

# Handbook for Agency Workers



Locums

An HCL Company

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## 1. Welcome to JCJ

JCJ Limited is a national and international medical recruitment company for everything from GPs to Psychiatrists, from Surgeons to Counsellors. Formed in 1995, we have become the main supplier to clients throughout the UK and overseas and have built a reputation for outstanding professional service.

JCJ supplies:

- Acute Doctors
- GPs
- General Medicine and Surgery
- Mental Health
- Psychiatry
- Psychology
- Resident Medical Officers



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## 2. The HCL group of companies

HCL is the UK's leading specialist health and social care recruiter. Since 2004, we have brought together some of the most respected workforce solutions brands within the health and social care markets. Our success is underpinned by a commitment to driving innovation through our recruitment services to hospitals, clinics, social services, local authorities and a wealth of private institutions. These include temporary staffing, locum provision, permanent placements, global search and selection, outsourced managed services, workforce consultancy and International resource projects.

We provide NHS and private sector clients with national and international recruitment solutions for social workers, doctors of all grades and specialties, specialist nurses, operating theatre staff, Allied Health Professionals (including physiotherapists, occupational therapists, dietitians and speech and language therapists) and Healthcare Science Services staff (including biomedical scientists, medical administrative staff, pharmacists and pathology professionals).

HCL comprises a portfolio of some of the health and care industry's most renowned brands, under several specialist divisions.

HCL Thames Medics  
HCL BBL Medical  
HCL Healthcare  
HCL Medical Technical  
HCL RS Locums  
HCL RS Social Care  
HCL Social Work Professionals  
HCL Tempaid Medical  
HCL GPS  
Bluecare



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### 3. When working with JCJ ...

#### Always:

- Ensure that the care you give is of the highest standard
- You comply with professional, legal and ethical requirements
- Act as an advocate for all patients and clients in managing their care
- Be on time
- Wear the appropriate uniform
- Wear your Locum ID Badge, clearly visible to members of the public, patients and staff
- Jeans/jean like trousers and casual t-shirts are not allowed for staff in contact with the general public and/or patients
- Jewellery is restricted in accordance to the local Health and Safety policies
- Fully complete and return your timesheet on time
- Inform your Recruitment Consultant immediately if you are unable to attend a placement or interview
- Ensure you have read and understood the Health and Safety, Crash Call, Violent Episode and Security Procedure for each placement
- Let us know if a client offers you a permanent role
- Where possible, give at least one week's notice if you will be leaving a placement early
- Co-operate in the removal of a discrimination in service provision
- Give your Recruitment Consultant as much notice as possible of your holiday
- Inform us of any training you have undertaken and update your training portfolio and CV
- Inform us of any disciplinary proceedings/suspensions immediately
- Tell us if you: fall ill, get injured or become pregnant
- Understand and comply with the relevant security measures
- Keep your professional registrations up to date
- Enjoy your placement



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## Never

- Be late
- Arrange or provide a substitute worker yourself if you cannot attend
- Report for an assignment unless you are medically fit to do so
- Be afraid to let us know if something is unsatisfactory
- Take unauthorized breaks



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## 4. Your first assignment

Your first day at any new job is always daunting. At HCL we're dedicated to making things easy for you. Before your first assignment, you'll be given the following:

- Directions to your place of work
- The name of the Senior Member on the team and department you will be working in
- Details of accommodation if applicable

On arrival please familiarize yourself with the following policies:

- Health and Safety
- Fire and Evacuation Policies
- Security Policies
- Environmental and Smoking Policies
- Uniform Policies
- CPR: location and use of resuscitation equipment
- Violence & Aggression
- Risk of Incident reporting
- Allegations of Abuse
- Complaints handling

Please ensure you have your ID badge.



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## 5. How you are paid

JCJ 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 timesheets enclosed with your booking confirmation.

### 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. 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 authorized member of staff e.g. Consultant, Medical staffing or a Senior member of staff who can confirm your working hours.

We strongly advise that timesheets are faxed rather than posted in order to ensure prompt delivery and then payments.

**You must remember that each timesheet can only be used once and must NOT be photocopied.**

When you accept your first assignment you will receive two timesheets which will be dated, you must use them on the relevant corresponding weeks.

Thereafter you will receive a dated timesheet each week with your payslip or remittance advice, it is very important not to photocopy these timesheets as they have a unique bar code which relates to the assignment for that week.

**Failure to use the correct timesheet could result in being paid incorrectly or not at all**

Fax your timesheet to the number found at the top of the page, by 9.30am Monday for the previous working week in order for you to be paid on the Friday.

**Failure to do so by the deadline could also result in late payments.**

## Fax Number

JCJ: 0800 915 0553

## Payment

The process starts on a Monday, by the Payroll Department. You will be paid by BACS directly into your Bank or Building Society.

Payments by BACS will arrive in bank accounts on the Friday of the week it is processed. In weeks when the Monday is a Public Holiday, then the above timetable is extended by one working day.

## Holiday pay

Most locums are entitled to holiday pay calculated in line with the Working Time Regulations from the first day of their placement. You can discuss your holiday entitlement at any time by contacting either your Recruitment Consultant or the Payroll Team.

We ask that when you request holiday leave, as much notice as possible is given to your Recruitment Consultant or Team. This is so necessary cover can be arranged in your absence. If possible, one week's notice should be given for one day's leave and two week's notice for one week's leave or more.

## Accommodation

A few hospitals do offer accommodation and wherever possible we will try and negotiate this for you.

If your place of work does not offer accommodation, where possible, we will assist you in finding suitable accommodation locally. However, JCJ does not pay for accommodation.

Any matters relating to accommodation must be confirmed during confirmation of your assignment.



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## Payroll department

Should you have a query regarding payment, please contact our Payroll Department directly on:

Telephone: 08450 063 707

Fax: 08450 063 709

Alternatively you can contact your Recruitment Consultant.



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## 6. Your first job in the UK?

JCJ offers a wide range of opportunities for doctors from around the world to work in the United Kingdom. If you have trained outside the UK and this is your first working experience, the following is designed to provide you with some essential information.

### National Insurance number

If this is your very first job, you will have been asked to provide JCJ with your National Insurance or NI Number. This is a unique reference number the Tax Office gives every UK worker.

Obtaining an NI Number is relatively quick and easy. In the interim period before you gain a permanent NI number, we will issue you with a temporary one which will be enough to get you working.

However you must also apply for a permanent number as soon as possible. To do so, please contact your nearest Department of Work and Pensions office (see a copy of the Yellow Pages or call 0207 712 2171 - the public enquiry office) and request an appointment for a 'permanent NI number' which should take approximately 6 weeks. You will need two forms of ID – one should be your passport and the other, evidence that you are currently working).

Once you receive this number please let your Recruitment Consultant know, as it usually means you could pay less tax.

### Bank accounts

Prior to travelling to the UK for your first assignment we can assist with the opening of a UK bank account. Please advise us if you require assistance and we shall provide you with a letter of introduction. We suggest you do this three to four weeks prior to departure so that all the paperwork has been processed and you can collect your bank account details from the relevant branch once you are in the UK.

On the production of your passport, the bank will open a current account and provide you with a cheque book and cash card (but not a cheque guarantee card). Please remember to give us your bank account details immediately, so that there is no delay with your pay.

## 7. Legislation and how it affects you

### Data Protection Act 1984

The Data Protection Act 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. HCL is conversant with the legislation and will comply with the requirements.

### Care Standards Act

To comply with the Care Standards Act from 1st April 2003, Healthcare Locum must ensure that all temporary workers have a police check.

### The Working Time Directive

The European Working Time Directive was implemented in October 1998. The regulations give you certain entitlements:

Subject to limited expectations, the UK Working Time Regulations require that a worker's average working time must not exceed 48 hours per week. You may accept as few or as many hours per week as you wish, subject to statutory limitations. In case you should wish to work more than an average of 48 hours, you need to inform HCL in writing. If you change your mind, you should give HCL two weeks notice in writing to end the agreement.



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## 8. Health and safety at work

All healthcare providers have a responsibility under the Health and Safety at Work Act 1974

When on assignment, it is the locum's responsibility to familiarise you with the Trusts Health & Safety policy and procedures, and with locations of fire escapes, first aid contact person etc.

- Take reasonable care for the health and safety at work of yourself and any other people who might be affected by your acts or omissions Fire Safety
- Co-operate with the Trust to enable them to comply with statutory duties and requirements
- Not intentionally or recklessly misuse anything provided in the interests of health, safety or welfare
- Use any equipment, etc., provided in the interests of safety following all Health and safety Instructions
- Report anything you consider to be a serious danger
- Report any shortcomings in the protection arrangements for health & safety

It is important that you protect patients and yourself. HCL can arrange this training for you if required.

Without proven training and mandatory training updates, we will be unable to find you work.

The Health and Safety Executive publishes Codes of Practice and guidance on the regulations, which provide information on how to implement them in the workplace.

### 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:

- All 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



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## Patient handling

With regard to patient handling, providers of care should have a non-manual lifting policy in place.

Where appropriate, in accordance with current requirements, agency staff must attend a lifting and handling course on an annual basis and must be medically fit to handle patients.

## Agency staff responsibilities

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

Agency staff must inform HCL if any such action has been undertaken and confirm in writing.



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## Factors which predispose health and care professionals to back injury:

- Working in an awkward, unstable or crouching position
- Working with the trunk bent forwards or sideways, or twisted
- Lifting loads at arm's length
- Lifting with a starting or finishing position near the floor or overhead, or at arm's length
- Lifting asymmetrically, with the weight predominantly on one side
- Lifting excessive weights, lifting a patient
- Handling an uncooperative or failing patient (careful assessment must be made to avoid unnecessary risk)

Source: Royal College of Nursing Definition of a Safer Handling Policy, December 1996



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## 9. Accidents at work

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 HCL 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 HCL within 24 hours.
- Accurately complete your part of the HCL Accident Form.

### Action to be taken by HCL:

- 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)



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## 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, contact:

08702 545 500

[hseinformationservices@natbrit.com](mailto:hseinformationservices@natbrit.com)

[www.hse.gov.uk](http://www.hse.gov.uk)



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## 10. Additional information

### Payroll

In accordance with current legislation, HCL is recognized as the "employer" only in regard to PAYE and class 1 National Insurance contributions.

Where appropriate, HCL will collect National Insurance contributions from both the client and the agency staff member.

Bank holiday rates will be applied to: News Year's Day, Good Friday, Easter Monday, first and last Mondays in May, last Monday in August, Christmas Day and Boxing Day.

### Uniforms

Where required by policies, rules, procedures, or standards the candidate shall wear any special protective clothing or footwear

### Permanent work

HCL has a permanent placement service. Should you require permanent work, please speak to your Recruitment Consultant.

Should you take up permanent employment with one of HCL clients as a direct result of a Healthcare Locum placement, please speak to your Recruitment Consultant.



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## Client premises

Client premises, facilities and equipment are to be used only in connection with the provision of services and are to be kept clean, tidy and properly secured.

All HCL temporary workers must observe the local security procedures at all times whilst on assignment.

The candidate shall be responsible for the safe keeping of any keys and access passes provided whilst on assignment. You must inform HCL immediately of the loss of any keys or access passes.

## Use of computers

HCL is conversant with the Data Protection Act 1984 and will comply with all requirements of legislation.

Only use a client's computer systems if authorized to do so. Never access data or programs to which prior authorization has not been given.

Understand and observe the client's computer security instructions and the proper use and protection of any passwords used.

Do not load any program onto any computer via disk, typing, electronic data transfer or any other means.

Do not access any other computer, bulletin board or information service (e.g. the Internet) without permission from the client.

Do not download any files or connect any piece of computer equipment to any network or other item of computer equipment except with the prior authorization of the Client's representative.

## Record Keeping

Record keeping is essential please make sure that you follow the criteria below

- Clear, legible and indelible
- Factual and accurate
- Written as soon after the event as possible
- Signed, timed and dated
- Be written with the involvement of the patient, client or their carer where possible
- Be written in terms the patient or client can understand
- Be consecutive
- Identify problems that have arisen and action taken to rectify them
- Show care planned, decisions made, care delivered and information shared

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



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## Confidentiality

All agency staff is expected to protect confidential information regarding patients and their colleagues, and to protect the interests of this company.

You are required to protect all confidential information concerning patients and clients obtained in the course of professional practice and make disclosures only with consent, where required by the order of a court or where you can justify disclosure in the wider public interest.



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## 11. HCL VIP scheme

### What is the VIP scheme?

The VIP scheme is a unique loyalty programme run by HCL. Locums earn VIP points™ for various activities during their working life with any HCL agency and then trade those points for any of a large number of prizes.



### How do I earn VIPpoints™?

We give you VIP points™ that you can earn for every billable hour that you work for us. The exact number of points depends on your specialty, grade and experience. You also receive points for referring your colleagues to us.



### What can I exchange my VIPpoints™ for?

Your VIP points can be exchanged for a number of rewards. These include cases of wine, white water rafting, spa days and weekend hotel breaks. We even offer contributions towards Continued Professional Development and items of medical equipment<sup>1</sup>.



### What are VIP levels?

There are four levels of prizes – Bronze, Silver, Gold and Platinum. The more points you earn, the higher your VIP level. You can trade your points for rewards as soon as you reach the Bronze level.



<sup>1</sup> Please note that the exact prizes may change subject to availability. Please check the website for details of actual prizes available.

## How do I check my balance?

You can check your VIP points and level by logging in to our website. We'll update you every month with your balance by email and you can redeem your VIP points whenever you like, for whatever reward you wish. Take a look at our rewards catalogue to see what appeals to you.

## What happens next?

As soon as you receive your first pay slip, we create your VIP account. You will then receive a VIP card and introductory letter through the post. This will give you your username and password. If you follow three simple steps you will be able to log into your account and see that you have already been credited with your first points.



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## 12. Immunisations and Health

HCL will ensure that all locums undergo health screening and have current immunisations and tests results.

HCL has its own Occupational Health Provider available for locums.

The health assessments carried out establish that each locum:

- Is capable of undertaking the duties required of them
- Has an awareness of MRSA contact and the need for screening
- Has immunity in respect of the following diseases Rubella, Varicella, Hepatitis B, Tuberculosis, Measles, Mumps

Some professions will require having additional Hepatitis C and HIV immunisations depending on their speciality of working.

HCL will obtain, from each locum, copies of each of the above immunisations and test results. These documents are part of the NAB accreditation process.



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## 13. Infection control

Infection is a major source of concern for patients, healthcare providers and healthcare workers alike. HCL 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 not be re-sheathed prior to disposal into approved sharp boxes – which should never be overfilled

## 14. A Guide to Safe Guarding Children

### WHAT IF I DON'T SEE PATIENTS OR CHILDREN?

The Children Act 1989 states a child is anyone up to their 18th birthday. As such children are seen in many adult departments of the Trust. You may also see children as relatives and visitors of your patients, or in the corridors and public areas of the Trust, or in your home life.

All Trust staff, whatever their role in the organisation, have a legal duty to safeguard and promote the welfare of children (newborn up to 18th birthday). 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, Grandparents/aunts/uncles/siblings, Patients who are children or young people

If you have concerns, it is **YOUR RESPONSIBILITY** to adhere to the local procedures and to make a referral as required.

### HOW DO I RECOGNISE ABUSE?

Below are some key indicators of the four recognised categories of abuse. The lists of key indicators are not exhaustive but can help you in your thoughts. Key points to remember are:

Is the reported mechanism consistent with the injury seen?

Does the reported mechanism fit with the age and development of the child

Are there any unusual patterns in the injuries

Are you concerned about the behaviours of the child/ adults?

#### Physical Abuse:

Unexplained injuries / burns

Unlikely reason given for the injury/ conflicting stories given concerning injuries

Refusal to discuss injuries

Bruises - different ages in same place, fingertip, outline, consider development of child

Frequency of attendances at A & E or Fracture clinic

Scars - indications of untreated injuries, unusual shape, large numbers of different aged scars.

Fractures- especially in children under 1, alleged unnoticed fractures

Inappropriate delay in seeking medical advice



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**Neglect:**

Constant hunger  
Poor personal hygiene  
Severe nappy rash / bed sores/ ulcers  
Constant tiredness lethargy  
Pale & undernourished  
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 illnesses present

**Emotional:**

Developmental delay - physical, mental & emotional  
Over reaction to mistakes  
Fear of new situations  
Neurotic behaviour/ autistic tendencies  
Self mutilation  
Fear of parental/ carer contact

**Sexual:**

Disclosure  
Genital injuries, including unexplained bruises around the genital/anal area  
Sexually transmitted diseases  
Sexual play / masturbation which is inappropriate to the child's age & development



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## KEY ISSUES TO CONSIDER

Children left home alone—there is no legal age that a child can be left alone, but parents can be charged with abandonment or neglect.

Consider: Is the child safe? Could they remain safe if the house caught fire? What arrangements are in place to monitor the child? How competent is the child to act if an issue arose? Is the child alone while the parent is on 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 the child has or is attending appointments alone? What is the child attending for and why are they alone? Is their responsible adult aware they are at the hospital? The child must only be discharged from hospital directly into the care of a responsible adult

Children cared for outside dedicated children's services—for example the 16 to 18 years who are seen in adult A&E and admitted to an adult ward.

## WHAT SHOULD I DO IF I HAVE A CONCERN?

Contact the Trusts Safeguarding Children Team

## WHAT PAPERWORK IS AVAILABLE?

In all key clinical areas there are referral forms known as "Form A". These are used for all referrals including those from adult areas<sup>6</sup>. **WHAT IF I AM NOT SURE HOW TO COMPLETE THE A FORM?**

Ask a permanent staff member for assistance or telephone the Safeguarding Children Team for help.

## 15. Dealing with allegations of abuse

Abuse can be viewed in terms of six main categories as follows:-

### Physical abuse

This is the physical ill treatment of an adult which may not cause physical signs of injury. This can be identified in several forms e.g. pushing, shaking, pinching, slapping, punching or force feeding.

Physical abuse can also occur through withholding of care or enforced confinement e.g. locking someone in their room and inappropriate restraint. Physical abuse can also include improper administration of drugs or denial of prescribed medication.

### Signs of physical abuse

- Injuries that are not explained satisfactorily
- Person exhibiting untypical self harm
- Unexplained bruising to the face, torso, arms, back, buttocks, or thighs in various stages of healing
- Unexplained burns on unlikely areas i.e. sole of feet, buttocks and palms of hands
- Unexplained or inappropriate fractures at various stages of healing
- Unexplained cuts or scratches to the mouth, lips, gums, eyes or external genitalia
- Medical problems that go unattended
- Sudden unexplained urinary and faecal incontinence
- Evidence of over or under medication
- The person flinches at physical contact
- The person appears frightened or subdued in the presence of certain people
- The person asks not to be hurt
- Reluctance to undress part of the body or wears clothes that cover all parts of the body, or specific parts of the body



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## Sexual abuse

This is any form of sexual activity that the person does not want and to which they have not consented, or to which they cannot give informed consent.

Any sexual relationship, which takes place between adults where one is in a position of trust i.e. Nurse or Care Workers etc, will be regarded as sexual abuse includes rape, buggery, incest and situations where the perpetrator touches the abused persons body, (e.g. breast, buttocks, genital area) or coerces the abused person to touch them.

### Signs of sexual abuse

- The person discloses either fully or partly that sexual abuse is occurring or has occurred in the past
- The person had urinary tract infections, vaginal infections or sexually transmitted diseases that are unexplained
- The person appears unusually subdued or withdrawn
- The person exhibits significant change in sexual behaviour
- The person's clothing is torn, stained or bloody
- The person experiences pain, itching or bleeding in the genital/anal area
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant

## Financial abuse

This is the exploitation, inappropriate use or misappropriation of a person's financial resources or property. This includes withdrawing money.

### Signs of financial abuse

- Lack of money especially on benefits day
- Unexplained withdrawals from their bank account
- Unexplained inability to pay bills
- Power of attorney obtained when the person lacks the capacity to make decisions
- Recent acquaintances expressing sudden interested in the person or their money



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## Neglect

This is the deliberate withholding or unintentional failure to provide helps or support to enable the person to undergo activities of daily living. Neglect also includes failure to intervene in situations that are dangerous to the person concerned.

### Signs of neglect

- Person has inadequate heating or lighting
- Person's physical condition appears poor e.g. ulcers, pressure, sores, solid or wet clothing
- The person cannot access appropriate medicines or medical care
- The person is not given appropriate privacy or dignity
- Callers/visitors are refused open access

## Psychological abuse

This may be intentional or unintentional. It may involve the use of indifference, intimidation, hostility, rejection, threats, humiliation, swearing or the use of discriminatory language.

Psychological abuse is the denial of a person's human rights to choice, opinion, privacy, dignity and being able to follow ones spiritual or cultural beliefs. It also includes the withholding of information or information not being available in different formats/languages.

### Signs of psychological abuse

- The person appears anxious or withdrawn in the presence of the alleged abuser
- The person displays passivity, resignation
- The person exhibits low self-esteem
- Untypical changes in behaviour i.e. sleep problems, incontinence
- The person is locked in his/her room
- The person is not allowed access to aides such as hearing aides, glasses, walking frames/sticks etc
- The person's access to personal hygiene and toilet facilities is restricted



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## Institutional abuse

This can be defined as abuse or mistreatment by a regime, as well as by individuals, within any building where care is being provided.

### Signs of institutional abuse

- No opportunity for drinks/snacks
- Lack of flexibility/choice
- Lack of choice over meals
- The person is unkempt and smells
- Over use of communal terms and communal personal toiletries
- Restraint
- Staff members have history of moving jobs
- Missing documentation
- Derogatory remarks overheard
- Entering rooms without knocking
- Inadequate or delayed response to medical care

## Good practice in dealing with disclosures of abuse

1. Stay calm and try not to show shock – BELIEVE THEM
2. LISTEN carefully rather than question directly
3. be sympathetic
4. Give reassurance – tell them that they did right to tell you, that you are treating this matter seriously.
5. Report the incident immediately to the relevant manager
6. Write down as soon as possible what the person has told you
7. Where appropriate, record on body map any relevant bruises or cuts etc.



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## Do not...

1. Press the person for more details
2. Stop the person who is recalling the events, as they may not tell you again
3. Promise to keep secrets – but explain that the information will be kept confidential and passed to the people who “need to know”
4. Make promises that you cannot keep such, as “it won’t happen to you again”
5. Contact the alleged abuser
6. Be judgmental e.g. why didn’t you try to stop it?
7. Pass the information to other staff members i.e. gossip

## Dealing with immediate incidents

Contact the police immediately if:

- A physical or sexual assault has just happened
- Where violence is continuing
- You believe that a crime may have been committed

Look after and reassure the abused person. Protect anything that may appear to be evidence of a crime. Write a record of what happened as soon as possible. If the alleged abuser is a fellow resident/patient ensure Social Services are informed.



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## 16. Appraisals of healthcare workers

Appraisals were introduced by the Department of Health to give doctors regular feedback on past performance, their continuing progress and to identify any development needs. The need for a formal appraisal started in 1998 with the introduction of Clinical Governance in the NHS.

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will develop.

Appraisal is based on the GMC's document 'Good Medical Practice' which describes the principles of good medical practice, standards and competence, and care and conduct expected of doctors in their every day duties. These are:

- Good clinical care
- Maintaining good medical practice
- Teaching and training
- Relationships with patients
- Working with colleagues
- Probity
- Health

Appraisals should cover clinical performance, training and education, audit, concerns raised and serious clinical complaints, application of relevant clinical guidelines, relationships with patients and colleagues, teaching and research activities, and personal and organisational effectiveness.

Revalidation means that any doctor who wants to remain in practice must present evidence to the GMC that they are competent in their chosen field and have followed the principles of 'Good Medical Practice' outlined above. For doctors in the NHS, appraisals can be used as revalidation evidence. Every 5 years doctors will be asked to show the GMC that they have been practicing medicine in line with the principles of 'Good Medical Practice', once this has been proven, the GMC will confirm that the doctor's license can continue.



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The Department of Health and the GMC agreed that a single set of documentation could be used for appraisals and revalidation. For doctors within managed organisations, five sets of completed annual appraisal forms can be submitted to the GMC as evidence for revalidation. Alternatively, other evidence gathered for the appraisal process could be submitted to the GMC as evidence to support revalidation. Every doctor undergoing appraisal needs to prepare an appraisal folder containing information and evidence which can be updated as necessary, ensuring they are pulling together evidence that already exists.

The doctor and appraiser will agree a written overview of the appraisal, which should include a summary of achievement in the previous year, objectives for the next year, key elements of a personal development plan, actions expected of the organisation, a standard summary of the appraisal and a joint declaration that the appraisal has been carried out properly.

Appraisal is one of two ways to gain Revalidation, the second being the Independent route. While the appraisal route is available to healthcare workers who work in a managed environment and have the supporting documentation as a result of the annual appraisal system, the Independent route requires the health care worker to show they have adopted the standards of 'good working/medical practice'.

In addition there is a requirement for health care workers going down the independent route to show that they are continuing their professional development. Workers' who take the independent route are those that work outside a managed environment.

It is the responsibility of all our healthcare workers to ensure they are part of an appraisal process and to collect and retain the necessary information.



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## 17. Training for working locums with Global People

JCJ fully endorse the requirements for doctors to continually update their Mandatory training. To support this JCJ have established an agreement with specialised training organisation to offer locum doctors mandatory training.

The courses available for all working locums that are Internet based and can be accessed through a standard web browser with a user ID and password are

- Fire Procedures
- Health and Safety (the 1974 and 1999 Acts)
- COSHH (Control of Substances Hazardous to Health Regulations 2002)
- RIDDOR
- Infection Control
- Complaints Handling
- Risk Incident Reporting
- Lone Worker
- Handling Violence and Aggression
- Caldicott Protocols

The courses that will require classroom attendance are

- Manual Handling
- Basic Life Support

Locums who successfully complete the tests will receive a certificate of competence. All of the on line course are renewable annually and must be renewed for ongoing compliance.

JCJ currently run a VIP Points scheme where locums can use their VIP points to assist in their annual mandatory training requirements.

## 18. Environmental policy

### 1. General policy statement

- 1.1 HCL recognizes its responsibility to respect the environment and will strive to achieve environmental 'best practice' throughout its business activity.
- 1.2 HCL recognizes that day-to-day operations inevitably impact on the environment in a number of ways and wish to minimize the potentially harmful effects of such activity wherever and whenever possible.
- 1.3 HCL believes that everyone has a duty of care for the environment and to seek ways to conserve natural resources. HCL are conscious of environmental issues and believe that the pursuit of economic growth can be linked to ecological protection. This is a collective issue which is the responsibility of government, business and the community at large.
- 1.4 In pursuit of HCL business goals, the company will seek to minimize the use of raw materials and energy, as well as minimizing harmful emissions resulting from the company's activities. HCL has established targets by which the company's efforts toward sustainable environmental improvement can be measured and monitored on a regular basis. To this end internal environmental reviews will be conducted to annually assess the company's progress towards an improved environmental performance.
- 1.5 HCL has developed a comprehensive policy statement as part of the continuing drive for quality throughout the business. HCL has established targets by which the company's efforts towards sustainable environmental improvement can be measured and monitored on a regular basis. To this end internal environmental reviews will be conducted to annually assess the company's progress towards an improved environmental performance.
- 1.6 HCL have undertaken to help every member of staff to be aware of these initiatives and encourage them to help achieve these environmental goals.
- 1.7 HCL employees will be provided with the information, instruction and training necessary to fulfil the requirements of the policy

### 2. Implementation of policy

- 2.1 HCL will meet, and where appropriate, exceed the requirements of all relevant legislation.
- 2.2 HCL will invest in energy efficiency products and plan to switch to a renewable supplier by 2007
- 2.3 HCL will promote recycling and the use of recycled materials. By 2006, the company aims to recycle all paper and for 50% of new paper purchased to be recycled
- 2.4 HCL is committed to minimizing waste, especially hazardous waste. The company will dispose of all waste through safe and responsible methods
- 2.5 HCL will work with suppliers to minimize the impact of their operations on the environment, including environmental influence of their products and transportation
- 2.6 HCL training program includes environmental issues and encourages the implementation of their policy through co-ordinated environmental management systems
- 2.7 HCL staff is encouraged to use public transport where ever possible. Route planning facilities are provided to realize the dual benefits of reduced fuel consumption and lower exhaust emissions
- 2.8 HCL will conduct an annual self-evaluation of performance in implementing these principles and in complying with all applicable laws and regulations
- 2.9 The HR Manager has specific responsibilities for policy development, co-ordination and evaluation of performance. HCL is committed to minimizing the impact of its operation on the environment by means of a programme of continuous improvement



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## 19. HCL customer feedback

The purpose of this policy is to ensure that customer feedback, whether positive or negative, can be monitored and reviewed.

Should you ever have cause to make a complaint, please contact your Recruitment Consultant Monday - Friday between 8.30am-5.30pm

HCL takes all complaints seriously and will fully investigate them without prejudice. We will support 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 HCL personnel

### Our principles in dealing with a complaint

- Listen to the complaint and be sure that the points being raised are understood
- Deal with the complaint at source if that is possible
- Keep a record of the complaint and the action taken
- Send a resume of the above to HCL as soon as possible



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## Further action to be taken if the above does not satisfactorily resolve the complaint

- Obtain witness statements if possible
- Provide a comprehensive report of any actions taken, with dates and times and the names of any witnesses if available
- Detail the rationale of any actions taken
- Contact HCL as soon as possible with a copy of your report
- Contact your staff representative

In the event that a complaint regarding an agency worker is investigated and deemed justified, HCL may choose not to offer the agency worker any further opportunities to work and will advise him or her of this.



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## 20. Complaints procedure

### 1. Introduction

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

### 2. General Principles

- Team Leaders/Managers of each HCL business will handle all verbal and written complaints, reporting to General Managers respectively. In the absence of each business Team Leaders/Manager, the General Managers will handle the complaint.
- The complaints system is subject to the specialist desks quality assurance audit process.
- Team Leaders/Managers of each HCL business 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.
- Poor performance issues are addressed in the Policy for Training, Development and Appraisal document.

### 3. 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, signed by the client or patient and signed by the employee who received the complaint.
- The complaint will be passed immediately to the relevant HCL business General Manager.
- The General Manager will consider the complaint and respond to the necessary parties within 24 hours of the complaint being lodged.
- The worker concerned is to be contacted and informed of the matter.
- 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, HCL 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 were 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 28 days of the complaint being lodged. 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 General Manager cannot come to an agreeable outcome with the involved parties, a Director of HCL, 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 the healthcare locum's complaints book.
- 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.
- In all cases, HCL and its associated agencies will keep all parties informed at all times.



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#### 4. 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 HCL, the following will be adhered to:
  - In the first instance the worker may contact the relevant business Team Leader/Manager.
  - A complaints form will be completed with the locum.
  - Advice will be given and depending on the nature of the complaint, a written submission of the complaint may be requested by the Team Leader 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.
  - Where serious complaints are upheld, HCL will take appropriate action in terms of reporting responsibilities.
  - In all cases, HCL and its associated agencies will keep all parties informed at all times.

#### 5. Monitoring of complaints

- HCL 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.
  - HCL business Team Leaders/Managers will check these forms on a regular basis. This will be for the purpose of identifying any trends or patterns that could otherwise be missed.
  - There will be a dedicated form for each Client and a form for each Worker. This form will be completed regardless of other documentation and correspondence that may be required. These forms will be held in a complaints book in alphabetical order and each time an issue arises, the form will be completed. This should enable our internal monitoring system to detect trends or patterns.
  - Should any trends or patterns be noticed, HCL will take necessary action, depending on the nature of the problem to address the issue.
  - If necessary HCL will seek guidance on how best to take action, from professional organizations and bodies such as:
    - Health Professional Council (HPC)
    - General Medical Council (GMC)
    - The Recruitment Employment Confederation
    - Employment Agency Standards Inspectorate
    - ACAS (if applicable)
    - GSCC

#### 6. Timescales for action

- Written complaints will be acknowledged in writing within 24 hours of receipt.
- Details of planned investigations or other appropriate action to be taken will be sent within 7 working days.
- The complainant will be kept informed in writing on a regular basis as to the progress of the investigation / action.
- Upon conclusion of the investigation / action a detailed outcome response will be sent.

#### 7. Unsatisfied

- In the event that you are unsatisfied with the manner in which a complaint has been handled, HCL would request that the following individuals or organizations be contacted:
  - Commercial Director, HCL Ltd, 66 – 68 Haymarket, London SW1Y 4RF
  - Health Professional Council, 184 Kennington Park Road, London SE11 4BU
  - General Medical Council, Regent's Place, 350 Euston Road, London NW1 3JN
  - Recruitment Employment Confederation, 36 – 38 Mortimer Street, London W1W 7R



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## 21. Equal opportunities

As an organisation HCL 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 HCL 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. HCL 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



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## 22. Policy statement of sexual/racial harassment

HCL Equal Opportunities Policy makes a firm commitment to the prevention and removal of discrimination on the basis of sex, marital status, race, religion, creed, color, 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 morale and by creating a stressful atmosphere interfere with work effectiveness

It is against the policies of HCL 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 HCL. Instead of dismissal locums will be struck from our register

HCL 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

For example:

- Sexual/racial harassment can be persistent or it can take the form of an isolated incident towards one or more individuals. The following are example of inappropriate behaviour covered by the policy:-
- Physical conduct: from unwanted contact such as necessary 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



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## 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 HCL' formal Complaints Procedure and this should be exercised if the locum feels that the problem has not been satisfactorily resolved



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## Equal pay

HCL is committed to the principle of equal pay for men and women. HCL will Endeavour to provide a pay system, which is based on objective criteria, and free from sex 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 HCL Complaints Procedure, as set out in this Policy.



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## 23. Fraud Awareness

All locum doctors have a responsibility to comply with all applicable laws and regulations and a personal responsibility to ensure that they are familiar with, and comply with the Trust's policies and procedures relating to ethical business behaviour. This means, in addition to maintaining the normal standards of personal honesty and integrity, all staff should always:

- avoid acting in any way which might cause others to allege or suspect them of dishonesty
- behave in a way which would not give cause for others to doubt that Agency staff deal fairly and impartially with official matters
- Be alert to the possibility that others might be attempting to deceive.

As a locum doctor if you believe the opportunity for fraud exists, whether because of poor procedures or oversight, this should be discussed in the first instance with a member of the senior management team.

### DEFINITIONS

#### Fraud

Fraud means the dishonest obtaining of property or obtaining some other personal advantage by deception and covers:-

- obtaining the property of another;
- obtaining services from another;
- evading liability for payment;
- false accounting, including the destruction, concealment or falsification of any account or record or giving misleading, false or deceptive information;
- obtaining property by false pretences;
- cheating the public revenue;



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- corruptly accepting or obtaining any gift or other consideration as an inducement for doing or refraining from doing anything in relation to the business of the organisation, or for showing favour;

In all the instances above, property is to be interpreted as including money, therefore a person falsely claiming to be more qualified than they are obtains property (extra salary) by false pretences.

From January 2007 new offences have been added to the statute book under the Fraud Act 2006. This legislation introduces three key elements for fraud:

#### **Misrepresentation**

- failing to disclose information
- abuse of position
- Criminal deception is a serious offence and carries severe custodial penalties.
- A key element of fraud is deception or concealment which may be achieved by:-
- unauthorised input, alteration, destruction or misappropriation of data or other records;
- inappropriate transactions with suppliers (e.g. resulting from undisclosed favours received/expected);
- Deliberate misrepresentation of facts or manipulation of management information or records, including personal expenses.

Fraud is distinct from accidental error or negligence. Fraud may involve one or several people, from either within and/or external to the Agency, in collusion with each other. This includes corruption.



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## **Corruption**

Corruption is a specific type of fraud and involves:-

*"The offering, giving, soliciting or acceptance of any inducement or reward which may influence the action of any person"*

Corruption involves two or more people. Corruption does not always result in a loss, indeed the corrupt person may not benefit directly from their deeds.

## **Irregularity**

An irregularity may be any significant matter or issue, other than fraud or corruption, which is so defined and prescribed by the Audit Committee as to fall within the general principles of this policy and which may warrant consideration or investigation under the related Fraud & Corruption Response Plan.

An example of an irregularity, for example, may be where a member of staff makes a genuine error or mistake in the course of their duties/responsibilities, but where this error or mistake is subsequently hidden from the Agency, perhaps to the on-going detriment to the Agency. Additionally, an irregularity may also involve consideration of the possible inappropriate use of Agency funds or assets, but which may not technically constitute fraud or corruption.



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