held by both institutions and individuals are widespread in our society, and that such attitudes hinder both equal opportunities for work and the

effective provision of services to minority groups and communities. In all aspects of work, Inscor Healthcare Ltd operates a policy of equal opportunity and equal access to service. Information may be requested from staff, Agency Workers, applicants or Clients, enabling Inscor Healthcare Ltd to monitor the success of this policy. The giving of such information will be voluntary and it will be used solely for monitoring purposes. Individual details will be kept confidential; however, group statistics may be released to relevant authorities.

Inscor Healthcare Ltd Agency Workers:

Equality of opportunity extends to all aspects of Inscor Healthcare Ltd registration, including recruitment and selection, assignment of work, pay rates, assessment of performance, and action in response to complaints by Clients. Equality of opportunity covers all Agency Workers/potential Agency Workers and you will be treated equally regardless of your sex, age, marital status, racial, ethnic or national origin, physical or mental disability, political or religious beliefs, sexual orientation or gender reassignment status. Agency Workers are encouraged to make known all special skills and/or knowledge, which may make you particularly suited to care for Clients from specific ethnic or cultural groups. Agency Workers have the right to accept or refuse individual assignments but any indication that an Agency Worker has not acted, or will not act, in accordance with this policy will be investigated and this may result in removal from the staffing Register.

6.12 Harassment /Bullying

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

6.13 Dealing with Allegations of Abuse

Guidelines on dealing with suspicions or allegations of abuse in relation to Safeguarding Children, Young people and Vulnerable Adults.

1. Definitions of Abuse

Abuse under the policy on safeguarding children, young people and vulnerable adults includes:

physical abuse, including hitting, slapping, pushing, kicking, or inappropriate sanctions;

sexual abuse, including encouraging relevant individuals to look at pornography, harassing them by making sexual suggestions or comments, or sexual acts where the individual has not consented, or could not consent or was pressured into consenting;

psychological abuse, 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;

neglect and 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;

financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

2. Detecting Abuse

There are a number of ways in which suspicions of abuse may be raised or actual abuse brought to your attention:

- A child/young person/vulnerable adult may confide you that they are being abused
- A colleague may report to you that a child/ young person/vulnerable adult has confided in them that they are being abused or that they have a suspicion that a child/young person/vulnerable adult is being abused
- A child/young person/vulnerable adult may display signs of physical abuse
- The behaviour of, or a change in the behaviour of a child/young person/vulnerable adult, may suggest that they are being abused
- A colleague may confide in you that they have abused a child/young person/vulnerable adult
- The behaviour of, or a change in the behaviour of a colleague, may suggest that they are abusing a child/young person/vulnerable adult

3. Dealing with a Suspicion or Awareness of Abuse

If you have a suspicion or are aware that a child/young person/vulnerable adult is being abused you must act quickly but appropriately and professionally. To assist in the reporting procedures please ensure that you:

DO: -

- Be accessible and receptive.
- Listen carefully.
- Ask 'open questions'
- Take it seriously.
- Reassure the child/young person/vulnerable adult that they are right to tell.
- Explain what happens next.
- Negotiate getting help.
- Find help quickly.
- Make careful records of what was said using the child's/young person's/vulnerable adult's own words as soon as is practicable following the disclosure. Date, time and sign the record. This record would be used in any subsequent legal proceedings.

DO NOT: -

- Jump to conclusions.
- Directly question the child/young person/vulnerable adult or suggest words for him/her to use.
- Pressure the child/young person/vulnerable adult to disclose all the details.
- Speculate or accuse anybody.
- Make promises you cannot keep.
- Give your opinion; just state the facts as reported to you.
- Gossip or discuss the issue with people that are not involved in the care of the child/young person/vulnerable adult
- Destroy evidence
- Panic

If you suspect abuse has taken place or abuse has been brought to your attention you are obliged to take action but you must also ensure at all times that the welfare of the child/young person/vulnerable adult is paramount and the interests of the person against whom the allegation has been made are protected.

Where practicable you should obtain the following information:

- Contact details for the child/young person/vulnerable adult
- Details of the allegation or suspicion including where known the name of the alleged abuser and the circumstances, which brought the alleged abuse to your attention

4. Reporting Suspicions or Allegations of Abuse

You should immediately report any suspicion or allegation of abuse to Inscor Healthcare Ltd. Do not attempt to assess yourself whether or not the allegations are true and do not attempt to deal with any suspicion or report of abuse yourself.

Inscor Healthcare Ltd may:

- Provide appropriate support for the child/young person/vulnerable adult
- Report the suspicion or allegation to the relevant agencies that may include the Police and/or Social Services.
- Make a written record of the contact at any of these agencies to which the case is reported
- Provide appropriate support for the person against whom the allegation has been made
- Confirm to the person who originally reported the allegation that action has been taken

5. Follow up Procedures

Inscor Healthcare Ltd will confirm to you the action that has been taken. If you feel that insufficient action has been taken and you still have concerns for the safety and welfare of the child/young person/vulnerable adult you should report your suspicions or allegations again explaining why you feel the action taken to date is insufficient.

6. Data Protection

Under the Data Protection Act 1998, individuals have a right of access to personal data that relates to them. This right of access may include a right to request access to records (in whole or in part) relating to suspicions or allegations of abuse involving the person making the request. All such requests will be handled according to the Data Protection Act 1998.

6.14 Gifts and Gratuities

Nursing and care services are provided in return for agreed fees. Under no circumstances should you seek any other money, gifts, favours, or rewards for services rendered, either for yourself or for any third party. It is not uncommon for a Client, their friend or relative, to offer a voluntary gift as a mark of appreciation for care they have received. Inscor Healthcare Ltd believes that giving and receiving such gifts is not generally appropriate to the provision of professional care. Wherever possible, any offer of a gift should be politely refused; with an explanation that acceptance would be against Inscor Healthcare Ltd policy. Furthermore, for people holding a PIN number, it should be noted that accepting gifts is a violation of NMC Code of Conduct.

7. Training and Development

7.1 Induction Training

Inscor Healthcare Ltd requires Agency Workers to pay an optional Registration Deposit of £50 to help cover the cost of DBS, Immunisation and Training costs. The £50 deposit taken will be repayable once a minimum of 6 shifts have been worked and authorised by signed timesheets. It is the responsibility of each Agency Worker to claim back their deposit from Inscor Healthcare Ltd and you must do so in writing only once the above condition has been met.

After you have completed the application, and registration process you will undertake an initial Induction Training Programme, and thereafter update training on an annual basis.

For the avoidance of doubt, annual is defined as during the 12month calendar period directly preceding date of recruitment and further training on an annual basis thereafter, calculated from the date that the previous training was undertaken.

Induction training comprises:

- Basic Life Support – Adult and Paediatric that is compliant with the Resuscitation Council of the UK guidelines.
- Manual Handling
- Lone Worker Training
- Handling Violence & Aggression
- The Caldicott Protocols
- Health & Safety, including COSHH & RIDDOR
- Infection Prevention & Control, including MRSA & Clostridium Difficile.
- Complaints Handling
- Fire Safety
- Safeguarding Vulnerable Adults / Safeguarding Children & Young People Level 2

Additional Training Appropriate to your qualifications:

Please check with your Consultant if you are not sure what is needed.

- Control & Restraint – Working in a mental health facility
- Resuscitation of the New-born – Midwives
- Interpretation of Cardiotocograph Traces – Midwives

- Food Safety – Required if you handle food.
- Epilepsy
- Protection of Vulnerable Adults (POVA) Protection of Vulnerable Children and Young Adults (POCA), Safeguarding Children and Young Adults Level 3

In addition to the above and on arrival to a new ward/ unit/ placement, it is imperative that as a Inscor Healthcare Agency Worker you receive an orientation and induction to the ward. This should include location and information of safety protocols, fire exits, emergency equipment and phone numbers, manual handling equipment and procedures, hot spot and violent episode handling.

7.2 Annual Training and Development Requirements

The following annual training is required by all Agency Workers continuing to undertake agency healthcare work through Inscor Healthcare Ltd. Training must be updated before expiry of previous training certification:

- Basic Life Support – Adult and Paediatric that is compliant with the Resuscitation Council of the UK guidelines.
- Manual Handling
- Lone Worker Training
- Handling Violence & Aggression
- The Caldicott Protocols
- Health & Safety, including COSHH & RIDDOR
- Infection Prevention & Control, including MRSA & Clostridium Difficile.
- Complaints Handling
- Fire Safety
- Safeguarding Children and Young People

Additional Training Appropriate to your qualifications:

- Control & Restraint – Working in a mental health facility
- Resuscitation of the New-born – Midwives
- Interpretation of Cardiotocograph Traces – Midwives
- Food Safety – Required if you handle food.
- Epilepsy
- Protection of Vulnerable Adults (POVA)

Written confirmation of certain training received at another employer or Inscor Healthcare Ltd validated organisation is also acceptable. Please contact your Consultant if you are unsure as to whether this is applicable to you.

You must keep your knowledge and skills up to date throughout your working life. In particular you should take part regularly in learning activities that develop your competence and performance. Inscor Healthcare Ltd conducts regular training sessions in our main branch office. Please contact your Consultant to book your training update before your previous certificate expires.

7.3 Performance Monitoring and Appraisal

We actively seek feedback from Clients upon introducing a candidate to them for the first time, and periodically thereafter. We will enquire about performance, levels of competence, practice and standards, teamwork, time keeping and training needs that may have been identified. We will provide Agency Workers with feedback on their progress.

Performance appraisals are an integral part of ensuring quality standards are met. Inscor Healthcare Ltd ensures that job performances are routinely formally assessed against expected clinical standards and identifies opportunities to enable workers to improve their professional skills. For ongoing work in the NHS Agency Workers are required to be annually appraised. Each Agency Worker will undergo a formal review of job performance within the first 6 months of registration and commencing assignments with Inscor Healthcare Ltd, and thereafter every 12 months.

Your appraisal will be carried out by a senior practitioner of the same discipline. ("Appraiser"), who will be appropriately trained in the conduct of appraisals, and regularly re-trained as appropriate. We are required to take into account when assessing your clinical practice, the results of any quality assessment questionnaires completed by our Clients and the results of any reviews by Inscor Healthcare Ltd of your clinical practices.

In addition to the above Inscor Healthcare Ltd will request feedback from our Clients. This feedback will cover the following areas:

- General levels of service including punctuality, attitude and ability to carry out practical tasks
- Clinical performance
- Training needs
- Any other issues, including progress since the last appraisal

Copies of the completed feedback requests will be given to you to raise any concerns or issues may have. All Inscor Healthcare Ltd Agency Workers are requested to maintain a written portfolio of

professional experience and attendance at professional development courses, which should also include a written and agreed Personal Development Plans as agreed at the appraisal. Please note: The results of the appraisal will be recorded on your electronic data file, updated on an annual basis, and will form the basis of assessment for future job placements, training requirements and complaints handling.

8. Complaints Reporting, Handling and Management

There may be also cases when the Client requests that a particular worker no longer be placed within an assignment. In such cases the Client has the right to exercise this request under the terms of their contract. An Agency Worker may also take this course of action, in that they may wish to terminate an assignment.

You are advised to read both your Terms of Engagement for Inscor Healthcare Ltd Agency Workers and this Handbook in full, to ensure you fully understand what we ask of you.

From time to time it may be the case that you receive a complaint from a Client, patient or other person. If you are on assignment, please report any complaints to a senior person in the department where you are working and document all the details of the complaint. You must also report the complaint to Inscor Healthcare Ltd. If you personally are the subject of a complaint you will be asked to record details as part of an investigation and in some circumstances, it may be necessary to suspend you from assignments whilst the investigation is in process. Any complaints of misconduct against you will be reported to the NMC or other relevant Registration Body. Inscor Healthcare Ltd complaints procedures are in accordance with appropriate current regulatory, NHS and NHSLA Risk Standards, and requirements. This will enable the Client to make complaints quickly and Inscor Healthcare Ltd shall be required to investigate and resolve a complaint within the prescribe timeframes. The Client will, with due regard to the Data Protection Act 1998, provide to Inscor Healthcare Ltd with the necessary information in order for Inscor Healthcare Ltd to thoroughly investigate the complaint.

The complaints procedure is as follows:

1. Within five (5) working days of receipt of a complaint from the Client or Agency Worker, Inscor Healthcare Ltd will acknowledge receipt of the complaint. The complaint should be made in writing on Inscor Healthcare Ltd.'s complaints form, but will be accepted in other written form.
2. All reasonable endeavours will be made by Inscor Healthcare Ltd to ensure that all complaints are resolved within fifteen (15) days of the complaint being notified to Inscor Healthcare Ltd.
3. Inscor Healthcare Ltd shall ensure that in the event of the complaint being against an Agency Worker that the Agency Worker is fully informed of complaints relating to him/her. The Agency Worker shall be entitled to receive a copy of the complaint referred to in paragraph 1.
4. The Agency Worker will be afforded the opportunity to state his/her version of events and will be given seven (7) days to respond to Inscor Healthcare Ltd in writing.
5. All responses will be shared with the complainant and if appropriate, Inscor Healthcare Ltd will take demonstrable action to ensure there is no recurrence of the act or omission complained of.

6. The Client may at any time request Inscor Healthcare Ltd to provide the Client with an update as to the progress of the resolution of the complaint.
7. The Client will receive a written response from Inscor Healthcare Ltd, detailing how the complaint has been resolved.
8. Where there is evidence of malpractice or the complaint is an event that requires notification, Inscor Healthcare Ltd will immediately notify the Care Commission, The Police, Protection of Vulnerable Adults or Children and where applicable alert the temporary Workers professional body.
9. Inscor Healthcare Ltd where necessary will immediately exclude the Agency Worker from its register whilst an investigation is in progress.
10. Inscor Healthcare Ltd undertakes to work with all parties applicable to an investigation and where necessary share findings of such investigations.
11. A full written record of the nature of each complaint and details of the action taken as a result of the complaint, is kept on a database for easy access;
12. Inscor Healthcare Ltd has a quality assurance system in place to analyse and identify any patterns in complaints and trend analysis is conducted continuously.
13. The complainant at any time has the right to refer this matter for review to the Care Quality Commission, The Scottish Care Commission or The Regulation and Quality Improvement Authority – Northern Ireland.

9. Disciplinary Procedures and Removal from Inscor Healthcare Ltd Register

The matter of a disciplinary procedure for Agency Workers is more complex than when the Worker is a direct employee. Contractually the agreement between the Agency Worker and the agency is a “contract for services” agreement. This effectively suggests that the Agency Worker is working on a freelance basis.

In the event of “disciplinary” matters arising, each situation will need to be judged on its own merits.

There may be cases whereby a Client will be required to apply their disciplinary procedure in order to comply with legislation. Likewise, there may be occasions when it is necessary for Inscor Healthcare Ltd to use our procedure. This cannot be an arbitrary decision, but needs to be made in full consideration of the changing legislation and in context with the circumstances of the problem / complaint. Inscor Healthcare Ltd operates comprehensive Disciplinary Policy and Procedures, please contact your Consultant for full details.

9.1 Removal from Inscor Healthcare Ltd Register

Agency Workers may be removed from the Register in the following circumstances:

- Where an Agency Worker's conduct or standard of work has seriously fallen below the level required by Inscor Healthcare Ltd Code or Code of Professional Conduct.
- If it is believed that an Agency Worker has acted in an unprofessional manner, Inscor Healthcare Ltd reserves the right to remove you from your assignment and not re-assign until the matter has been investigated and resolved.
- If an Agency Worker has a reason to be put onto the "Inscor Healthcare Ltd Alert List".
- If Inscor Healthcare Ltd has been alerted by the NMC, GMC or other regulatory bodies with regard to practicing Agency Workers.

Examples of such conduct are as follows. This list is not exhaustive:

- Failure to attend a Client having accepted an assignment or repeated lateness.
- Failure to provide care in a fashion consistent with the Agency worker's professional Code of Conduct or in a caring and appropriate manner, e.g. sleeping on duty, non-adherence to clinical instruction.
- Failure to carry out reasonable instructions of the Client or Inscor Healthcare Ltd.
- Breach of trust involving Inscor Healthcare Ltd or the Client.

- Disclosure of confidential information to a third party relating to either a Client or Inscor Healthcare Ltd
- Misconduct and/or gross misconduct - any behaviour which potentially puts any Client, individual or vulnerable person at risk or puts Inscor Healthcare Ltd at risk including the following (non-exclusive and non-exhaustive) list: -
- Being under the influence of alcohol or any substance that will adversely affect your performance
- Possession, custody or control of illegal drugs while on duty, or the supply of illegal drugs to Clients, their families or representatives
- Theft or stealing from Clients, colleagues or members of the public
- Other offences of dishonesty
- Abusive or violent behaviour including physical, sexual, psychological, emotional, financial abuse of a Client, a member of their family, or their representative or deliberate act of omission which leads to harm or potential for harm to someone from this group
- Fighting with or physical assault on other workers, Clients or members of the public
- Harassment, bullying and/or discrimination
- Sexual misconduct at work
- Gross insubordination, aggressive/insulting behaviour or abusive/excessive bad language
- Falsification of a qualification which is a stated requirement of the Worker's employment/registration or which results in financial gain to the Worker
- Falsification of records, reports, accounts, expense claims or self-certification forms whether or not for personal gain
- Failure to observe Inscor Healthcare Ltd procedures or serious breach of Inscor Healthcare Ltd.'s rules
- Unsatisfactory work
- Damage, deliberate or otherwise, to or misuse of a Client's or Inscor Healthcare Ltd.'s property
- Gross negligence which covers acts of neglect, misuse or misconduct and/or not following requirements of the care plan or care instruction (deliberate or otherwise) which exposes Clients, Client/patients, their representatives, colleagues or branch staff to unacceptable levels of risk and/or danger
- Conviction of a criminal offence, caution by a police constable or being bound over by a court where this is relevant to the worker's employment/registration or failing to disclose a criminal offence, caution or bind over (including those which would be considered 'spent' under the Rehabilitation of Offenders Act 1976) which occurred before engagement with Inscor Healthcare Ltd
- Inappropriate relationship with Client or customer
- Other acts of misconduct may come within the general definition of gross misconduct.

You are advised to read both your Terms of Engagement for Inscor Healthcare Ltd Agency Workers and this Handbook in full, to ensure you fully understand what we ask of you. Agency Workers cannot work if their health or physical ability impedes them from carrying out their duties effectively. Whilst Agency Workers will not be required to relinquish registration at the normal retirement age of 65, they must, like any other Agency worker, be in good physical and mental health. They may be requested to undertake a medical examination/assessment, at their own expense, to confirm their fitness for work.

In the event that you are unsatisfied with the manner in which a complaint has been handled, please contact the Director of the company. The contact details can be found on our website. www.inscorhealthcare.co.uk

10. Whistle-Blowing Policy

Concerns may relate to something which:

1. Is against NMC/HPC codes of Professional Conduct
2. Is against Inscor Healthcare Ltd Agency Workers Terms and Conditions
3. Is against Inscor Healthcare Ltd company handbook
4. Amounts to improper conduct, including things believed to be
 - Against the law
 - Abuse of Clients or service users
 - A health and safety hazard
 - Damaging the environment
 - A misuse of public money
 - Corruption or unethical conduct

Concerns may be raised to anyone within Inscor Healthcare Ltd. All concerns will be treated in confidence and every effort will be made to protect your identity if they you wish. At the appropriate time however, individuals may need to provide a statement or act as a witness. Full details of Inscor Healthcare Ltd.'s Whistle Blowing Policy is available via your Consultant.

11. Health and Safety Policy

It is the policy of Inscor Healthcare Ltd to ensure, as far as is reasonably practicable, the health, safety and welfare of all our Employees, Agency Workers, Service Users and Members of the Public, accepting our statutory responsibilities in this area. This involves working in partnership with our Clients who for the purpose of Agency Workers provide the physical setting for the work undertaken by the Inscor Healthcare Ltd Workers.

11.1 Health and Safety Guidance

Inscor Healthcare Ltd seeks to ensure the following in relation to Health & Safety:

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

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

You are responsible for your own personal Health & Safety and you have a duty of care to your fellow workers. Your responsibilities include:

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

11.2 Safety Requirements

- Always familiarise yourself with the Health & Safety policies and procedures for the environment in which you are working and pay particular attention to fire and emergency procedures.
- Never attempt a task without first ensuring that you understand the instructions and can carry them out safely.
- Always maintain a clean and safe work area.
- If you see, or believe you see, an unsafe act or condition, report it to your branch as soon as possible, taking immediate steps to correct it or ask your branch to rectify it. You may be assumed to have agreed to an unsafe condition if you do not comment on it and if you continue working.
- Certain jobs require you to wear protective clothing or to use equipment. If you are unsure, ask for advice before you start working.
- You must ensure that all cleaning materials or other potentially hazardous substances are correctly stored, labelled and are used in compliance with the manufacturer's instructions in order to reduce the risk of injury or danger to health. All waste or by-products must be properly disposed of.
- Only use, adjust alter or repair equipment if you are authorised to do so.
- If you, or the equipment you operate, are involved in an accident - regardless of how minor - report it immediately to your branch. If necessary, get First Aid attention immediately. You should also report near misses to your branch.
- Ensure that all equipment (e.g. hoists) has been maintained properly and that documentary evidence is supplied.
- Obey all health & safety rules, signs and instructions. If you are unsure as to what they mean - ask.

11.3 Identifying and Reporting Hazards

Although within establishments, a Risk Assessment will have been carried out by a designated competent person. All Agency Workers need to look out for hazards at the establishment where they have accepted an assignment and report back to their local branch, via the complaints procedure, anything they feel may present a risk to an individuals' Health & Safety.

A suitably trained Assessor will carry out a Risk Assessment for each client. Any Agency Worker, undertaking assignments in the community and therefore in-Service User's own homes, should also look out for hazards and should report them immediately. Hazards can occur at any time and can include broken doors and windows, carpets or rugs that present a tripping hazard, dangerous chemicals, and faulty electrical equipment such as exposed wires. Call your Consultant and describe the hazard that you have identified. You may be asked to complete a Risk Assessment Form, which will be provided for the purpose.

11.4 Accident and Incident Reporting

Agency Workers are responsible for ensuring that all incidents or accidents that relate to the provision, control and maintenance of Health & Safety in the workplace are reported to the Client and your local Branch (and/or to the Local Authority in the case of serious accidents and/or dangerous occurrences). It is also important that the internal reporting procedure of the establishment is carried out e.g. recording the accident in the accident report book. If you accept assignments within the community setting and are working in a client's home, a written record (in the care plan and service records) must be kept of any accident or occurrence that happens in the workplace, however minor. In addition to internal reporting through the accident report/service records, the establishment/client must ensure that the following are reported to the appropriate enforcing authority, e.g. the local Environmental Health Officer:

- Fatal accidents.
- Major injury accidents/conditions.
- Dangerous occurrences.
- Accidents causing more than three day's incapacity for work.
- Certain work-related diseases.
- Certain gas incidents.

If you suffer a needle stick injury you must attend for treatment immediately and report the incident. If possible take note of the patient's details in order to help identify potential risks. As soon as a needle stick (sharp) injury occurs you should do the following:

- Encourage bleeding by squeezing site of puncture wound, do not suck.

- Wash the wound with soap and water, do not scrub.
- Cover wounds with waterproof dressing.
- Report incident to the Branch.
- Report to OH Department during normal working hours.
- If the injury happens out of office hours report to A&E and inform your Branch the next day.
- Document the circumstances that led to exposure
- Counselling is available following these blood tests. Always report a needle stick injury even if it occurs with a 'clean' needle, via an incident report or accident book according to protocol.

12. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

As a self-employed person, you have legal duties under RIDDOR that require you to report and record some work-related accidents.

Over-seven-day injuries

As of 6 April 2012, the over-three-day reporting requirement for people injured at work changed to more than seven days. Now only injuries that lead to an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of an occupational accident or injury (not counting the day of the accident but including weekends and rest days) are reportable. The report must be made within 15 days of the accident.

Over-three-day injuries

However, a record of the accident must still be kept if a worker has been incapacitated for more than three consecutive days. You are legally required to inform us of any over three-day injuries so that we may keep an accident book and fulfil our legal responsibilities under the Social Security (Claims and Payments) Regulations 1979.

Occupational diseases

Employers and the self-employed must report the following listed occupational diseases <http://www.legislation.gov.uk/ukSI/1995/3163/schedule/3/made> when they receive a written diagnosis from a doctor that they or their employee is suffering from these conditions and the sufferer has been doing the work activities listed.

You have legal duties under RIDDOR that require you to report and record other work-related accidents. These include for example, deaths, major injuries, fractures, amputations, dislocations, loss of sight.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Dangerous occurrences are certain listed near-miss events. Not every near-miss event must be reported. Here is a list of other occurrences relevant to the Client /End User environments that are reportable:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipe work;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released.

They must be reported to the Health and Safety Executive Incident Contact Centre.

13. The Control of Substances Hazardous to Health (COSHH) Regulations

COSHH is the main piece of legislation covering control of the risks to people from exposure to harmful substances generated out of or in connection with any work activity. As with all other regulations affecting Health & Safety at work, legal duties under COSHH are laid primarily on the establishment in which you are working and it is their duty to see that proper systems of work and management are in place. Duties on Agency Workers include:

- Making proper use of any control measures.
- Following safe systems of work.
- Abiding by local rules and policies.
- Reporting defects in safety equipment as appropriate.

Health surveillance must be carried out, where assessment has shown that a substance is known to cause occupational asthma or severe dermatitis and COSHH requires that employers provide suitable information, instruction and training about:

- The nature of the substances workers work with or are exposed to and the risks created by exposure to those substances and;
- The precautions workers should take
- Control measures and how to use them
- The use of any personal protective equipment and clothing
- Results of any exposure monitoring or health surveillance and
- Emergency procedures

Inscor Healthcare Ltd.'s full Health and Safety Management Policy is available via your recruitment consultant. We actively encourage all employees to inform their immediate superior of any areas of the health and safety policy that they feel are inadequate to ensure that the policy is maintained as a true working document.

Employers should give sufficient information and instruction on:

Agency Worker Responsibilities

If you suffer illness or injury as a result of a work-related issue, we need to be notified.

14. Occupational Health

15. Inscor Healthcare Ltd is required to ensure that all our Agency Workers undergo comprehensive occupational health screening and have a current health clearance / immunisations and test results in accordance with the latest Department of Health guidelines, before we can send you out on any assignments. We are required to update these health assessments on an annual basis, unless you have spent a period of 3 months or more outside of the United Kingdom, in which case we will need to update the health assessment before deploying you. Inscor Healthcare Ltd and our Occupational Health Advisor will support you in achieving this. This process is described below:

A four-page Occupational Health Questionnaire is completed, and this form, together with the Agency Workers immunisations and test results are forwarded to Inscor Healthcare Ltd. Inscor Healthcare Ltd forwards this information to our Occupational Health Service provider. Inscor Healthcare Ltd Occupational Health Service provider/s evaluate each Agency Worker's file, and if satisfied with the contents, will issue to Inscor Healthcare Ltd "Certificate of Fitness to Work" valid for 1 year. If not satisfied with the contents, the OH provider will ask Inscor Healthcare Ltd to request from you additional proof of immunizations, and once happy with this, will issue a certificate. Before Agency Worker's "Certificate of Fitness to Work" is due to expire; Inscor Healthcare Ltd contacts the Worker to complete a one page "Health Medical Questionnaire – Yearly Review". We request this is completed, signed and forwarded to us together with any *new* immunisation and test results. This will be then forwarded to our Occupational Health Service Provider for evaluation, where they will either issue a new "Certificate of Fitness to Work" or request additional proof if required. This annual stage is expected to be routine.

The immunisation and test results required for Occupational Health Clearance are:

Varicella: Tests showing a positive result (immunity). Negative or Equivocal results require re-vaccination and retesting. Written confirmation of having had chicken pox or shingles is also acceptable. Self-certification is acceptable.

Tuberculosis: Occupational Health or GP certificate of a positive scar or a positive skin test result.

Rubella: Certificate of vaccination or a blood test result showing a positive result (immunity) or *TWO* doses of MMR, Please note: > 15 UI/ml : Immune, 10 – 14 UI/ml : Low Level Immunity, and < 10 UI/ml : Non- Immunity.

Measles & Mumps: Evidence of *TWO* doses of MMR, or a positive result (immunity) for measles, mumps & rubella. Negative or equivocal requires re-vaccination and re-testing.

Hepatitis B: A recent pathology report showing titre levels of > 100IU/l. If the result is <100IU/l then a Hepatitis B Booster is required.

The following three are *ONLY* required if you need an Exposure Prone Procedure (EPP) Certificate:

Hepatitis B Surface Antigen: Evidence of a negative result.

Hepatitis C: Proof of non-infectivity (negative) with a recent UK pathology report. **HIV:** Evidence showing antibody negative.

Agency Workers 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. All healthcare workers are under ethical and legal duties to protect the health and safety of their patients. Agency Healthcare Workers have general duties to conduct their work so that they and others are not exposed to health and safety risks. Certain information may be requested for audit purposes and used to verify medical evidence by the government bodies.

15. Policy Reviews

All Inscor healthcare Ltd Policies and Procedures are amended by the nominated person on an annual (12 monthly) basis or as required Inscor Healthcare Ltd will on an annual basis engage the services of an independent senior registered nurse to review the appropriateness of Inscor Healthcare Ltd Clinical Practices & Procedures.

Reader Information

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