

Spring Raise Ltd Staff Handbook

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Welcome to Spring Raise Ltd

The information contained in this handbook is designed to help you better understand the duties and expectations demanded of you both as a locum in the NHS and as a representative of Spring Raise Ltd. It includes information about Spring Raise Ltd's processes and procedures as well as outlining some of the guidelines and standards that we work to under all of our framework agreements.

We hope that you find this handbook useful, please read the contents carefully and if you have any queries please contact your Recruitment Consultant who will be happy to help you.

1 Your Role and Responsibilities as a Spring Raise Ltd Locum:

Prior to starting your first locum you are obliged to complete the Spring Raise Ltd registration process. Below is an explanation regarding some of the documents that you will be requested to present. As you will see, some of these are only requested once whilst others are renewed on an annual basis. It is your responsibility to ensure that all requested documentations are provided to Spring Raise Ltd in a timely manner and that all documentation meets the following requirements.

1.1. Disclosure and Barring Service Checks (formerly CRB disclosures):

The DBS has recently introduced the Update Service. If you applied for a CRB after the 17th June 2013 you would have been eligible to sign up for the Update Service. The service is an online checking service which allows agencies such as SPRING RAISE LTD and other prospective employers to check your CRB status, as long as they have gained your prior consent. If you have not signed up to the Update Service you will be obligated to undertake an enhanced DBS check through SPRING RAISE LTD. This is mandatory for all registrants regardless of the specialty in which they work. You must undertake a DBS check even if you already hold an existing DBS disclosure from another body.

If you have entered the UK (either temporarily or permanently) within the last 6 months you must also present a police check dated within the last 3 months from your previous country of residence.

1.2: Renewing your DBS Disclosure:

If you have signed up for the Update Service you will not need to take any further action. If you have not joined the update service you will be required to do so when you next renew your DBS.

1.3: 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 'doctors and any employment which is concerned with the provision of health services and which is of 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 that no conviction or caution can be considered as spent and thus any conviction or caution must be declared. This includes not only prior convictions or cautions but also any which occur whilst you are in the employment of Spring Raise Ltd.

1.4: Spring Raise Ltd's policy for the recruitment of ex-offenders

As an organisation using the DBS checking service to assess applicants' suitability for positions of trust, Spring Raise Ltd complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

Further details regarding the DBS process can be found at <https://www.gov.uk/disclosure-barring-servicecheck/overview>

1.5 Annual Appraisals:

You will need to undertake an annual appraisal with our Interview & Appraisal Team which is lead by our Clinical Lead Nurse. Appraisal is based on the NMC's standards of conduct, performance and ethics for nurses and midwives which describes the principles of good nursing practice, standards and competence, and care and conduct expected of nurses in their every day duties.

Your appraisal will be conducted by a senior practitioner of the same discipline and it will cover your clinical performance over the past 12 months, training and education achievements and requirements, audit, concerns raised and serious clinical complaints, relationships with patients and colleagues, teaching and research activities, and personal and organisational effectiveness.

Appraisals will be conducted 6 months after you start working for SPRING RAISE LTD and then on an annual basis.

1.6: CPD Training:

You are responsible for ensuring that your skills, knowledge and training are all as up to date as possible and for maintaining your Continuing Professional Development (CPD) portfolio. CPD is fundamental to the development of all health practitioners and to the enhancement of quality patient and client care. You should maintain a written portfolio of your professional experiences and any attendance at professional development courses. This also includes a documented 'personal Development Plan' as discussed and agreed at your last appraisal.

1.7 NMC Registration:

As per the all of our framework requirements all locums are obliged to present for verification their original NMC Statement of Entry plus evidence that you have taken steps to maintain your annual registration.

It is your responsibility to ensure that you inform Spring Raise Ltd with this evidence on an annual basis without fail. If you have any queries regarding this or you are unsure which document to provide please speak to your Recruitment Consultant.

Midwives will also be expected to provide their in date ITP.

1.8 Up To Date References:

It is part of the Spring Raise Ltd code of best practice and also stipulated in all our frameworks that all agency workers will provide the names and contact details of at least two referees from their most recent assignments of two weeks or more in duration. One referee should be from either your current or latest post and both must be from work that you have completed in the last 12 months. References are renewed on an annual basis; if you have been in the same post for over 12 months we can reapply for a reference from a referee whom you have already provided to us.

Having up to date references on file gives your recruitment consultant a better chance of securing you work in what can be a very competitive market. Please ensure that you have obtained confirmation from your referees that they will provide a reference for you, prior to SPRING RAISE LTD to contact them.

It is your responsibility to ensure that you can supply two clinically based referees on an annual basis. If you are a full time locum this may be more challenging; ensure you cultivate strong relations with your line manager and make sure that they are aware that you will need to request a reference from them. We may request that you give your supervisor a Quality Assessment form to complete; should your recruitment consultant or your compliance officer provide you with a QA form please ensure you co-operate fully with their request.

1.9 Mandatory Training:

You will be expected to undertake annual training in the following (with the exception of holders of advanced life support courses that are valid for longer than 1 year)

- ✓ Lone Worker Training
- ✓ Handling Violence and Aggression
- ✓ The Caldicott Principles
- ✓ Health & Safety training (including COSHH and RIDDOR)
- ✓ Infection Prevention and Control (including MRSA and Clostridium Difficile)
- ✓ Training in Complaints Handling
- ✓ Manual Handling
- ✓ Basic, Intermediate or Advanced Life Support
- ✓ Safeguarding Children Level 2 or 3 as appropriate for your post
- ✓ Plus any others require by legislation or our clients.

Spring Raise Ltd can provide you with facilities to complete the courses listed above if you have not undertaken the training or if your training has expired.

Midwives will also be required to complete annual skills and drills training which must include:

- ✓ Practical training in the resuscitation of newborn babies.
- ✓ Interpretation of cardiocotograph traces.

1.10 Occupational Health Requirements

As an agency worker in the NHS you are regarded as a new entrant to the NHS, this is due to the transient nature of locum work and the need to ensure that patients and workers alike are protected from any potential health hazards. Thus, even if you have



clearance from elsewhere, such as the hospital where you were previously employed, you will have to meet the requirements set out below so that our occupational health team can issue a certificate of Fitness to Work. Certificates are reviewed and renewed on an annual basis.

You will be required to present health reports proving immunisation against the following diseases:

Varicella

The following evidence will be accepted:

- ✓ Written declaration that you have had the disease.
- ✓ A positive serology report.
- ✓ A report evidencing the two part vaccination .

Tuberculosis

The following evidence will be accepted:

- ✓ Confirmation of a BCG scar issued by a medical professional trained in the reading of BCG scars.
- ✓ Evidence of a positive Heaf test – Grade 2.
- ✓ Evidence of a positive Mantoux test dated in the last 5 years – between 6 and 15mm.
- ✓

Measles, Mumps & Rubella

All locums must show immunity to all 3 diseases. The following evidence will be accepted:

- ✓ Evidence of having received 2 MMR vaccinations.
- ✓ Positive serology reports for Measles and Rubella.
- ✓ Evidence of having received a course of separate vaccinations for each.

Hepatitis B Antibody Levels

The following evidence will be accepted:

- ✓ A pathology report showing titre levels of 100lu/l or above dated within the past 5 years, or an older report, along with evidence of a 5 year Hep B booster.
- ✓ Reports showing levels of less than 100lu/l must be supported by evidence of a booster.
- ✓ Non responder or levels of less than 10lu/l must be supported by a hepatitis B surface antigen report and core antibody report.

If you work involves Exposure Prone Procedures will also have to provide additional Hepatitis B Surface Antigen, Hepatitis C and HIV immunisations. These must be Identity Validated Samples (IVS).

You are obliged to report any changes in your health status immediately to Spring Raise Ltd.

1.11 Fitness to Work

It is your responsibility to ensure that you are well enough to carry out the assignments for which you have been booked and you will be sent a declaration to complete stating that you are fit to work for every assignment that you undertake. These should be completed and returned to your Recruitment Consultant. In particular please report immediately if you are suffering from vomiting, diarrhoea, ear, nose or throat infection or if you have any unidentified skin conditions/rashes.

You should also notify Spring Raise Ltd immediately if you become pregnant or if there are any changes to your health which may affect your ability to undertake your duties and responsibilities.

1.12 Face to Face Interview and Document Collection

To comply with the our framework requirements it is necessary that all agency workers registering with Spring Raise Ltd undergo an interview with a member of our Interview & Appraisal Team which is managed by our Clinical Lead Nurse. The aim of the interview is to help us gain a better knowledge of your skills, clinical experiences and suitability for placement in the NHS and will involve competency based questions and drug calculations.

As well as holding weekend open days in major cities throughout the country where you can drop in, be interviewed and complete your registration, you can also drop into any of our offices where we will be happy to assist you.

1.13 Maintaining Your Compliance

Once you have fully completed the registration process Spring Raise Ltd will constantly monitor your file to ensure that you are given sufficient notification of any documents which are due to expire, thus allowing both you and Spring Raise Ltd to ensure that you remain fully compliant whilst continuing to work unhindered. Failure to maintain a compliant file may result in the suspension of work opportunities until you have provided the necessary documentation.

It is also your responsibility to ensure that you maintain your professional registrations.

1.14 Employment by a client

You must notify Spring Raise Ltd of any offer of permanent employment made by a client as the direct result of being placed with that client by Spring Raise Ltd. You are required to do so by your terms and conditions for temporary workers, which will have been sent to you along with the application pack.

1.15 Locum Induction

Spring Raise Ltd do not provide a formal induction when you register, however many hospitals will carry out their own means of induction and your Recruitment Consultant will ensure that you are provided with any documentation that the client has passed on for you prior to the start of your engagement. You will also be provided with confirmation of the following prior to the start of the locum post:

- ✓ The date and times of the shifts you are covering.
- ✓ The grade and specialty you will be covering.
- ✓ Details of the location, address and telephone numbers.
- ✓ Details of accommodation if applicable.
- ✓ Confirmation of pay rates and travel expenses if applicable.
- ✓ Any other instructions as provided by the client.

At the beginning of all assignments it is your responsibility to ensure that you receive a thorough introduction and orientation to the ward or department where you will be working. This should include being informed about:

- ✓ Health and Safety policies and procedures including administration of medication policies.
- ✓ Crash Call procedures.
- ✓ Any 'Hot Spots' and 'Violent Episodes' that you should be aware of and the necessary procedures to deal with these.
- ✓ Security procedures.
- ✓ Cross infection and notifiable diseases policy.
- ✓ Any additional policies such as Confidentiality or Data Protection.

You will be expected to demonstrate your clinical competence including using your skills, training and qualifications to meet the expectations of the assignment and of the client. This includes but is not limited to:

- ✓ Communicating clearly and effectively with hospital staff, patients, their relatives and any other service provider.
- ✓ Working with the minimum amount of supervision.
- ✓ Being prompt, punctual and smartly attired.
- ✓ Do not take unauthorised breaks or take longer than your allocated break time.
- ✓ Wearing your ID badge and SPRING RAISE LTD uniform at all times.
- ✓ Having legible handwriting and a good telephone manner.
- ✓ Being helpful, courteous and polite to everyone and at all times, regardless of their manner towards you.

Should you experience any difficulties during your assignments, whether with the duties expected of you or with a member of staff, please do not hesitate to contact your Recruitment Consultant who will be able to guide you through the best course of action.

1.16 Reporting for Duty

When an assignment has been confirmed you will be sent your confirmation details, including any reporting instructions. Where no reporting instructions are given or if you arrive out of hours report to switchboard or reception. If you have been provided with reporting instructions follow them carefully.

If you are working at a Hospital where you have never been, make sure you allow yourself a little extra time in order to find your way around.

Ensure you are aware if you have accommodation booked where you collect the key. Unless otherwise stated your accommodation will be for a single person.

If you smoke, please abide by the smoking policy of the hospital and only smoke in the designated areas. Do not smoke in your accommodation room, if you are caught you could be asked to vacate the room, be subject to a fine and you may be dismissed from your post.

2 Spring Raise Ltd Codes of Conduct

Ensure that the care you give is of the highest standard and that you comply with professional, legal and ethical requirements at all times and that you follow all reasonable requests, policies, procedures, rules and instructions of the Hospital/Trust.

Be on time for all your assignments, and if running late notify your recruitment consultant or place of work as soon as possible. If you are unable to attend an assignment notify your Recruitment Consultant immediately or, if it is outside office hours leave a voicemail explaining your situation. Always provide an explanation as to why you are unable to attend the locum. Never organise a substitute worker to replace you if you are unable to attend.

Ensure that you are always suitably dressed and wear your SPRING RAISE LTD uniform for all bookings. If you have not been provided with a uniform or need a replacement, please contact your recruitment consultant or compliance officer.

Wear your ID badge at all times whilst on the premises of the Hospital/Trust and always take with you a form of photographic ID to present upon arrival at your assignment and if reasonably requested anytime thereafter during your engagement.

Fully complete and return your timesheet on time and do not falsify your timesheet or expenses or attempt to de-fraud the Hospital/Trust or Clients and Spring Raise Ltd in any way.

Co-operate in the removal of discrimination in service provision and do not engage in any act of discrimination.

Report any act of verbal or physical abuse, threatening behaviour, bullying or harassment to your immediate supervisor and do not engage in this type of behaviour yourself.

Do not attempt to undertake an assignment whilst under the influence of any drugs, alcohol or other substance that will impair your judgement and ability to perform your duties. You must not give any gifts or lend money to patients, service users or clients nor will you accept gifts, loans or gratuities from patients, service users, clients, relatives or other interested parties. You will comply with the client's policies for the safe handling of personal property, including money, belonging to patients and service providers. You must not agree to look after the property of a patient or service user.

You must inform us of any disciplinary proceedings/suspensions immediately

3 Timesheets and the Payment Process

Spring Raise Ltd is dedicated to giving you the best possible service; this includes prompt payment. To ensure prompt payment you will need to complete a timesheet each week. You will find your first timesheet enclosed with your booking confirmation.

3.1 Our Methods of Payment :

- ✓ Through an Umbrella Company .

PAYE

If you chose to be paid as a PAYE locum the following will be deducted from your salary: Income tax: this is calculated on your gross earnings after the deduction of pension contributions. National Insurance: NI is paid both by employees and employers. The benefit of this is that all your tax and NI deductions will be automatically taken care of; however you cannot offset business related expenses.

Consultants and GPs can be classified as self-employed as they work in unsupervised roles. If this is applicable to you it is your choice whether you opt to be paid as PAYE or whether you are paid gross and arrange your own tax return. If you opt for a self employed status we will require you to provide confirmation that you will be responsible for your taxation.

Limited Company

As a Limited Company locum you will be responsible for your own tax and NI contributions to HM Revenue & Customs. You will need to comply with tax legislation and other company requirements and this is an arrangement which is best suited to those earning a higher salary, i.e. over £450 per week.

You will be required to provide the following documentation in order for Spring Raise Ltd to pay you as a Limited Company:

- ✓ Certificate of Incorporation.
- ✓ Proof of a business bank account.
- ✓ Proof of Directorship.
- ✓ VAT registration number (if VAT registered)

There are several advantages to be gained from being paid as a Limited Company:

- ✓ You can offset your business related expenses against your taxable income.
- ✓ You have complete control over all transactions, both incoming and outgoing.
- ✓ There is a smaller tax burden (higher percentage of net pay) for contract revenue earned outside the IR35 legislation.
- ✓ You have full control of revenue, which will be paid into your business bank account.

However there are also disadvantages:

- ✓ There is a substantial amount of administration and paperwork to complete.
- ✓ Missing deadlines such as filing tax reports can result in fines and other penalties.
- ✓ You will have to be proficient at running your basic accounts and liaising with your accountant to ensure all forms, returns and accounts are filed by the due dates.

Umbrella Company

By signing up with an Umbrella Company you become their employee and as such are paid by them. Because you are an employee of the Umbrella Company, and not of the agency or client, they can package your pay into a combination of salary and non-taxable items such as expenses and other employee benefits. This can usually save between 25% and 50% on your tax bill. You have the opportunity to claim the full amount of allowable business expenses prior to the tax being calculated.

The advantages of using an Umbrella Company are:

- ✓ It avoids the paperwork and accounting responsibilities of a Limited Company.
- ✓ Some basic expenses can be claimed.
- ✓ Knowledge that your tax and NI deductions are being handled for you.

The disadvantages of Umbrella companies:

- ✓ This is a service by which you will simply be processing transactions; you cannot make any decisions about the running of the company.
- ✓ Less autonomy than setting up a Limited Company.
- ✓ For contracts earning revenue outside IR35 there is a significantly higher tax burden than using a Limited Company – due to the Managed Service Company legislation.

3.2 Completing Your Timesheet

You will receive a timesheet for every assignment that you undertake. Each timesheet is for a period of one week. If your assignment is longer than a week you will be issued multiple timesheets.

Write the time you started your first assignment in the relevant day's column.

If you have taken a lunch break, write the length of time taken in the appropriate box. Then write down the time you finished. Finally, calculate the total number of hours you worked that day less the length taken for lunch breaks. Make sure you are aware of the Care Homes and Hospital/Trust's break policy.

Do this every day you worked in that week. Total up the daily number of hours to give you the week's total.



Once you have completed the timesheet, you must get it signed by an authorised member of staff e.g. your immediate line manager who can confirm your working hours. You will be informed about who the authorised signatories are for that hospital, please ensure that you get your timesheet signed by the correct person as failure to do this could result in a delay in payment.

We strongly advise that timesheets are Scanned and email rather than posted in order to ensure prompt delivery and payment, there is a email address provided on the top of every timesheet.

Failure to complete the timesheet correctly could result in being paid incorrectly or not at all.

3.3 Payment You will be paid by BACS directly into your Bank or Building Society.

Payments by BACS will arrive in bank accounts by midday on Friday following processing. In the weeks where there is a public holiday this will be extended by one working day.

Travel & Accommodation Travel and accommodation allowances are not paid unless previously agreed with the Hospital/Trust. Please ensure you are aware of the travel and accommodation policy for all assignments.

3.4 Payroll department

Should you have a query regarding payment, please contact our Payroll Department directly by email info@springraise.org

Alternatively you can contact your Recruitment Consultant.

4 Health and Safety

Health and Safety law applies to everyone, whether you are an employer, employee or self-employed. All Spring Raise Ltd locums have a responsibility to ensure that their work does not endanger themselves or others. Care Homes and Hospital/Trust also has a responsibility to ensure that you can carry out your duties in an environment which is free from any dangers to your health and safety.

4.1 Health & Safety: A Guide to Best Practice

You must ensure that you have the necessary skills, qualifications and competencies to carry out all and any duties assigned to you. If you feel that you do not you must notify your supervisor immediately.

You must ensure that you have been given sufficient training, guidance; instruction and information to ensure your own health and safety are not at risk.

Any risks to health in connection with the use, storage and handling of substances hazardous to health are identified through a risk assessment of their potential effects, as required by the latest edition of The Control of Substances Hazardous to Health (COSHH) Regulations, and that the necessary control measures are implemented.

You are responsible for your own health and safety but you also have a duty of care towards your fellow workers, such responsibilities include:

- ✓ Complying with all safety instructions at all times.
- ✓ Refraining 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.
- ✓ Reporting all and any potential hazards or dangerous occurrences that might cause harm to others.

4.2 Accident Reporting

Accidents at work are everyone's business and you have a responsibility to ensure that you do everything that you reasonably can to prevent injury to yourself and others. You are required to adhere to all policies and procedures relating to Health and Safety. If you are involved in an accident or dangerous occurrence, follow the policy and procedures of the workplace and you must notify Spring Raise Ltd within 24 hours of any incidents which have occurred.

Action to be taken by you:

- ✓ Follow the procedure of the workplace.
- ✓ Obtain any treatment required from your G.P. or Accident & Emergency Department.
- ✓ Notify SPRING RAISE LTD within 24 hours.
- ✓ Accurately complete your part of the SPRING RAISE LTD Accident Form.

Action to be taken by Spring Raise Ltd:

- ✓ Your Recruitment Consultant will complete the rest of the Accident Form.
- ✓ A record will be kept.

A copy of the completed form must be sent to a senior member of the workplace for their information. Notification, if appropriate will be made to the Health and Safety Executive (HSE)

Notification to the HSE occurs when accidents involve:

- ✓ A fatality.
- ✓ A specified serious injury (see “Notifiable injuries” below).
- ✓ An absence from work for more than 3 days.
- ✓ A dangerous occurrence.

Notifiable injuries:

- ✓ Fracture of skull, spine or pelvis.
- ✓ Fracture of any bone in arm, wrist or leg etc.
- ✓ Amputation of hand, foot, finger, thumb, ankle or toe.
- ✓ An eye injury, including the loss of sight in one or both eyes.
- ✓ Injury, including burns arising from electric shock.
- ✓ Loss of consciousness arising from lack of oxygen.
- ✓ Decompression sickness.
- ✓ Acute illness, etc, arising from exposure to a pathogen or infected material.
- ✓ Any injury which results in the injured person being admitted immediately into hospital for more than 24 hours

For information on your nearest HSE office, All incidents can be reported online but a telephone service remains for reporting fatal and major injuries only - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm). www.hse.gov.uk

4.3 Moving and handling

All healthcare providers have a responsibility under the Health and Safety at Work Act 1974 and the Manual Handling Operations Regulations 1992 to ensure that:

- ✓ Staff are not exposed to risk of injury from manual handling.
- ✓ A safe and ergonomic environment is provided.
- ✓ All agency staff are familiar with the policy.

Patient handling

With regard to patient handling, providers of care should have a non-manual lifting policy in place. Ensure that you have familiarised yourself with this policy and that you adhere to it at all times.

Agency staff have a duty to ensure that they:

- ✓ Take reasonable care of their colleagues’ safety when lifting and handling patients or equipment.
- ✓ Use any work equipment provided correctly in accordance with any training provided, or instructions given.
- ✓ Comply with a no manual lifting policy if this is in accordance with the client’s policy.
- ✓ Inform the client when a work situation presents a serious danger or if there are any shortcomings in the arrangements for manual handling .

This applies in particular to the need to report:

- ✓ Lack of staff or equipment.
- ✓ Environmental hazards.
- ✓ Defects in machinery or equipment.
- ✓ Injuries and accidents.
- ✓ Illness or disability affecting handling capacity.

You must inform your Recruitment Consultant if any such action has been undertaken and confirm your report in writing.

4.4 Infection control

Infection is a major source of concern for patients, healthcare providers and healthcare workers alike. SPRING RAISE LTD is committed to compliance and of our agency staff with the strictest rules relating to infection control.

Application of the principles of infection control is a fundamental part of effective healthcare. Healthcare workers are bound by a Code of Professional Conduct to protect patients and colleagues from the risk of cross infection; they are also accountable through the Health and Safety at Work Act to ensure that the workplace is free from hazards.

Universal precautions

Contact with patient's blood/body fluids may cause exposure to occupational risk from blood-borne viral infections such as HIV or Hepatitis B. The most likely means of transmission of these viruses to healthcare workers is by direct percutaneous inoculation of infected blood splashing onto broken skin or mucous membrane.

Since it is impossible to recognize those who are zero-positive to HIV or Hepatitis B, it is recommended that every patient be regarded as a potential hazard.

Therefore agency staff should, as a matter of good practice, routinely use barrier methods, which will prevent contamination by blood/blood fluids:

- ✓ Skin – cuts or abrasions in any area of exposed skin should be covered with a dressing that is waterproof and is an effective viral and bacterial barrier.
- ✓ Gloves – wear disposable latex or vinyl gloves and a plastic apron. Spillages should be covered with disposable towels to soak up excess. The spillage should be cleared up with a gloved hand and debris treated as clinical waste. The area should then be cleaned with the appropriate disinfectant for that surface.
- ✓ Hand washing – the use of gloves does not preclude the need for thorough hand washing between procedures and patients.
- ✓ Aprons – disposable aprons may be worn if there is a possibility of splashing by blood/body fluid.
- ✓ Eyes – where there is a danger of flying contaminated debris or blood splashes, eye protection is necessary.
- ✓ Sharps – extreme care should be exercised during the use and disposal of sharps. Needles must be re-sheathed prior to disposal into approved sharp boxes – which should never be overfilled.

4.5 Needlestick and Sharps Injuries

A sharps injury is defined as an injury where a needle or other sharp object contaminated with blood or other body fluid penetrates the skin. Over 40,000 incidents are reported each year, it is therefore important that you protect yourself and your colleagues as much as possible.

Ways to prevent needlestick injuries:

- ✓ Wear the correct protective clothing, e.g. gloves, for all activities that may carry a risk of a sharps injury.
- ✓ Sharps must not be passed directly from hand to hand.
- ✓ All sharps handling should be kept to a minimum.
- ✓ Do not reuse or attempt to recap, break, bend or disassemble needles before disposal.
- ✓ Ensure that all sharps are disposed of according to departmental policy and that the available facilities for sharps disposals are used.

5 Record keeping

Maintaining good records is an essential practice to ensure safe and effective patient care. Records should always be:

- ✓ Legible.
- ✓ Written in ink.
- ✓ Factual and accurate.
- ✓ Clear and unambiguous.
- ✓ Clearly dated with the time documented.
- ✓ Signed, with your name printed clearly at the side of all signatures.
- ✓ Written using commonly practiced terminology that other staff and the patient can understand.
- ✓ Abbreviations should not be used.
- ✓ Clearly define any problems that have arisen and the action taken to rectify them.
- ✓ Alterations should be clearly scored out and initialled.

5.1 Confidentiality

Patient information that is disclosed during the course of an assignment is confidential and should not be disclosed to third parties if it is not in the patient's best interest or if it not deemed necessary as part of their care. Care should be taken to ensure that patient records are not left where they are accessible to unauthorised persons.

When obtaining consent from a patient you must ensure that they are aware of who their information will be shared with and why this is necessary. Each patient has a right to confidentiality in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. It is the patient's right to decide whether their information is shared.

5.2 Data Protection

The Data Protection Act 1998 is concerned with information about individuals (personal data) which is processed automatically (i.e. computer systems), with those that undertake the processing (data users) and with those individuals to whom the data relates. SPRING RAISE LTD is conversant with the legislation and will comply with the requirements. Anyone involved in the receipt or handling of personal data must ensure they abide by the eight Data Protection Act principles:

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless
 - a. At least one of the conditions in Schedule 2 is met.
 - b. In the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Further information on data protection can be found at: <https://ico.org.uk>

5.3 Consent

Consent has to be granted prior to giving any treatment or care. Consent must be:

- ✓ Given voluntarily.
- ✓ Be an informed decision.
- ✓ Be given by a legally competent person, i.e. a person who can understand and retain information about their treatment and use it to make an informed choice.

In the case of an emergency exceptions can be made and treatment can be given if it is deemed necessary in order to save the patient's life and the patient is not able to give consent. You must be able to demonstrate that you are acting in the patient's best interests.

If a person is deemed to be no longer legally competent, decisions should be made on previous consent decisions made in similar circumstances, providing there is no reason to believe that the person has since changed their mind. Otherwise treatment should be in the patient's best wishes.

5.4 Computer

Use During some assignments you may need to have access to the client's computer systems. You must ensure that you:

- ✓ Do not disclose any passwords to unauthorised users.
- ✓ Abide by the policies and procedures of the client.
- ✓ Do not attempt to access programmes or data to which you do not require access.
- ✓ Use the computers for your own personal or recreational use unless you have permission to do so.
- ✓ Abide by data protection law at all times.

6 A Guide to Safeguarding Children



The Children Act 1989 provided the local authorities with duties and powers to protect children and is central to child protection. The Act also stated that a child is anyone up their 18th birthday. As such children are seen in many adult departments of the Hospital. You may also see children as relatives and visitors of your patients, or in the corridors and public areas of the Trust.

The 1989 Act has since been strengthened by the Children Act 2004. We all have a duty under the Children Act 2004 to make arrangements to safeguard and promote the welfare of children and young people. This includes staff who are employed through agencies and applies whether they work with patients or colleagues who are parents, patients or colleagues who are pregnant or expectant fathers, relatives, patients who are children or young people. You should know what to do if you have any concerns. The following documents will help with your generic knowledge:

0-18 years; guidance for all doctors – published by the GMC. Provides information and advice on many of the sensitive and complex issues that doctors may face when dealing with children and young people. It sets out doctors' responsibilities to act always on the best interests of children and young people, to listen to them and to involve them in decisions that affect them. It can be found online at: http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_useful_links.asp

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff – published by the Royal College of Paediatrics and Child Health 2006 (www.rcpch.ac.uk). This document clarifies the competencies required by doctors and other healthcare providers and supplements the information set out in Working Together to Safeguard Children, 2006. It can be found online at: <http://www.rcpch.ac.uk/child-protection-publications>

Each Care Homes and NHS trust has a designated senior doctor and nurse to deal with child protection issues but each has its own policies and procedures in the handling of these issues. Please ensure that you familiarise yourself with the practices adopted in your work place.

6.1 Recognising Signs of Abuse

Below are some indicators of the four recognised categories of abuse. The lists of key indicators are not exhaustive but can help you in making your observations and deciding whether a child is being abused. Key points to remember are:

1. Is the reported mechanism consistent with the injury seen?
2. Does the reported mechanism fit with the age and development of the child?
3. Are there any unusual patterns to the injuries?
4. Are you concerned about the behaviour of the child or of the adults?

Physical Abuse:

- ✓ Unexplained injuries/burns.
- ✓ Unlikely reasons given for the injury or conflicting stories are given.
- ✓ Refusal to discuss injuries.
- ✓ Bruises – are there bruises of different ages but located in the same place, do they look to have been caused by fingertips or by being grabbed?
- ✓ Frequency of attendance in the Accident & Emergency department or the fracture clinic.
- ✓ Scars – is there an indication of an untreated injury, injuries of an unusual shape; are there a large number of scars of differing ages?
- ✓ Fractures – especially in children below the age of 1 year, alleged unnoticed fractures.
- ✓ Inappropriate delay in seeking medical help

Neglect:

- ✓ Constant hunger.
- ✓ Poor personal hygiene.
- ✓ Severe nappy rash, bed sores, ulcers.
- ✓ Constant tiredness or lethargy.
- ✓ Pale and undernourished appearance.
- ✓ Frequent lateness or non attendance at school
- ✓ Untreated medical problems.
- ✓ Low self-esteem.
- ✓ Poor social skills.
- ✓ Failure to thrive.
- ✓ Non attendance at medical appointments where chronic illness is present.

Emotional:

- ✓ Developmental delay – physical, emotional and/or mental.
- ✓ Over-reaction to mistakes.
- ✓ Fear of new situations or people.
- ✓ Neurotic behaviour or autistic tendencies.
- ✓ Self mutilation.
- ✓ Fear of parental or carer contact.

Sexual:

- ✓ Genital injuries including unexplained bruises around the genital and/or anal area.
- ✓ Sexually transmitted diseases.
- ✓ Sexual play, masturbation which is inappropriate to the child's age and development.

6.2 Other key issues for consideration

Children that are left home alone: there is no legal age that a child can be left alone, but parents can be charged with abandonment and neglect. Consider: is the child safe? What arrangements are in place to monitor the child? How competent is the child to act if an issue arose? Is the child alone because the parent is in hospital – how long will the adult be in hospital for?

Children attending hospital alone: again there is no legal requirement that a child is accompanied, but where consent is required for treatment the child must be Fraser Competent or an adult must consent on their behalf. Consider: does the parent know that the child is at hospital? What is the child attending for and why are they alone? Is their responsible adult aware that they are at the hospital? A child can only be discharged from hospital into the care of a responsible adult.

6.3 How to report a concern

If you do have a concern you should immediately contact the Trusts Safeguarding Children Team. In all clinical areas there are referral forms known as Form A. These are used for all referrals including those from adult areas. If you are unsure how to complete the referral form ask a permanent member of staff or contact the Trusts Safeguarding Children team for help.

7 Dealing with allegations of abuse

7.1 Good practice in dealing with disclosures of abuse:

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

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

When reporting an incidence of abuse the following details will be required:

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

The following steps will be taken when an allegation of abuse is made:

- ✓ All reporting will feed back to a single point.
- ✓ The precise factual details of the alleged abuse will be noted.
- ✓ There will be enquiry and verification to establish the substance of the initial reports.
- ✓ Initial co-ordination involving representatives of all agencies which might have a role in the subsequent investigation.

- ✓ Investigation.
- ✓ Joint discussion, decision and case planning.
- ✓ Implementation of agreed actions.
- ✓ Monitoring and review.

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

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

7.2 Procedure in relation to crime or suspected crime

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

7.3 Confidentiality & Data Protection

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

In certain circumstances, it may be necessary to disclose personal information, which must be done in accordance with data protection principles, as laid down in the Data protection Act 1998.

8 Customer Feedback

The purpose of this policy is to ensure that customer feedback, whether positive or negative, can be monitored and reviewed. Should you wish to provide feedback, whether positive or negative, please contact your Recruitment Consultant Monday – Friday between 9.00am - 5.00pm.

Spring Raise Ltd takes all complaints seriously and will fully investigate them without prejudice. We will support any agency member of staff who is involved in making a justifiable complaint, or is the recipient of an unjustified complaint.

We strive to achieve a climate where complaints are seen as an opportunity to learn and to develop services for our clients and for our workers. It should be remembered that all agency staff are required to work to the client's policies and procedures.

Complaints generally fall into the following categories:

- ✓ A patient makes a complaint about an agency staff member.
- ✓ The client makes a complaint about an agency staff member.
- ✓ An agency staff member makes a complaint about a client.
- ✓ A complaint is made by a member of our agency staff about care provision in the institution.
- ✓ A complaint is made about Spring Raise Ltd personnel.

8.1 Complaints procedure

In accordance with the Health Professionals Council (Conduct and Competence Committee) and the General Medical Council (GMC) Fitness to Practice Procedure (FTP), Spring Raise Ltd has a formal procedure for the handling of complaints.

General Principles

The Compliance Manager, along with the Clinical Lead Nurse and relevant Team Leader, will handle all verbal and written complaints, reporting to their Senior Manager. In the absence of the Compliance Manager, the Clinical Lead Nurse will handle the complaint.

The complaints system is subject to the company's quality assurance audit process.

The Compliance Manager is responsible for monitoring the complaints and adhering to the response time detailed in this policy. Complaints are monitored for emerging patterns, as detailed in this policy.

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

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

- ✓ When a complaint is either taken verbally over the phone or is sent by email or post, a complaints form is completed and signed by the employee who received the complaint. Verbal complaints must be recorded in the same manner and sent to the client for verification that all details have been accurately and thoroughly recorded.
- ✓ The complaint will be passed immediately to the Compliance Manager.
- ✓ The Compliance Manager will acknowledge receipt of the complaint and respond to the necessary parties within 3 working days of the complaint being lodged.
- ✓ Depending on the nature of the complaint the worker concerned will be contacted by either the Team Leader or Clinical Lead Nurse and informed of the matter within 3 days of the complaint being lodged.
- ✓ In all instances the worker should be given the right to reply. This should be given in writing within 7 days and copies supplied to all the relevant parties.
- ✓ The letter will clearly detail the name of the member of staff investigating the complaint.
- ✓ On receipt of written confirmation of the complaint from the Client, Spring Raise Ltd in conjunction with the Client will come to a decision as to the method by which the complaint should be handled. This will include deciding on how an investigation would be conducted, if an investigation is deemed to be necessary. This will depend on the nature of the complaint. Where necessary, advice will be taken as to whether the complaint warrants notifying the health care workers governing body.
- ✓ The complainant will receive a reply within 15 days of the complaint being lodged unless the nature of the complaint requires additional investigation or action by a Professional or Regulatory body or other government organization. The reply will detail the result of the investigation and what action will be taken.

If the complaint states that the worker is clinically unsound, or has failed to uphold the 'Code of Professional Conduct' or the 'Fitness to Practice Procedure', they will be immediately removed from that assignment.

Should the complaint be of a nature which is more complex and the Compliance Manager or Clinical Lead Nurse cannot come to an agreeable outcome with the involved parties, a Director of Spring Raise Ltd would consider the complaint and work with the parties to come to an agreement.

In all cases, the complaint will be recorded on the workers file and company's complaints log.

Where serious complaints are upheld, the worker will be taken off the agency register and the appropriate action taken in terms of notifying statutory bodies.

Complaints raised by a worker

In the event of a complaint being raised by a worker in respect of a work-based problem or with Spring Raise Ltd, the following will be adhered to:

In the first instance the worker should contact their Recruitment Consultant or the Compliance Manager.

- ✓ A complaints form will be completed with the locum and this will be sent to the Compliance Manager.
- ✓ The Compliance Manager will contact the worker; depending on the nature of the complaint, a written submission of the complaint may be requested by the Compliance Manager along with the complaints from already completed.
- ✓ A decision will be made in conjunction with the worker as to the next stage of the complaint is appropriate, for example if an investigation or further action is required.
- ✓ In all cases the complaint will be recorded on the Client records file and on the agency worker's file.

Where serious complaints are upheld, Spring Raise Ltd will take appropriate action in terms of reporting responsibilities.

8.2 Monitoring of complaints

Spring Raise Ltd operates a system of monitoring complaints to identify patterns or trends. The system will operate as follows: Each time a verbal or written complaint is made about a worker or a client, a record will be made on the form that is for the purpose of recording such issues.

The Clinical Lead Nurse, relevant departmental Directors and Compliance Manager will check these forms on a monthly basis. This will be for the purpose of identifying any trends or patterns that could otherwise be missed.



Should any trends or patterns be noticed, the Senior Management will take necessary action, depending on the nature of the problem to address the issue.

If necessary Spring Raise Ltd will seek guidance on how best to take action, from professional organizations and bodies such as:

- ✓ Health Professional Council (HCPC)
- ✓ General Medical Council (GMC)
- ✓ The Recruitment Employment Confederation (REC)
- ✓ Employment Agency Standards Inspectorate (ACAS)

8.3 Timescales for action

Written complaints will be acknowledged in writing within 3 working days of receipt.

Details of planned investigations or other appropriate action to be taken will be sent within 7 working days.

All parties will be kept informed in writing on a regular basis as to the progress of the investigation /action.

The complaint will be investigated and a conclusion agreed within 15 working days from receipt of the complaint unless further investigation is required.

Upon conclusion of the investigation /action a detailed outcome response will be sent to all relevant parties.

In the event that you are unsatisfied with the manner in which a complaint has been handled, Spring Raise Ltd would request that the following individuals or organizations be contacted:

- ✓ Theresa Mutsvangwa, Managing Director, Spring Raise Ltd, 268 Bath Road, Slough, Berkshire SL1 4DX
- ✓ Nursing and Midwifery Council, 23 Portland Place, London W1B 1PZ
- ✓ Recruitment Employment Confederation, 36 – 38 Mortimer Street, London W1W 7R

8.4 Whistle Blowing Policy

The purpose of this policy is to promote responsible Whistle blowing, and to protect employees from retaliation in the form of adverse personnel action for disclosing what the employee believes evidences malpractice.

This policy relates to people who raise concerns about past, present and future malpractices in relation to:

- ✓ A criminal act.
- ✓ An abuse of authority.
- ✓ A substantial or specific danger to public health or safety.
- ✓ A failure to comply with legal duty (such as negligence or breach of contract).
- ✓ A deliberate attempt to cover up any of the above.

Disclosing of wrongdoings

Workers are encouraged to raise their concerns internally with their employers. Any disclosure to an employer will be protected under the Public Interest Disclosure Act (1998) if the whistleblower has an honest and reasonable suspicion that wrongdoing has occurred (or is likely to occur).

In some instances, it may be appropriate to raise concerns externally to a regulatory body, to legal advisors, or to the police. Such external disclosures should only be made in the following circumstances:

- ✓ The concern was raised internally or with a prescribed regulator, but has not been properly addressed.
- ✓ The concern was not raised internally or with a prescribed regulator because the whistleblower reasonably believed he would be victimised.
- ✓ The concern was not raised internally or with a prescribed regulator because the whistleblower reasonably believed a cover-up was likely.
- ✓ The concern was exceptionally serious.

Employer's Responsibility

Spring Raise Ltd will never ignore the concerns of legitimate whistleblowers, nor will it seek to impose any detriments upon them in the form of:

- ✓ Dismissal.

- ✓ Disciplinary suspension.
- ✓ Negative performance evaluation.
- ✓ Reassignment of duties.

Any disclosure made by a whistle blower will be handled in accordance with the Spring Raise Ltd Complaints Policy, the Public Interest Disclosure Act, and any other relevant legislation.

9 Further Information

9.1 Equal opportunities

As an organisation Spring Raise Ltd is committed to equal opportunities and not discriminating on grounds of gender, ethnicity, disability, age, sexual orientation, race, nationality or religious belief by:

- ✓ Implementing an Equal Opportunities policy.
- ✓ Ensuring that the policy is implemented and adhered to.
- ✓ Ensuring good practice is developed and promoted in all aspects of COMBINED SUPPORT business activities.
- ✓ Complying with all relevant legislation and supporting appropriate codes of practice.
- ✓ Monitoring the recruitment process and employment decisions.
- ✓ Ensuring that any grievances are dealt with promptly and appropriately.

Working relationships

For agency staff, good working relationships are of crucial importance. SPRING RAISE LTD expects that all agency staff promote and co-operate in the removal of any discrimination in service provision and the promotion of best practice.

Agency staff can ensure standards of treatment which are equal by:

- ✓ Developing a basic knowledge and understanding of equal opportunities.
- ✓ Promoting positive benefits and attitudes towards others, aiding the development of effective working relationships.
- ✓ Attending training, induction and staff briefings available to them.
- ✓ Reporting any instances of discrimination, harassment, bullying and intimidation

9.2 Policy statement of sexual/racial harassment

Spring Raise Ltd's Equal Opportunities Policy makes a firm commitment to the prevention and removal of discrimination on the basis of sex, marital status, race, religion, creed, colour, nationality, ethnic or national origin, sexual orientation or disability. The Equal Opportunity Implementation Programme states at point 4.3: "Direct racial sexual or other discrimination and instances of harassment and or abuse will be treated as disciplinary offences"

Sexual and racial harassment are forms of unlawful discrimination. They are also forms of improper and inappropriate behaviour which lower moral and by creating a stressful atmosphere interfere with work effectiveness.

It is against the policies of SPRING RAISE LTD for any locum to sexually or racially harass another worker, patient or client.

Such conduct will not be tolerated and all locums are expected to comply with this policy. Appropriate action for serious offences, and violating this policy, will be taken against any locum working through SPRING RAISE LTD; instant dismissal and the locum will be struck from our register.

SPRING RAISE LTD formally defines sexual/racial harassment as:

- ✓ Behaviour of a sexual or racist nature, which is unwanted and offensive to the recipient. Sexual/racial harassment does not refer to behaviour of a socially acceptable nature but to conduct that is unsolicited, personally offensive and fails to respect the rights of others .

Sexual/racial harassment can be persistent or it can take the form of an isolated incident towards one or more individuals. The following are examples of inappropriate behaviour covered by the policy:

- ✓ Physical conduct: from unwanted contact such as unnecessary touching, patting and pinching to assault and coercing sexual intercourse.
- ✓ Verbal conduct: unwelcome advances, propositions, flirtations, suggestive remarks, comments about dress abuse or insults relating to gender or race.



- ✓ Non-verbal conduct: display of pornographic or sexually suggestive pictures, leering, whistling, or making sexually suggestive gestures; display of any material that may be racially provocative.

Clients/visitors/contractors

If a locum feels that they have been harassed by any of the above they should on no account do or say anything but instead report the incident to their supervisor or manager immediately. The matter will then be dealt with at a senior level.

Managers and supervisors

All supervisory personnel have a responsibility to prevent and eliminate any forms of sexual/racial harassment brought to them in accordance with the procedure.

Complaints procedure

Wherever possible, a locum who believes that he or she has been the subject of sexual or racial harassment should raise a complaint with their own immediate manager. If a locum feels unable to approach the person responsible or where such a request does not work, the next step should be to raise a complaint with their manager's manager or seek help from a personnel officer or staff representative.

All complaints will be handled urgently, seriously and confidentially. All locums will be guaranteed a fair and impartial hearing. If an investigation reveals that a complaint is valid, prompt action will be taken to stop the harassment immediately and prevent reoccurrence. This may be ensured through formal disciplinary action, up to dismissal for persistence or gross misconduct. Locums shall be protected from intimidation, victimization, or discrimination for filing a complaint or assisting in an investigation. Such retaliation is a serious offence. Making false allegations of harassment maliciously will also be subject to termination of contract if substantiated.

Locums always have the right to seek redress for complaints through the SPRING RAISE LTD formal Complaints Procedure and this should be exercised if the locum feels that the problem has not been satisfactorily resolved

9.3 Equal pay

SPRING RAISE LTD is committed to the principle of equal pay for men and women. SPRING RAISE LTD will endeavour to provide a pay system, which is based on objective criteria, and free from bias.

Women and men employed by us are entitled to equal pay if carrying out work which is the same or similar or assessed as such or is equal value. However, there may be material differences owing to expertise, qualifications, and so on.

If you have any query concerning your pay and its evaluation you are asked to raise the matter in the first instance with your consultant, and, if necessary, to use SPRING RAISE LTD Complaints Procedure, as set out in this Policy.

9.4 Fraud

Fraudulent behaviour takes many forms and can be carried out by different people: patients, professionals, managers and contracted agencies and businesses. If you provide false information you may be liable for prosecution. The following lists common examples of fraud committed in the NHS and Care Homes:

- ✓ Falsely claiming for hours not worked.
- ✓ Claiming sick pay when you are not ill or travel expenses for journeys not undertaken.
- ✓ Working whilst on long term sick leave.
- ✓ Falsifying qualifications and work experience.
- ✓ Failing to declare criminal convictions.
- ✓ Falsifying records in order to steal NHS or Care Home's property.
- ✓ Pharmaceutical fraud by companies overcharging for their products or supplying inferior products.
- ✓ Overcharging for contracted services.

Reporting fraud

All Hospitals/Trusts have a nominated officer linked to a counter fraud team whom you can report to. If you suspect that a fraudulent act has been committed there are three ways in which it can be reported:

- ✓ By contacting the Hospital/Trust's Counter Fraud Specialist Team.
- ✓ By calling the NHS Fraud and Corruption Reporting line:
 - 08000 284 060 England and Wales.

- 08000 963 396 Northern Ireland.
- 08000 151 628 Scotland.
- Online at <https://www.reportnhsfraud.nhs.uk>

Cases of fraud can be escalated to the NHS Counter Fraud and Security Management Service (England and Wales), the NHS Scotland Counter Fraud Service or the Northern Ireland Central Services Agency Counter Fraud Unit (CFU) and the Police. At Care Homes; please escalate to the most senior staff on duty.

9.5 Insurance

You are advised to take out personal accident, Malpractice and Public Liability insurance policies which will provide sufficient cover for your needs. If you are a member of a defence body you should check the cover that may be included in your membership.

Insurance against personal accident and illness You will only be paid for work that you have successfully undertaken, so if for any reason you are unable to complete your assignments your finances may suffer. You are advised to seek and obtain insurance cover to protect you against such circumstances and at a level that protects your income during periods when you cannot work. Personal Accident is covered and is an extension of the Employer's Liability Insurance.

Personal professional indemnity insurance Spring Raise Ltd recommends that you take Personal Professional Indemnity Insurance cover prior to commencing work as a locum.

9.6 AWR

Agency Worker Regulations came into force on October 1st 2011, giving agency workers the entitlement to the same basic employment and working conditions as if they had been recruited directly. You will be entitled to access certain facilities and information on job vacancies from day 1 of your employment with a client whilst other entitlements are realized after you have completed a period of 12 weeks in the same post at the same location. It is not retrospective, so if you were part way through an assignment on October 1st 2011 your 12 week qualifying period would only start from October 1st.

Day 1 rights

You will be entitled to facilities such as canteens, childcare facilities, staff common rooms, toilets, prayer rooms etc and access to information regarding job vacancies from the first day of your assignment.

It is important to note that you will only have access to these facilities if the client provides them for their permanent members of staff. There is no special provision of facilities for agency workers if those facilities are not already available for permanent staff. Nor would you be given 'enhanced' access rights, for example, where access to a crèche involves joining a waiting list, you would not be given an automatic right to jump the waiting list and be given a crèche place.

Week 12 rights

After 12 weeks employment in the same post and at the same location, equal treatment entitlements relate to pay and other basic working conditions such as rest breaks, night work and time off for ante-natal appointments for pregnant workers.

Calculating the 12 week qualifying period

The 12 week qualifying period is triggered by working in the same job with the same client for a period of 12 weeks. A calendar week in this context is any period of 7 days starting with the first day of the assignment, even if it is in the middle of the week. Weeks will be accrued regardless of the number of hours worked during the week or number of days worked during the week.

The Qualifying Clock

Because the working patterns of agency workers can be irregular there are a number of circumstances in which breaks will not prevent you from completing the 12 week qualifying period.

Certain breaks will cause the clock to be 'reset' whilst others will result in the clock being 'paused'.

Reasons for the qualifying clock to reset to zero:

- ✓ You begin a new assignment with a new client.
- ✓ You remain with the same client but change job roles.
- ✓ There is a break of more than 6 weeks between assignments with the same client in the same post.

Types of breaks which will cause the qualifying clock to ‘pause’:

- ✓ The break is for not more than 6 weeks.
- ✓ The break is caused by sickness or injury; in this instance the break can be up to 28 weeks.
- ✓ The break is for annual leave to which you are entitled.
- ✓ The break is for jury service; in this instance the break can be up to 28 weeks.
- ✓ The break was caused due to a regular and planned closure of the workplace by the client, such as for Christmas.
- ✓ The break has been caused by a strike, lockout or other industrial action taking place at the client’s establishment

Should you have any queries regarding AWR please contact your recruitment consultant.

I hereby confirm that I have received, read and will abide by, the guidelines set out in the SPRING RAISE LTD handbook

Name (please print).....

Signature

Date