

EVEREST RECRUITMENT AND SERVICES



Everest
Recruitment & Services Ltd.
Recruitment & Services Ltd.

AGENCY WORKER HANDBOOK

Introduction to EVEREST RECRUITMENT AND SERVICES

Thank you for choosing to work with Everest Recruitment and Services. We provide temporary assignments to Clinical and Non-Clinical in a wide range of public and private sector health settings including private hospitals and the NHS.

This handbook has been designed to support your induction and provide guidance about what to expect whilst working through us.

It is imperative that you read through it and familiarise yourself with the information contained here including the guidelines and instructions about the minimum standards required when working for our clients, including the NHS frameworks (including but not limited to Workforce Alliance and HealthTrust Europe).

It is important that you fully understand everything covered in the handbook. If there are any points which you do not fully understand or if you have any feedback on how we can improve the handbook for the next edition, please contact Office Manager at +44 07876610072 or email info@evereuser.co.uk.

Occasionally we will need to update the handbook. When this happens, we will send you a notification and provide you with a revised copy. You will be responsible for reviewing the updated handbook and ensuring you comply with any of the changes held within it.

This handbook outlines our policies and standards; however you will also be expected to abide by the standards and policies of the regulatory body that you are registered with and any local policies and procedures within the Contracting Authorities and Clients that you work for.

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GENERAL OBLIGATIONS

While employed as an Agency Worker, you will be working on the Client's premises. Whilst on the Client's site you must follow the following instructions.

At all times you must:

- Follow the instructions and all reasonable requests from the Client.
- Familiarise yourself with and follow the Client's documented policies and procedures.
- Undertake tasks assigned to you promptly and diligently.
- Conduct yourself in an appropriate and professional manner and act with honesty and integrity.

You must comply with all legislation, regulation and good practice standards including:

- Abide by the Working Time Regulations 1998.
- Keep client and patient information confidential (including but not limited to patient identity, clinical conditions and treatment) and abide by the General Data Protection Act 2018 and GDPR.
- Meet all requirements of the Equality Act 2010 and not discriminate unlawfully for any reason.

Prior to assignment you must:

- Keep us informed of your availability.
- Inform us if you have booked a shift directly with the Client immediately.
- Advise us immediately if you are unfit to work (e.g. if you are suffering from any medical condition that would prevent you carrying out your duties safely such as sickness, diarrhoea, skin rash etc).
- Keep your mandatory training up to date.

On arrival at your assignment you must:

- Be prompt and punctual and inform us immediately if you can't attend a booked shift.
- Identify your supervisor on arrival and establish what your duties will be whilst on assignment.
- Provide your proof of original ID to your supervisor at the beginning of your first shift and wear your photo ID badge.
- Wear freshly laundered relevant uniform or dress in line with the Client's policy.
- Orientate yourself with the environment and ensure you comply with relevant health and safety instruction and requirements and other client policies and procedures.
- Obtain information regarding fire procedures, onsite security, information security, crash call procedures, "hot spot" mechanisms and "violent episode" policies prior to starting to deliver the service.
- Familiarise yourself with the patients you will be caring for.

Whilst on assignment you must:

- Have the care, wellbeing and safety of the patients and the Client as your first concern and treat patients, visitors and colleagues with dignity, courtesy and respect with due regard to the age, gender, race, religion and physical/mental condition.
- Work as directed by your Supervisor and follow all requests, instructions, policies, procedures, standards and rules of the Client.
- Adhere to the health & safety requirements of the Client at all times.
- Work collaboratively and communicate effectively with the Client's clinical staff and departments.
- Only undertake work and duties that you are competent and trained to do. Where you are being asked to do something that you are not competent to do, you must inform your Supervisor.
- Observe the highest standards of hygiene and infection control in line with Client procedures and use protective clothing as appropriate to the duties being performed.
- Wear your valid photo ID badge at all times on Client premises.
- Communicate clearly and effectively at all times with the Client's staff, other healthcare workers, patients, carers and the general public.
- Write as legibly as possible.
- Report any complaints, incidents or accidents witnessed to your Supervisor (and if you are involved in them also to Everest Recruitment and Services).
- Not falsify records, timesheets, expenses or attempt to defraud the client or patients in any way.
- Complete timesheets accurately and ensure they are signed by the Client's approved representative.
- Report any concerns about possible fraud to your Supervisor and also to us.
- Not solicit or accept bribes or gifts or fail to account for monies or property received in connection with performing your duties.
- Report if you are being treated unfairly or inappropriately during the assignment to your Supervisor and to us.
- Not act in a manner likely to bring the Client into disrepute including but not limited to discrimination, verbal or physical abuse, threatening behaviour, harassment, bullying or otherwise being uncivil to any person you encounter whilst on assignment.
- Not at any time be or appear to be under the influence of alcohol or drugs or be in possession of a firearm or other offensive weapon.
- Not smoke on Client premises unless in an area expressly identified for smoking.
- Notify us immediately if you are charged or cautioned with any criminal offence after your enhanced DBS check, AccessNI check or PVG scheme membership check has been undertaken.
- Notify us if you are under investigation by your professional body or if you are suspended from your professional register immediately.
- Participate co-operatively in the investigation of any clinical complaint either during the provision of the service or subsequently.

At the end of the assignment you must:

- Hand over work to your Supervisor or the person taking over from you and report any adverse incidents that have occurred.
- Make accurate and legible records before you leave, including putting your name and role and identifying yourself as an Agency Worker.
- Return any property or other resources obtained from the Client during the assignment.

Fitness to Practice

You should inform the Client, and Everest Recruitment and Services, 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 will advise of the circumstances and reasons for the medical examination and is 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.

Occupational Health Requirements

We are required to ensure you undergo comprehensive occupational health screening and have current health clearance/immunisations and test results in accordance with the latest Department of Health guidelines before we can send you out to work on any assignment. 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.

This process is very straight forward and is described below:

- We will ask you to complete an Occupational Health Questionnaire and this will be forwarded together with your immunisations and test results to our Occupational Health Provider.
- They will evaluate the file and if satisfied, will issue us with a “Certificate of Fitness for Placement” which is valid for 1 year.
- If they are not satisfied, they will ask us to request additional proof of immunisations from you and if they are happy with this, they will issue a Certificate of Fitness for Placement.
- One month before this expires, we will contact you to repeat the process.

Enhanced Criminal Record Disclosure (DBS, PVG and AccessNI)

The nature of the work that you have applied to undertake is likely to have regular contact with vulnerable adults and young people and for this reason it is necessary for us to carry out an enhanced DBS check, including checks of the Adults and Children's barred lists. In Northern Ireland an AccessNI check is completed and in Scotland we will need to check PVG scheme membership as part of our recruitment process.

We will comply with all codes of practice together with the Data Protection Act 2018 to ensure the correct processing, use, storage, retention and disposal of this information.

Your consultant can provide you with further information on the DBS update service if you are not already subscribed to this.

We will renew your DBS check (or check the DBS update service or PVG scheme membership status depending on where in the country you are working if you have subscribed to these) at least annually. You will receive an email reminder when this is due for renewal. Please attend to this as soon as possible as we cannot offer you work if these checks are out of date. In Northern Ireland you will need to apply for your own AccessNI (details will be provided at point of registration).

Disclosing Convictions and the 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 all convictions should therefore be declared to Everest Recruitment and Services. This requirement includes convictions, cautions etc, which occur during the Agency Workers registration and employment with us including between annual disclosure checks.

Having a criminal record will not necessarily debar you from working with the company. Denial or nondisclosure of any conviction or caution, which is subsequently shown to exist, will, however, lead to your immediate removal from our register. Any Agency Worker with convictions/cautions will be asked to prepare a confidential Statement of Events surrounding each conviction/caution. Positive Disclosures are reviewed by the HR officer. 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 patients and Clients. We are bound by the Disclosure Body's Code of Practice and we guarantee that the information will be treated confidentially.

Maintaining Compliance

The process of reaching and maintaining compliance with government legislation and Client requirements is managed for you by our Compliance Team, who work with our Recruiters initially to ensure that all new applications are processed efficiently and accurately to maintain your 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 evidence of your ID, right to work in the UK, professional registration, qualifications, employment history, references, work health assessment and 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. Once a document has expired, you will be required to stop working immediately. In the case of annual training, a refresher course should be booked in good time to minimise any gaps in assignments.

Please contact your Consultant if you require any assistance.

Everest Recruitment and Services ID Badge

A Everest Recruitment and Services ID Badge will be issued to you once you have cleared our compliance process and prior to your first assignment. If you lose your current badge, you should request a new one by contacting your consultant.

Please be aware that should you arrive at any assignment without the proper identification you may be refused access and will have no recourse to claim any expenses or loss of earnings from us or from the Client.

ID badges must be returned to us on termination of your employment with us.

Professional Indemnity (PI) 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. We therefore advise you to take out your own personal PI cover.

It is a mandatory requirement for all staff deployed in Northern Ireland or anywhere outside of the NHS to hold their own PI cover.

Mobile Phones & Computer Use

Mobile phones, unless working in the Community, should be switched off for the duration of your assignment.

The Client may authorise you to gain access to certain computer systems, programs and data within those systems. You shall not attempt to gain access to data or programs for which authorisation has not been given.

When on assignment you must:

- Observe the Client's computer security policy, procedure and instructions.
- Not load any program into any computer.
- Not access any other computer, bulletin board, information service or the internet without explicit consent.
- Not download any files or connect any piece of computer equipment to any network except with the prior consent.

Timekeeping, Hours & Absence Reporting

Please make every effort to ensure you arrive at and leave bookings at the agreed time. You may on occasion be asked by a Client to change your working hours due to their requirements, in the event of a reduction in hours occurring then the Client's decision is final, and you will only be entitled to be paid for the hours you have worked.

If you are requested to work extra hours (that do not contravene the maximum safe working hours for your occupation), you may choose to do so and should ensure the timesheet is completed accordingly. If you are unable to work these extra hours, then you should inform the Client immediately so they can arrange alternative cover.

If, for any reason, you are unable to attend a booking you must contact us a minimum of 8 hours before the start of your assignment to allow the maximum time to arrange suitable cover. Failure to inform us may result in your removal from the booking and may lead to us removing your details from the database.

Uniform & Jewellery

You are required to report for work neatly and appropriately dressed. Where applicable, always start work in a clean uniform. If not in uniform, you must always abide by the dress code advised by the booking consultant.

You should not wear any items of clothing (such as loose jackets or high heeled shoes) that may be a potential safety hazard or that may prevent you from doing your job properly at all times. You should not wear excessive jewellery that is visible while at work.

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.

We also have 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 as soon as possible.

Should any conflicts or confusions arise during your working assignment with regard to the interpretation of policies and procedures you must seek advice from a senior member of staff or contact us at the time the conflict is occurring. If at any time you believe you are being compelled to compromise your integrity and are instructed to breach your Code of Professional Conduct, then you should 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.

Patient Record Keeping

Record keeping is a professional requirement. Failure to maintain records could cause considerable difficulties (e.g. if there were allegations of negligence). Information is essential to the delivery of high quality evidence-based health care and are critical to clinical decision making and patient care. It is therefore critical that information is recorded correctly, regularly updated and easy to access when needed.

All patient attendance, non-attendance, and refusal of treatment and advice must be noted. It is advisable to note when telephone contacts are made. It is imperative that the Agency Worker dealing with a particular patient on a specific day can be identified. This means the patient's attendance is dated and signed either in the Agency Worker's records or on a register, or both.

All patient records should be kept confidential in line with the Data Protection Act 2018.

Security

Whilst on the Client's premises, you must comply with all security measures of the Client. The Client shall have the right to carry out any physical searches, or your possessions or of vehicles used by you at their premises.

Evaluation of Service

At the end of every assignment we will request feedback from the client on the service they have received from us and to provide a reference on the Agency Worker. This will be shared with you to support appraisal and where appropriate, revalidation.

PAY AND BENEFITS

Pay Rates

Different rates of pay apply to different assignments depending on which clinical grade you have been booked at. You will be given details of the pay rate when we discuss the booking with you.

Timesheets

Manual Process

Prior to assignment, we will provide you with a timesheet. Timesheets run from Monday to Sunday and you will receive payment weekly in arrears on receipt of a correctly completed timesheet. You will receive a detailed payslip showing your hours, rates and any deductions each week.

Please submit your timesheet to us before noon Monday of every week in order to be paid the following Friday. Payments are made directly into your bank / building society account by BACS. It is your responsibility to ensure your timesheet is legible, completed correctly and has been authorised and signed by your manager, payment may be delayed if this is not the case.

Please complete your timesheet in full, in particular:

- Your name.
- Client / hospital name and department / ward.
- You complete the correct week ending date on the timesheet.
- Booking or reference number for each shift (if applicable).
- Dates and shift start and end times excluding any breaks taken.
- The total hours worked.
- Client signature, name, position and date (including signature at the end of each shift as well as at the bottom – if the timesheet is not signed at the bottom it cannot be processed).
- You have signed the timesheet and the NHS counter fraud declaration.

Timesheets all have a unique timesheet number, so you can only use them once – do not photocopy them. They come in triplicate so please ensure you send us the top copy, leave the 2nd copy for the client and keep the bottom copy for yourself.

We cannot accept faxed or photocopied timesheets. We will accept emailed timesheets in a clear PDF version. You must send the original or PDF timesheet to timesheets@evereuser.co.uk or WhatsApp number: +44 7341654035.

Please note that if you put more than 2 timesheets in an envelope, they may require more than 1 first class stamp. Please ensure the correct postage is on the envelope or this may delay the arrival of the timesheets and therefore your pay.

Please call us on +44 7341 654035 if you need more timesheets or if you have any queries about timesheets or payment. You can also visit our website to find the timesheet on.

We are on process of going paperless with our application where our shift bookings and timesheets will all be processed within the application. Therefore, staffs registered with us will only have to worry about clock in and clock out and proper signature of the authorized person.

PAYE Workers

As a PAYE Agency Worker, you will have a contract of employment with Everest Recruitment and Services, and tax, national insurance and pension contributions will be deducted at source. Each week that you submit a timesheet, you will receive a payslip with a full breakdown of all of the elements of your pay and deductions. Holiday pay will be accrued according to the hours you have worked as detailed below.

Holiday Pay

As a PAYE Agency Worker you start accruing holiday pay as soon as you begin work with us, and you can request this from us at any time. Holiday entitlement is 28 days paid leave per year including bank holidays. Entitlement to payment for leave accrues in proportion to the amount of time worked during the leave year.

We require 4 weeks prior notice in writing of your intention to take a holiday. You may not work whilst on holiday. It is simple – holiday is a necessary rest period for all of us.

Personal Service Companies

The Government's [off-payroll working rules](#) are in place to make sure that, where an individual would have been an employee if they were providing their services directly, they pay broadly the same tax and National Insurance contributions as an employee.

When we receive a vacancy from a Contracting Authority or Client, they will instruct us as to whether the role is "in or out of scope" of IR35 regulations. Nearly all medical, clinical and healthcare roles will be classed as "in scope". This means that if you are working through a Personal Service Company, we will deduct tax and NI at source in line with current legislation.

For further information about this, please contact your Everest Recruitment and Services Consultant.

Agency Workers Regulations (AWR)

These AWR which came into force on the 1 October 2011, was designed to ensure that Agency Workers receive, usually after a qualifying period, treatment no less favourable than their full-time employed equivalents.

In relation to AWR, an Agency Worker is any individual who is supplied by an agency to work under the supervision and direction of a hirer, and has a contract (whether employment contract, contract for services, or otherwise) to perform work and services personally. Put simply, individuals that fall within this definition are within the scope of the AWR and those that are outside of this definition do not. Agency Workers include:

- Agency Workers (including those on contract for services and “zero hours” contracts of employment or equivalent).
- Workers employed or operating via umbrella companies or other intermediaries.
- Workers who operate a personal service company/limited company but who are not genuinely self-employed.
- Workers who are supplied through “intermediaries” such as Master Vendor / Vendor Neutral suppliers and any similar “chain” arrangement.

Under the Agency Workers Regulations, Agency Workers are entitled to the following from day 1 of service:

- Access to amenities or collective facilities at the client’s site (e.g. canteen, childcare, transport etc.) unless there are objective grounds for not doing so.
- Access to vacancies within the hirer’s organisation - Agency Workers must be informed of any relevant, vacant posts in the client’s organisation in order to give them the same opportunity to find permanent employment as comparable employees or workers.

After a qualifying period of 12 weeks, Agency Workers entitled to be treated in relation to basic working and employment conditions as if they had been recruited directly to the same job.

Basic working and employment conditions relate to pay, duration of working time, overtime, rest breaks, rest periods, night work, annual leave.

The following table shows what is and what is not included under the term “pay”:

What <u>IS</u> Included	What is <u>NOT</u> Included
Contractual entitlements directly linked to the work undertaken whilst on assignment including: <ul style="list-style-type: none"> • Basic pay • Overtime • Shift allowances • Unsocial hours premiums • Payments for difficult / dangerous duties 	Other aspects of remuneration that are provided in recognition of the long-term relationship between employer and employee such as: <ul style="list-style-type: none"> • Profit sharing schemes • Share ownership schemes • Occupational pension contributions

<ul style="list-style-type: none"> • Bonuses / commissions that are directly attributable to the quality or quantity of work done by the Agency Worker or those linked to individual performance / performance appraisal arrangements and which would have been payable to the worker concerned during the period of the assignment, had they been recruited directly • Vouchers or stamps with a monetary value (e.g. luncheon vouchers, transport vouchers) • Childcare vouchers with a monetary value that are not funded on the basis of a salary sacrifice scheme • Holiday pay (above statutory) • Collective agreements (i.e. terms generally included in employees' written contracts and other matters of "customer and practice" in the workplace concerned). 	<ul style="list-style-type: none"> • Occupational sick pay (statutory sick pay is not affected) • Redundancy pay (statutory and contractual) • Notice pay (statutory and contractual) • Maternity pay • Individually negotiated contract terms of one-off discretionary payments • Bonuses that are not directly attributable to the amount of quality of work done by the Agency Worker (e.g. attendance bonuses or bonuses based on company performance rather than the quality or amount of work done by the individual Agency Worker) • Childcare vouchers if they are funded on the basis of a salary sacrifice scheme.
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The qualifying period of 12 continuous calendar weeks is irrespective of working pattern (e.g. full or part time), which applies to the same role or substantively similar roles with the same client.

A new qualifying period will begin only if a new assignment with the same client is substantively different, or if there is a break of more than 6 weeks between assignments in the same role with the same client.

The clock will only stop ticking on either a qualifying period or break period when:

- There is an industrial action or lockout.
- The Agency Worker is taking annual leave.
- The Agency Worker is on sick leave with a doctor's note.

You will be advised on pre and post AWR pay and holiday entitlement at the beginning of your assignment. When your pay is to be increased to comply with AWR, the new rate will be shown on your payslip.

The Agency Workers Regulations do not apply to those workers who are genuinely self-employed.

To help us comply with the Agency Workers Regulations we will need to immediately know:

- If you work or have worked through any other agency at any Client where we place you (as you may be entitled to equal treatment sooner week 12 of working there through us).
- If you believe that you have not received the equal treatment to which you are entitled.
- If you become pregnant or are otherwise entitled to maternity or paternity leave.
- If you are returning to work after maternity leave, paternity leave, jury service or sick leave.

Detailed guidance on the regulations is available online [HERE](#) and your consultant can help explain this in more detail.

CODES OF CONDUCT & POLICIES

Professional Conduct

All registered healthcare staff working with us will be required to adhere to the regulatory body's respective Code of Professional Conduct. You will have been provided with this information directly by your regulatory body. Additional copies can be downloaded from your regulatory body's website.

We expect you to 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.

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 Contracting Authority or Client will have an alcohol and drugs policy. Any Agency Worker arriving for or suspected of arriving for duty intoxicated who is sent home will not be refunded travelling or time expenses and may have their assignment terminated with immediate effect.

Gifts and Gratuities

Under no circumstances should you seek money, gifts, favours, or rewards for services rendered, either for yourself or for any third party. It is not uncommon for a patient, their friend or relative, to offer a voluntary gift as a mark of appreciation for care you have given. Any offer of a gift should be politely refused; with an explanation that acceptance would be against both Everest Recruitment and Services and the Client's policy.

Equality, Diversity & Inclusion

We are committed to supporting equality, diversity and inclusion, and opposes all forms of unlawful or unfair discrimination on the grounds of any Protected Characteristic (PC) including sex; race (including colour, nationality, ethnic or national origin); religion or belief;

age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity. We also oppose discrimination based on other characteristics that are not protected (e.g. class, obesity, regional accent etc).

Diversity and inclusion is covered in all aspects of our work. Information may be requested from staff, applicants and Agency Workers, enabling us 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.

Equality of opportunity extends to all aspects of registration with us, including recruitment and selection, assignment of work, pay rates, assessment of performance, and action in response to complaints.

Agency Workers are encouraged to make known all special skills and/or knowledge, which may make you particularly suited to care for patients 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 our register.

Harassment / Bullying

Harassment is defined as unwanted conduct which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Individuals can complain of 3rd Party Harassment also which is behaviour they find offensive, humiliating etc., even if:

- It is not directed at them.
- They do not have the relevant PC themselves.
- The behaviour is perpetrated by a third party who is not an employee of the company.
- The behaviour is based on perception or association.

In the event that an employee finds such behaviour offensive or believes it to be inappropriate, they should report it immediately to us.

We are 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 colleagues 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 us or any of the institutions we supply. Any Agency Worker, who is considered, after proper investigation, to have subjected a Contracting patient, another Agency Worker or anyone else that they work

with to any form of harassment or bullying will be dealt with in an appropriate manner under our complaints / disciplinary & grievance procedure. This may include removal from our staffing register.

Fraud Awareness

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

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

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, you should follow these guidelines:

<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.
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Whistleblowing

We are committed to ensuring employees and Agency Workers are able to raise matters of concern without suffering any discrimination, victimisation, disadvantage or detriment for doing so.

Our Whistleblowing Policy is designed to promote a culture of freedom, honesty and openness by encouraging employees and Agency Workers to report any concerns relating to malpractice, wrong doing, bribery, corruption, dangerous or illegal activity in the workplace internally (rather than having to go to an external organisation to do so), so allowing the company to take early action to resolve the problem before it escalates.

The policy provides a clear procedure for reporting improper actions and omissions of colleagues which may cause harm to either people or the organisation itself without suffering detriment or reprisals of any type for making the disclosure.

You do not need have to have proof of wrongdoing or malpractice to make an internal report and you are encouraged to share any concerns that you may have in confidence, particularly if they are unsure whether to raise a concern or not.

Any instruction to cover up wrongdoing is itself a disciplinary offence and if you are told not to raise or pursue any concern, even by a person in authority you should not agree to remain silent and should report the matter to us immediately.

If you make a disclosure, you are protected under the Public Interest Disclosure Act. Your disclosure will be treated confidentially and you will be supported and protected from reprisals (including dismissal, detriment and victimisation), however should the matter be sufficiently serious we may need to disclose your identity with your permission if we require to do so to resolve the issue or if we are ordered to do so by law. If the issue cannot be dealt with internally, you can also disclose it to appropriate regulatory body.

Our Consultants are trained to deal with whistleblowing and will report back to the employee or Agency Worker who raised the issue with details relating to progress, actions and outcomes.

How to Make a Whistleblowing Disclosure

The disclosure should include details of:

- The background and history of the concern;
- The nature of the suspected wrongdoing;
- The individual suspected of carrying out the wrongdoing.

Where possible, the disclosure should be made in writing.

Our Consultant or Manager will investigate the Whistleblower's concern and will take the appropriate action to resolve the issue and prevent recurrence, escalating it if appropriate. We also have the following obligations:

- To log details of the disclosure and subsequent actions.
- To undertake further enquiries / investigation as necessary (which may include subsequent disciplinary action or referral to the police or other agencies as necessary).
- To report back to the Whistleblower about the outcome of any enquiry and any remedial action the company proposes to take.

- To protect the Whistleblower from victimisation, harassment, bullying or any sort of detriment for making a disclosure in accordance with this procedure.
- If requested to do so by the Whistleblower, to treat the disclosure confidentially and not to disclose their name or position unless required to do so by law or unless it is impossible to resolve the concern without revealing the Whistleblower's identity.

If suspicions are not confirmed by an investigation, the matter will be closed, and the employee or Agency Worker will not be treated any differently for raising the concern. Their confidentiality will continue to be protected.

Escalation

The Whistleblower may make a wider disclosure if they fear victimisation or if they believe that there is a cover up. Such escalation should be made to the proper authority which includes:

- HM Revenue & Customs.
- The Financial Conduct Authority (formerly the Financial Services Authority).
- The Competition & Markets Authority.
- The Health & Safety Executive.
- The Care Quality Commission.
- The Care Inspectorate (in Scotland).
- The RQIA (in Northern Ireland).
- The Environment Agency.
- The Independent Policy Complaints Commission.
- The Serious Fraud Office.

In most cases, the Whistleblower would be required to have followed the above internal procedure before making a wider disclosure.

Guidance on Safeguarding

We have a zero tolerance approach to abuse and/or neglect and all Agency Workers are required to understand and comply with training received as well as our policy. Where the services are provided on Contracting Authority / Client premises (e.g. a hospital), we will operate according to the policies and procedures of that institution / organisation and it is expected that the child / vulnerable person / adult at risk of harm will have been informed of their rights by that institution / organisation and that the institution / organisation will provide independent support and advice to the person concerned.

Identifying Potential Abuse

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts. The main types of abuse include:

- Physical.
- Domestic.
- Sexual.

- Emotional / psychological.
- Financial.
- Modern slavery.
- Discriminatory.
- Organisational.
- Neglect or acts of omission.
- Self-neglect.

All employees and Agency Workers are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect. Typical signs for each of the above include:

Physical Abuse – the signs of this are often evident; but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, broken bones, and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Poor skin condition or poor skin hygiene.
- Dehydration and/or malnourished without illness-related cause.
- Loss of weight.
- Soiled clothing or bed.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under-dosing.
- A person telling you they have been hit, slapped, kicked, or mistreated.

Sexual Abuse - very often the behaviour of a person, even if they are confused, will tell you that something is wrong. Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens. Some of the physical signs to watch for are:

- Bruises around the breasts or genital area.
- Unexplained STDs.
- Unexplained vaginal or anal bleeding.
- Difficulty in walking or standing.
- Marked changes in behaviour.
- Torn, stained, or bloody underclothing.
- A person telling you they have been sexually assaulted or raped.

If you suspect sexual abuse, do NOT wash the person or their clothing. Do NOT let time drift by while you think about your course of action. Inform this immediately to the nurse

in charge of the shift and they will refer the matter to the Police as they are the experts and will have the skills, knowledge and equipment to respond appropriately and sensitively.

Emotional / Psychological Abuse - this can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour such as:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.
- Confusion or disorientation.
- Anger without apparent cause.
- Sudden change in behaviour.
- Emotionally upset or agitated.
- Unusual behaviour (sucking, biting, or rocking).
- Unexplained fear.
- Denial of a situation.
- Extremely withdrawn and non-communicative or non-responsive.
- A person telling you they are being verbally or emotionally abused.

Neglect - this will often be manifested in the physical, social or health circumstances of the person. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in person's living environment.
- Rashes, sores, or lice.
- Inadequate clothing.
- Malnourishment or dehydration.
- Untreated medical conditions.
- Poor personal hygiene.
- Evidence of the withholding of medication or over-medication of the person.
- Evidence of a lack of assistance with eating and drinking.
- Unsanitary and unclean conditions.

In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his / her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim' the impact is the same, and they experience abuse. Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.

- Display attitudes of indifference or anger toward the person, or the obvious absence of assistance.
- Blame the person (e.g. accusation that incontinence is a deliberate act).
- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.
- Display inappropriate affection toward the person.
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships.
- Create social isolation of the family, or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

Financial Abuse – the signs of financial abuse may include:

- Signatures on cheques etc that do not resemble the person's signature or signed when the person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the older person.
- The inclusion of additional names on an older person's bank account.
- Abrupt changes to, or the sudden establishment of, wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Unusual concern by someone that an excessive amount of money is being expended on the care person's care.
- Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silver or jewellery.
- Deliberate isolation of a person from friends and family, resulting in one particular individual having total control.

Safeguards & Arrangements to Ensure Awareness of the Issues & Processes

We require our employees and Agency Workers to follow all the instructions, guidance, policies and procedures provided by the participating authority. Induction training will also be provided to all employees and Agency Workers engaged to undertake regulated activity with children / vulnerable persons or regulated work with children / Adults at risk of harm, including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse / harmful behaviour.
- Risk management to prevent abuse / harmful behaviour.

- Actions to be taken in the event of alleged or suspected abuse.
- The company's complaints and escalation process.
- The company's Whistleblowing policy.
- Current legislation and best practice.

All employees and Agency Workers will also be appropriately supervised.

Reporting Suspected Abuse or Neglect

If you suspect or are aware that a child, young adults or vulnerable person is being abused or neglected you must act quickly but appropriately and professionally. To assist in the reporting procedure please ensure that you:

DO:	DO NOT:
<ul style="list-style-type: none"> • Be accessible and receptive. • Listen carefully. • Take it seriously. • Reassure the child/ young person/vulnerable adult that they are right to tell. • 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. 	<ul style="list-style-type: none"> • Jump to conclusions. • Directly question the child or vulnerable adult or suggest words for him/her to use. • Try to get 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.

If you suspect abuse has taken place or abuse has been brought to your attention you are obliged to take action.

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.

You should immediately report any suspicion or allegation of abuse to both us and your Supervisor at the Contracting Authority / Client. Do not attempt to assess whether or not the allegations are true and do not attempt to deal with any suspicion or report of abuse yourself.

We will:

- Liaise with the Contracting Authority / Client to ensure appropriate support for the child / young person / vulnerable adult is provided.
- Report the suspicion or allegation to the relevant agencies who may include the Police and/or Social Services and maintain a written record.
- Provide appropriate support for the person against whom the allegation has been made if this is one of our employees, Contractors or Agency Workers.
- Confirm to you that action 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.

Health and Safety

It is our policy to ensure, as far as is reasonably practicable, the health, safety and welfare of all our Employees, Agency Workers as well as patients and members of the public. This involves working in partnership with Contracting Authorities and Clients on whose site you may be working.

Health and Safety Guidance

We aim to ensure the following in relation to Health and 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 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.

Your Duty of Care & Responsibilities

You are responsible for your own personal Health & Safety and you have a duty of care to:

- Notify us, the Contracting Authority / Client if you become aware of any risks to health & safety that are not adequately controlled.
- Co-operate with the Contracting Authority / Client to ensure a safe system of work and follow any health & safety policy or instruction that you are given.
- Take reasonable steps to safety and your own safety and that of anyone else who may be affected by your actions.
- Report any incidents / accidents to us and the Contracting Authority / Client and notify all parties if any further risks arise during the course of your assignment

- Not wilfully misuse or interfere with anything provided in the interests of health, safety and welfare.
- If you are pregnant, you must inform us, and we will arrange for a risk assessment of your working environment to be undertaken to identify the assignments you can or cannot undertake.

You have a legal right to refuse to undertake work / any particular task if you have reasonable grounds to believe that this would place you in “serious and imminent danger”. Any such concerns should be reported immediately to the us and the Contracting Authority / Client.

Safety Requirements

- Always familiarise yourself with the Health and Safety policies and procedures for the environment you are working with and pay particular attention to fire and emergency procedures.
- Never attempt a task without first ensuring that you understand the instructions and can carry it 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 us as soon as possible, taking immediate steps to correct it. It may be assumed that you 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 and always follow instructions.
- 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 us and the Contracting Authority / Client. If necessary, get first aid attention immediately. You should also report near misses.
- Obey all Health and Safety rules, signs and instructions. If you are unsure as to what they mean - ask.

Accident and Incident Reporting

You are responsible for ensuring that all incidents or accidents that relate to the provision, control and maintenance of Health and Safety in the workplace are reported to the Contracting Authority / Client and us.

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 seven 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 wound with waterproof dressing.
- Report incident to Everest Recruitment and Services. If the injury happens out of office hours report to A&E and inform us the next day.
- Report to OH Department during normal working hours.
- Document the circumstances that led to exposure.
- Counselling is available where required following 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.

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

You have legal duties under RIDDOR that require you to report and record 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 a worker 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.

That said, 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 about 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/ukxi/1995/3163/schedule/3/made> when they receive a written diagnosis from a doctor that they or their employee / worker 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 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.

COSHH

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 and 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 employer provide suitable information, instruction and training about:

- The nature of the substances you 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.

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

Data Protection / Access to Records

To deliver the service, we need to process data including your records. The information contained in your records is taken from your application form, as well as other elements of your application including but not limited Criminal Record Disclosure, professional registration, right to work in the UK, references and Terms and Conditions. There may be occasions when your records are disclosed to Regulators, Inspectors and contracting Authorities / Clients (e.g. RQIA, Care Inspectorate, CQC, Workforce Alliance, HealthTrust Europe etc).

In line with the Conduct of Employment Agencies and Employment Businesses Regulations 2003, we will obtain and store the following information from all work seekers:

- Date the application was received.
- Your name, address and, if under 22 years of age, date of birth.

- Any terms which apply or will apply between you and Everest Recruitment and Services and any document recording any variation thereto.
- Details of your training, experience, qualifications, and any authorisation to undertake particular work (and copies of any documentary evidence of the same).
- The names of any Contracting Authorities / Client to whom you are introduced or supplied.
- Details of any resulting engagement and the date from which it takes effect (including all assignment start and end dates).
- Details of any requirements specified by you in relation to taking up employment.
- A copy of any contract between Everest Recruitment and Services and you.
- Dates of requests of fees from you and receipts for such fees with copy statements or invoices, numbers and amounts (please note we do not charge fees to work-seekers for our services).
- Details about you and the position concerned with copies of all relevant documents and dates they were received or sent as the case may be. These include:
 - Your proof of ID.
 - Your experience, training, qualifications and professional registrations.
 - Your references.
 - Confirmation that you are willing to work in the position that you are being submitted for.
 - All relevant pre-employment checks.
 - Health & safety risks.
 - Any information received by us to indicate that you are unsuitable for the work being provided.

We are not required to retain details of any work-seeker that we do not provide services to.

Under current data protection laws, Data Subjects (in this case work-seekers) have a right to request that we delete their Personal Data. However, this is not an absolute right - where we have another legal basis to continue to process that data, (e.g. we have a legal obligation to hold certain records for a certain period of time), those obligations will take precedence over the Data Subject's right.

Data Subjects have rights when it comes to how we handle their Personal Data too. These include rights to:

1. Withdraw Consent to Processing at any time (where the Company is relying on Consent);
2. Receive certain information about our Processing activities;
3. Request access to your Personal Data that we hold;
4. Prevent our use of your Personal Data for direct marketing purposes;
5. Ask us to erase Personal Data if it is no longer necessary in relation to the purposes for which it was collected or Processed or to rectify inaccurate data or to complete incomplete data;
6. Restrict Processing in specific circumstances;

7. Challenge Processing which has been justified on the basis of our legitimate interests or in the public interest;
8. Request a copy of an agreement under which Personal Data is transferred outside of the EEA;
9. Prevent Processing that is likely to cause damage or distress to you or anyone else;
10. Be notified of a Personal Data Breach which is likely to result in considerable risk to your rights and freedoms;
11. Make a complaint to the supervisory authority; and
12. In limited circumstances, receive or ask for your Personal Data to be transferred to a third party in a structured, commonly used and machine readable format.

We will verify the identity of an individual requesting data under any of the rights listed above and will not allow third parties to persuade us to disclose Personal Data without proper authorisation.

Complaints

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 us. If you are the subject of a complaint personally, 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 relevant regulatory body.

Our complaints procedure will enable the Contracting Authority / Client to make complaints efficiently and we will be required to investigate and resolve a complaint within the prescribed timeframes. The Contracting Authority / Client will, with due regard to the Data Protection Act 2018, provide to us with the necessary information to thoroughly investigate the complaint.

Our complaints procedure is as follows:

1. We will acknowledge any complaint within **three (3)** working days of receipt.
2. We will make all reasonable endeavours to ensure that all complaints are resolved within **ten (10)** days of the complaint being notified to us. However, where the nature of the complaint requires additional investigation or action by a professional or government organisation, all reasonable endeavours should be made to ensure that the complaint is resolved as soon as possible thereafter.
3. We will ensure that you are fully informed of complaints relating to you (unless there is a specific reason for not doing so).
4. You will be afforded the opportunity to state your version of events and will be given **five (5)** days to respond.
5. If appropriate, we will take demonstrable action to ensure there is no recurrence of the act or omission complained of.

6. The Contracting Authority / Client may at any time request that we provide them with an update as to the progress of the resolution of the complaint.
7. Details on how the complaint has been resolved should be notified to the Contracting Authority / Client in writing, as soon as possible after finalisation.
8. If we receive a report of poor performance about you from a Contracting Authority / Client, you will not be supplied again to that Contracting Authority / Client until they are satisfied that **a)** the issues identified have been resolved, **b)** will not recur and **c)** has confirmed this in writing, to us.
9. Where there is evidence of malpractice, you will be reported to the relevant professional body.
10. We will be responsible for monitoring and following up such complaints with the professional body until an outcome is reached. We will discuss with the Contracting Authority / Client whether an Alert Notice needs to be issued and we will co-operate with any action required.
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.
12. A system to analyse and identify any pattern of complaints (Quality Assurance System) is also in place.

Training and Development

Appraisals

For ongoing work in the NHS, you are required to be annually appraised. The requirements are as follows:

- The appraisal must be carried out by a medical practitioner entered on the Specialist Register on the list of Registered Medical Practitioners ('Appraiser').
- The Appraiser is required to supply documentary evidence to demonstrate that they have been appropriately trained in the conduct of appraisals and have been regularly re-trained as appropriate.
- We require evidence that you have undergone an annual appraisal within an 'approved NHS appraisal system', which includes 360 degree feedback as well as feedback from patients.

In addition to the above we 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 forwarded to you, giving you an opportunity to raise any concerns of issues you may have.

You should ensure that you maintain a written portfolio of your professional experience and attendance at professional development courses, which should also include a written and agreed 'Personal Development Plan' as agreed at your appraisal.

Supervisory Practice

We are committed to the development of our workforce and the promotion of best practice for Agency Workers and patients. Effective supervision is recognised as a contributing factor to staff retention and safe practice. As a result, all Agency Workers are required to have ongoing clinical supervision provided by the company. It is a shared responsibility between the company, its directors and the individual to ensure that this is achieved in an effective and timely manner.

What is clinical Supervision?

Skills for Care (2007) define 'supervision' as "an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team". The rationale of candidates undergoing of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The emphasis is on supporting staff in their personal and professional development and in reflecting on their practice. Underpinning our own beliefs, we look to guidance from the CQC (2013) who assert that: Clinical supervision provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing development needs.

We strive for all our candidates to attain the requisite amount of supervision, benefitting our staff, clients and ultimately the patients in their care. Supervision will commence once you've completed your formal induction and we will arrange supervisions at 3, 6 and 9 months in order for you to continue being deployed for work as follows:

Local/Workplace Supervision

We expect our clients to provide professional supervision if the need arises. When moving to a new clinical area you will be required to establish who will provide you with the relevant supervision (e.g. substantive staff, a named consultant or the clinical team). If you are in post for an extensive period, your supervisory practice will be redirected and undertaken by the client. We will liaise with the Trust to arrange this.

Supervision Records and Non Compliance with Supervision

We will maintain all supervision records. You will be required to comply with our supervision policy. Failure to comply may mean that you cannot be assigned work until compliance is attained.

Further Responsibilities

We will ensure that resources are available to support your mandatory training and that a checklist is available for core induction requirements. You will receive thorough briefing on your role from your named consultant before starting work and they will also connect you with the Supervisory Clinical Team to provide you with day-to-day support in addition to signposting additional support as required.

Revalidation for Doctors

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practice in the UK. All doctors who wish to retain their licence to practice need to participate in revalidation.

The purpose of revalidation is to provide greater assurance to patients, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practice. It is a key component of a range of measures designed to improve the quality of care for patients.

Revalidation is based on a local evaluation of a doctor's practice through appraisal and subsequent revalidation every 5 years undertaken by a senior doctor in the organisation, the Responsible Officer.

The Responsible Officer makes a recommendation about the doctor's fitness to practice to the GMC. The recommendation will be based on the outcome of the doctor's annual appraisals over the course of 5 years, combined with information drawn from the organisational clinical governance systems.

Following the Responsible Officer's recommendation, the GMC will decide whether to renew the doctor's licence.

The Responsible Officer is accountable for the quality assurance of the appraisal and clinical governance systems in their organisation. Improvement to these systems will support doctors in developing their practice more effectively, adding to the safety and quality of health care.

This also enables early identification of doctors, whose practice needs attention, allowing for more effective intervention.

If necessary, we may be able to offer candidates working for us an introduction to an appropriate Responsible Officer to assist with their revalidation.

Revalidation for Nurses

The NMC exists to protect the public. Revalidation will require all registered nurses and midwives to demonstrate that they remain fit to practise. The revalidation cycle for nurses and midwives is every 3 years. Revalidation is the mechanism through which nurses and midwives continue to demonstrate that they meet NMC standards.

Criteria for Revalidation (Evidence Required)

Supporting evidence that nurses and midwives must provide to support revalidation includes:

- 450 practice hours for each part of the register (or 900 hours if revalidating as both a nurse and midwife).
- 35 hours of continuing professional development (of which 20 must be participatory learning).
- 5 pieces of practice related feedback.
- 5 written reflective accounts of their CPD and/or practice-related feedback and/or event or experience in their practice and how this relates to the Code.
- Reflective discussion.
- Health and character declaration.
- Professional indemnity arrangements.

All of the above criteria must be supported and evidence-based. It is a requirement for all nurses and midwives to maintain a portfolio of evidence in order to demonstrate their on-going commitment of fitness to practise.

Training for Work in the NHS

For all Agency Workers that work within the NHS the following training is mandatory. All of the below training will be delivered on recruitment of a new candidate and then thereafter refresher training will be provided at the frequency shown below unless a risk assessment has shown that additional training is required for a particular candidate or job:

Subject	Audience	Frequency of Training / Refreshers	Training Delivery
1. Equality, Diversity & Human Rights	All staff including unpaid & voluntary	3 Years	E-learning can cover alignment to CSTF learning outcomes
2. Equality, Diversity & Human Rights (Scotland)	All staff including unpaid & voluntary	3 Years	E-learning can cover alignment to CSTF learning outcomes
3. Health, Safety & Welfare	All staff including unpaid & voluntary	Induction followed by every 3 years	E-learning can cover alignment to CSTF learning outcomes. Further job specific training may be needed based on local risk assessment.
4. NHS Conflict Resolution (England)	Frontline NHS staff and professionals who come into direct contact with the public	3 Years	E-learning can cover alignment to CSTF learning outcomes. Practical instruction also required.

5. Fire Safety	All staff including unpaid & voluntary	Induction: site specific followed by regular fire safety training. At least every 2 years	E-learning can cover alignment to CSTF learning outcomes. Practical instruction also required (e.g. evacuation techniques) supplemented by specific job/site specific training as necessary
6. Infection Prevention & Control	Level 1: All staff including unpaid & voluntary	3 Years	E-learning can cover alignment to CSTF learning outcomes.
	Level 2: All healthcare staff involved in direct patient care / services	1 Year	
7. Moving and Handling	Level 1: All staff including unpaid & voluntary	Annual, although based on local risk assessment	E-learning can cover alignment to CSTF learning outcomes. Practical Instruction also required.
	Level 2: All staff including unpaid & voluntary staff who are involved in patient handling activities	Annual, although based upon local risk assessment	
8. Safeguarding Adults (Version 2)	Level 1: All staff working in health care settings	Induction followed by every 3 Years	E-learning can cover alignment to CSTF learning outcomes
	Level 2: All practitioners who have regular contact with patients, families, carers or the public	3 Years	E-learning can cover alignment to CSTF learning outcomes
	Level 3: Registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns	3 Years	E-learning can support delivery of knowledge aspects of learning outcomes.
8a. Preventing Radicalisation	Basic Prevent Awareness: All staff that have contact with adults, children, young	3 Years	E-learning can cover alignment to CSTF learning outcomes. Can also be

	people and parents/carers		incorporated into Safeguarding training
	Prevent Awareness: All staff who could contribute to assessing, planning, intervening and evaluating the needs of an adults or child where there are safeguarding concerns	3 Years (initial training within 12 months of starting in relevant role with appropriate updating / briefing at least annually	Should be delivered by attendance at a Workshop to Raise Awareness of Prevent (WRAP) or by completing an approved e-learning package.
9. Safeguarding Children (Version 3)	Level 1: All staff working in care settings	3 Years	E-learning is appropriate at level 1.
	Level 2: All non-clinical and clinical staff who have contact with children, young people or parents/carers or any adults who may pose a risk to children.	3 Years	E-learning is appropriate, however, training, education and learning opportunities should also include multi-disciplinary and scenario-based discussion.
	Level 3: Clinical staff (working with children, young people or parents/carers or any adults who may pose a risk to children) who could contribute to assessing, planning, intervening and evaluating the needs of a child or young person and/or parenting capacity	3 Years	E-learning can be used as preparation for reflective team-based learning. Learning should be multi-disciplinary and inter-agency, including opportunities for personal reflection, scenario-based discussion, drawing on case studies etc.
10. Resuscitation	Level 1: Any clinical or non-clinical staff, dependent on local risk assessment or work context	Induction followed by local assessment	E-learning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required (i.e. hands-on simulation training and assessment is recommended for clinical staff)
	Level 2: Staff with direct clinical care responsibilities including qualified healthcare professionals	1 Year	

	Level 3: Registered healthcare professionals with responsibility to participate as part of a resuscitation team	1 Year	
11.Information Governance & Data Security	All staff involved in routine access to information	1 Year	E-learning can cover alignment to CSTF learning outcomes.
12.Information Governance (Scotland)	Foundation: Support Staff roles Intermediate Level 1: Clinical, Administrators and Managers	Required refresher periods based on local assessment	E-learning can cover alignment to CSTF learning outcomes.
13.Information Governance (Wales)	All staff including unpaid and voluntary staff	2 Years	E-learning can cover alignment to CSTF learning outcomes.
14.Violence & Aggression (Wales)	Module A – Induction and Awareness Raising: All staff including unpaid and voluntary staff. Module B – Theory of Personal Safety and De-escalation: Required staff based on local risk assessment and training needs analysis. Module C – Breakaway: Required staff based upon local risk assessment and training needs analysis		E-learning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.

Clinical / Care Subjects, Levels & Refresher Periods

All of the below training will be delivered on completion of the Statutory & Mandatory Subjects training above for relevant candidates (depending on the role) and then thereafter refresher training will be provided at the frequency shown below unless a risk assessment has shown that additional training is required for a particular candidate or job:

Subject	Level	Frequency of Training / Refreshers
Your healthcare career	N/A	Once on recruitment
Duty of care	N/A	Once on recruitment
Person-centred care	N/A	Once on recruitment

Communication	N/A	Once on recruitment
Consent	N/A	Once on recruitment
Privacy and dignity	N/A	Once on recruitment
Fluids and nutrition	N/A	Once on recruitment
Dementia Awareness	N/A	Once on recruitment
Blood component transfusion	Decision to Transfuse	Three (3) Years
	Administration of blood components	Three (3) Years
	Blood Sampling	Three (3) Years
	Collection of blood components from storage and delivery to the clinical area	Three (3) Years

Other Training

We will also provide the following training to support the normal duties that are expected to be performed by all healthcare professionals whilst on assignment. These modules will be trained on recruitment and refreshed thereafter annually as required.

Subject	Frequency of Training / Refreshers
Complaints	Annual
Lone worker training	Annual
Food hygiene & hygiene awareness	Annual
Mental Health Act	Annual
Mental Capacity Act	Annual
Physical restraint skills and techniques, including personal safety and control & restraint	Annual
Interpretation of cardiographs	Annual
Any additional clinical/care or other training that the Participating Authority considers necessary and or as required by the relevant Professional Body relevant to the role required to be performed and identified in the individual Order and the Call-off Contract from time to time.	Annual
Counter fraud training	Annual
Ionising certificate training	If new/different radiation work takes place, if new legislation is introduced, after a period of inactivity and otherwise at least every 5 years.



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Additional Training for Northern Ireland

TRAINING SUBJECT	FREQUENCY	REGULATION	STANDARD	GUIDANCE / LINK
1) Safeguarding Adults, children and young people	At Induction and mandatory every 3 years.		9.4 9.10	
2) Infection Control	All staff commensurate with their role		6.5	NIPEC Guidance
3) Management of Records	All staff commensurate with their role		3.6	
4) Complaints management	All staff commensurate with their role		8.8	
5) Medicines Management	All staff commensurate with their role	12 (1) (b) and (d)	6	

Regulation: The Nursing Agencies Regulations (Northern Ireland) 2005

Guidelines: Northern Ireland Practice and Education Council for Nursing and Midwifery Health Care Associated Infection: a review of staff training and development needs for infection prevention and control Final Report

Standards: Department of Health, Social Services and Public Safety (2008) Nursing Agencies: Minimum Standards.

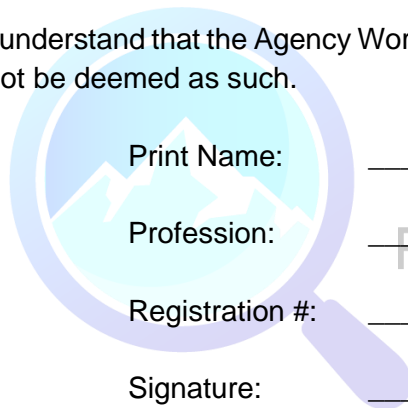
Agency Worker Handbook Declaration

I have read a copy of the Agency Worker's Handbook which outlines the goals, policies, benefits and expectations of Everest Recruitment and Services and its Contracting Authorities / 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 Agency Worker Handbook and the Terms of Engagement details provided to me by Everest Recruitment and Services . 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 Everest Recruitment and Services.

Updates to this manual will happen from time to time. Whenever this happens Everest Recruitment and Services will notify me of this by email. I agree to familiarise myself with these changes before undertaking any further shifts through Everest Recruitment and Services.

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



Print Name: _____

Profession: _____

Registration #: _____

Signature: _____

Date: _____

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Recruitment & Services Ltd.

I hereby give permission for Everest Recruitment and Services 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, any person authorised by the NHS. These personnel files will be viewed in accordance with the requirements of the Data Protection 2018 and General Data Protection Regulations.

Signed: _____

Date: _____

Please forward this signed page to: Everest Recruitment and Services. 185 Adelphi Street, PR1 7BH