



MSI
Group

MSI Group Limited

Candidate Handbook

Version 10- October 2024

Contents

Introduction	4
Your Role and Responsibilities as an MSI Group Locum.....	5
Disclosure and Barring Service Checks	5
Quality Assurance, Performance Monitoring, Annual Appraisals and Revalidation	6
Professional Registration	7
Employment References.....	8
Mandatory Training	8
Occupational Health Requirements.....	9
Fitness to Work	10
Face to Face Interview and Document Collection	11
Maintaining Your Compliance.....	11
Permanent Employment.....	11
Locum Induction	11
Booking Shifts, Cancellations, Communication and Lateness	12
Out of Hours Service	13
Acceptance of Assignments	13
Reporting for Duty	14
Moving Wards.....	14
Client Policies and Procedures.....	16
Dress Code and Uniform Policy.....	16
MSI Group Code of Conduct	17
Behaviour and Attitude.....	17
Reporting Malpractice or Lack of Competence to Professional Bodies.....	18
Timesheets and Payment Process	18
Completing Your Timesheet	19
Payment & Key Information Documents.....	20
Payroll department	20
Policies and Procedures	20
Health and Safety.....	20
Moving and handling	22

Infection control	23
Needlestick and Sharps Injuries	23
Fire Safety	24
Lone Working	26
Mental Health Act	27
Managing Challenging Behaviour, Violence and Personal Safety.....	28
Working in a Patient’s Home	29
Conflict Resolution	31
Food Hygiene	31
Confidentiality, Data Protection, GDPR & Consent	33
Ionising Radiation & Dosimeter Policy.....	36
Computer Use	37
Medication Administration and Management	38
Record Keeping	38
Safeguarding Children and Vulnerable Adults	39
Complaints	43
Raising Concerns (Whistleblowing).....	47
Substance Abuse	48
Equality and Diversity	48
Equal Pay.....	49
Fraud	49
AWR	50
Additional Information.....	51
Insurance against personal accident and illness.....	51
Counselling Service	51
Comments and Suggestions.....	52
Handbook Declaration	52

Welcome to MSI Group

Introduction

The information contained in this handbook is designed to help you better understand the duties and expectations demanded of you both as a locum in the NHS and as a representative of MSI Group Limited ("MSI Group"). The handbook contains policies, procedures and statements that will assist you during each assignment you undertake. This handbook also sets out the behaviours, attitudes and standards expected of you on each of your assignments.

MSI Group ensures that every applicant that applies to join the register completes our in-depth vetting and recruitment procedure that meets the requirements of relevant legislation and regulatory bodies. These include NHS Employers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, REC, CQC and the conduct of Employment Agencies and Employment Businesses Regulations 2003 as amended.

It is imperative that you provide accurate information at the time of registration and let your Recruitment Consultant know if your circumstances change whilst you are working via MSI Group. Once you have completed our registration process and have satisfied all of the vetting checks you will be authorised by the Compliance Team and then appropriate work will be sought for you. If you are unable to satisfy the recruitment procedure your registration will be deemed incomplete.

It is important that you read through the handbook thoroughly and understand what is required of you. If you have any questions, please raise them with your Recruitment Consultant at the earliest opportunity.

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

Your Role and Responsibilities as an MSI Group Locum

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

Disclosure and Barring Service Checks

You are encouraged to join the DBS update service which was introduced in 2013. The service is an online checking service which allows agencies such as MSI Group and other prospective employers to check your DBS status, as long as they have gained your prior consent. If you have not signed up to the Update Service you will be required to undertake an enhanced DBS check through MSI Group. This is mandatory for all registrants regardless of the specialty in which you work. You must undertake a DBS check even if you already hold an existing DBS disclosure from another body.

If you have entered the UK (either temporarily or permanently) within the last 6 months you must also present a police check dated within the last 3 months from your previous country of residence. If you have spent 6 months or more in another country within the last 5 years you will also be required to supply an overseas police check from that country.

Renewing your DBS Disclosure:

If you have signed up for the Update Service you will not need to take any further action, MSI Group will complete an Update Service check annually. If you have not joined the update service you will be required to do so when you next renew your DBS via MSI Group. You must hold a valid DBS check at all times, DBS checks must be renewed annually. If you do not hold a valid DBS or Update Service Check you must not attend work via the agency.

Rehabilitation of Offenders Act (1974)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Sections 4.2 and 4.3 of the Act do not apply to 'doctors and any employment which is concerned with the provision of health services and which is of a kind as to enable the holder to have access to persons in receipt of such services in the course of his or her normal duties...' This means that no conviction or caution can be considered as spent and thus any conviction or caution must be declared unless they are filtered under the DBS filtering rules. This includes not only prior convictions or cautions but also any which occur whilst you are engaged in an assignment via MSI Group.

MSI Group's policy for the recruitment of ex-offenders

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

Further details regarding the DBS process can be found at:

<https://www.gov.uk/disclosure-barring-service-check/overview>

Quality Assurance, Performance Monitoring, Annual Appraisals and Revalidation

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

Appraisals and Revalidation- Nurses and Nursing Staff

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

Your appraisal will be conducted by a senior practitioner of the same discipline and it will cover your clinical performance over the past 12 months.

Appraisals will be conducted 6 months after you start working for MSI Group and then on an annual basis.

You must ensure that you are registered with NMC online and that you are preparing for Revalidation. MSI Group will support you through your Revalidation Process, MSI Group's revalidation team have created an online NMC Revalidation portal for you to store your evidence. A confirming service is also available.

Appraisals and Revalidation - Doctors

All doctors who are registered with a license to practice will have to undergo revalidation every 5 years. The GMC will inform you when your revalidation is due. As a designated body MSI Group are able to provide you with a Responsible Officer if you do not have one. Your Responsible Officer will review your supporting documentation and recommend revalidation. Any probity issue must be reported to your Responsible Officer.

Doctors will need to undergo an annual appraisal in order to meet the requirements of revalidation. 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 everyday 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. You will need to provide supporting evidence of these in your appraisal portfolio. You will be required to supply MSI Group with a copy of your annual appraisal.

Appraisals - AHPs

You will need to undertake an annual appraisal with our Interview & Appraisal Team. Appraisal is based on the HCPC's standards of conduct, performance and ethics for Allied Healthcare Professionals which describes the principles of good practice, standards and competence, and care and conduct expected of workers in their every day duties.

Your appraisal will cover your clinical performance over the past 12 months, training and education achievements and requirements, audit, concerns raised and serious clinical complaints, relationships with patients and colleagues, teaching and research activities, and personal and organisational effectiveness.

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

CPD Training

You are responsible for ensuring that your skills, knowledge and training are up to date and must maintain your Continuing Professional Development (CPD) portfolio. CPD is fundamental to the development of all health practitioners and to the enhancement of quality patient and client care. You should maintain a written portfolio of your professional experiences and any attendance at professional development courses. This also includes a documented 'Personal Development Plan' as discussed and agreed at your last appraisal. MSI Group work with various training providers who have CPD accreditation so any mandatory training certificates provided to you by MSI Group will clearly show the number of CPD points you have obtained.

Professional Registration

NMC Registration

All locums are obliged to present for verification their original NMC Statement of Entry plus evidence that you have taken steps to maintain your annual registration and revalidation.

It is your responsibility to ensure that you inform MSI Group if you experience an issue with your professional registration, this includes referrals, restrictions to your practice and investigations. MSI Group will check your registration on a monthly basis.

Midwives will also be expected to provide their in date ITP and the name of their supervisor.

GMC Registration Certification & Annual Renewals

All locums are obliged to present for verification their original GMC certificate issued upon being granted full registration. You are also obliged to present evidence of annual GMC renewal, which can

be submitted in the form of an annual renewal letter or from your renewal details via your online GMC account.

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

It is your responsibility to ensure that you inform MSI Group if you experience an issue with your professional registration, this includes referrals, restrictions to your practice and investigations. MSI Group will check your registration on a monthly basis.

HCPC Registration

All locums are obliged to present for verification their current HCPC Certificate and / or Registration Card.

It is your responsibility to ensure that you provide MSI Group with your updated certificate every 2 years as per the HCPC renewal policy. If you have any queries regarding this or you are unsure which document to provide please speak to your Recruitment Consultant.

It is your responsibility to ensure that you inform MSI Group if you experience an issue with your professional registration, this includes referrals, restrictions to your practice and investigations. MSI Group will check your registration on a monthly basis.

Employment References

It is part of the MSI Group recruitment process and also stipulated the Framework agreements and NHS Employment Check Standards that all agency workers will provide the names and contact details of at least two referees that cover the last three years. One referee should be from either your current or last post and both must be from work that you have completed in the last 3 years. References are renewed on an annual basis; if you have been in the same post for over 12 months we can reapply for a reference from a referee whom you have already provided to us.

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

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

Mandatory Training

You will be expected to undertake mandatory training prior to being offered an assignment via MSI Group. Where required training must be aligned to the Skills for Health core skills training framework. Training must be renewed annually or every three years depending on the training course.

You must carry out the following Skills for Health aligned training as appropriate to your job role:

- Lone Worker Training
- Handling Violence and Aggression
- Information Governance
- Health & Safety training (including COSHH and RIDDOR)
- Infection Prevention and Control (including MRSA and Clostridium Difficile)

Complaints Handling

- Manual Handling
- Basic, Intermediate or Advanced Life Support
- Safeguarding Children Level 2 or 3 as appropriate for your post
- Safeguarding of Vulnerable Adults Level 2
- Fire Safety
- Mental Health Act
- Medication Management
- Working in a client's home
- Conflict Resolution
- Equality and Diversity
- Food Hygiene
- Blood Transfusion
- Mental Health Act
- Mental Capacity Act
- Restraint Awareness
- Food Hygiene

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

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

- Practical training in the resuscitation of newborn babies
- Interpretation of cardiotocograph traces

Occupational Health Requirements

As an agency worker in the NHS you are regarded as a new entrant to the NHS, this is due to the transient nature of locum work and the need to ensure that patients and workers alike are protected from any potential health hazards. Thus, even if you have clearance from elsewhere, such as the hospital where you were previously employed, you will have to meet the requirements set out below so that our occupational health team can issue a certificate of Fitness to Work. Certificates are reviewed and renewed on an annual basis.

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

Varicella

The following evidence will be accepted:

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

Tuberculosis

The following evidence will be accepted:

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

Measles, Mumps & Rubella

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

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

Hepatitis B Antibody Levels

The following evidence will be accepted:

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

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

You are obliged to report any changes in your health status immediately to MSI Group.

Fitness to Work

It is your responsibility to ensure that you are well enough to carry out the assignments for which you have been booked and you declare that you are fit to work for every assignment that you undertake. Please report immediately if you are suffering from vomiting, diarrhoea, ear, nose or throat infection or if you have any unidentified skin conditions/rashes.

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

In the event that you take any over the counter medications which may affect your concentration or make you feel drowsy, you will be responsible for your conduct at work and should carefully consider whether you are fit to carry out your assignment.

Face to Face Interview and Document Collection

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

As well as holding weekend open days in major cities throughout the country where you can drop in, be interviewed and complete your registration, you can also drop into any of our offices where we will be happy to assist you. You must attend a face to face meeting so your documents may be originally sighted and copied for MSI Group's records.

Maintaining Your Compliance

Once you have fully completed the registration process MSI Group will constantly monitor your file to ensure that you are given sufficient notification of any documents which are due to expire, thus allowing both you and MSI Group to ensure that you remain fully compliant whilst continuing to work unhindered. Failure to maintain a compliant file may result in the suspension of work opportunities until you have provided the necessary documentation. You should not attend assignments if you know that documents have expired. You will be contacted 3 months prior to each expiry check and requested that you update it. The quicker you update your checks will mean that you are not contacted continuously.

NB: Please note that your documentation may be passed to clients in accordance framework agreements and your file may also be chosen for audit. Internal audits are performed on a regular basis and external audits on an annual basis. The documentation which you are required to provide is a requirement of legislative and framework requirements; should you have any questions regarding the frameworks or the registration process please contact your compliance officer.

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

Permanent Employment

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

Locum Induction

You will also be provided with confirmation of the following prior to the start of your assignment:

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

At the beginning of all assignments it is your responsibility to ensure that you receive a thorough introduction and orientation to the ward or department where you will be working. You must ensure that when you attend an assignment at a client for the first time they carry out an induction. MSI Group will ensure that you are provided with any documentation that the client has passed on for you prior to the start of your assignment. You must ensure that you adhere to local policies and procedures at all times.

The induction should include being informed about:

- Health and Safety policies and procedures including administration of medication policies
- Crash Call procedures
- Any 'Hot Spots' and 'Violent Episodes' that you should be aware of and the necessary procedures to deal with these
- Security procedures
- Cross infection and notifiable diseases policy
- Any additional policies such as Confidentiality or Data Protection
- Break times including permitted behaviours during breaks including; sleeping, availability to be called back early if required, use of personal mobile devices

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

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

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

Booking Shifts, Cancellations, Communication and Lateness

Please book your shifts by telephoning your Recruitment Consultant. Regular and effective contact is vital so we can find you the work you require. Please let us know your availability and key

requirements as often as possible. Please also advise us of your self-booking arrangements, as this will ensure you are paid promptly and correctly.

If our client cancels your booking we will inform you immediately and aim to place you in a replacement shift if we can.

It is essential that you contact MSI Group if:

- You cannot attend your assignment for any reason. In this event you must notify both MSI Group Ltd and your place of work as soon as you are aware that you cannot attend your placement. This must be done by telephone and not through text, WhatsApp or email.
- You are going to be late for your assignment, please contact MSI Group Ltd and your place of work if you can.
- You cannot find the establishment
- Consistent lateness and/or repeatedly not turning up to assignments may result in MSI Group not offering you further assignments.

Out of Hours Service

During out of office hours your call will automatically be transferred to the MSI Out-of-Hours Service. The service is provided 24- hours per day, 365 days a year. You may use this service if you have an urgent concern, difficulty or emergency that needs immediate attention or if you have immediate availability.

Acceptance of Assignments

Capability

It is your responsibility to ensure that you are able to work competently; you must:

- Possess the knowledge, skills and abilities required for lawful, safe and effective work without direct supervision.
- Ensure that prior to agreeing to accept an assignment, that you are satisfied that you can meet the knowledge, skill and level of competence required to perform the role and take on the responsibilities safely.
- Check that the Client's policies and procedures enable you as a temporary member of staff to safely and competently fulfil the role.
- You should ensure that you have the necessary health and safety background knowledge before you commit to a new assignment.

If you are unable to accept an assignment please inform your Recruitment Consultant immediately.

Availability and Fitness

It is your responsibility to:

- Declare before the start/acceptance of each and every agency assignment that you are registered and fit to practice.

- Have allowed for sufficient break between shifts. You should not work one shift after another under any circumstances. You should inform your recruitment consultant if you have accepted shifts via another agency or your employer so you are not booked into an unsuitable shift.
- To declare yourself not fit to practice if you are suffering from our communicable/infectious disease or illness, such as:
 - Vomiting and/or Diarrhoea
 - Rash
 - Any physical condition or injury that may jeopardize the safety of you, the client or patient
- Declare if you are pregnant before the start of each and every assignment.

In the event of a potentially infectious or communicable episode you must not attend any agency assignment for a minimum of 48 hours of cessation of symptoms or until declared fit by a medical practitioner (usually General Practitioner). It is your responsibility to seek the relevant advice to ensure fitness to work.

Reporting for Duty

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

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

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

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

Moving Wards

You may be required to move clinical settings; this will be on the judgement of the senior person on duty at the time. This may be for patient safety, clinical skill or ability and will be based on the client needs and requirements to maintain delivery of care.

In the event of this happening you are expected to remain flexible, professional and polite. If you have concerns about moving clinical setting in relation to your ability, competence, skill or confidence about the new setting, then you should communicate these clearly to the senior person making the changes to your assignment. However you will be expected to maintain your professionalism prioritising patient safety and care at all times.

If you have concerns about your assignment changing then these should also be clearly communicated to your consultant at the earliest opportunity after that shift.

In the event that you consider the setting to be unsafe, either when you arrive for duty or as a result of you changing area, then you are expected to report this to the senior person responsible for that area and MSI group at the earliest opportunity.

You should not put your professional registration at risk however, leaving the assignment due to changes that you are not happy with will result in a full investigation into the circumstances and it would be difficult to justify leaving patients with less staff available. Therefore we expect you to complete all assignments and acting within the scope of your professional practice.

Client Policies and Procedures

You are required to adhere to the policies and procedures:

- Issued by the Client
- MSI Group Ltd key policies and procedures, outlined in this Handbook

You will be made aware of any significant changes in policy at or before the start of duties. Any questions, conflicts or confusions arising as a result of these policies and procedures must be discussed with your Recruitment Consultant immediately or as soon as practicably possible.

All practitioners are personally & professionally accountable for their practice. Please refer to your Code of Conduct or Practice. In the event that a more general conflict arises, you have the professional duty and personal responsibility to make all reasonable attempts to resolve the conflict in the first instance. In the event of difficulties, please contact your Recruitment Consultant and we will do all we can to help to negotiate a satisfactory outcome.

Dress Code and Uniform Policy

For all assignments, in clinical and non-clinical environments, you will be required to adhere to the dress code policy as set out by the client and MSI Group. You must ensure when you accept and assignment that you are aware of the appropriate uniform or dress code required and that you are able to accommodate this requirement.

Workplace	Work Wear / Uniform Requirements	Staff Group(s)
Theatres	Scrubs: Appropriate clean garments will be supplied by the trust/client	Theatre Staff, Operating Department Practitioners, ITU and A&E
Clinical Areas	Uniform: you will be required to purchase and wear appropriate uniforms; these are embroidered with the agency logo: Blue or black uniform trousers MSI Group Tunic with logo Black shoes	Female Nurses
	Blue or black uniform trousers MSI Group Tunic with logo Black shoes	Male Nurses
Non Clinical Areas	Where formal work wear is required the following applies: Smart Dress at all times Skirts, blouses, smart dresses or trousers Smart shoes	Female Nurses
	Shirt (tie if specified by the client) Smart trousers Smart shoes	Male Nurses

MSI Group Code of Conduct

MSI Group expects all staff to maintain the highest professional standards at all times, in line with the ethos that you must:

“...protect the health and wellbeing of people who use or need your services in every circumstance.”

All regulatory bodies offer specific guidance on ethics, behaviours and responsibilities. We at MSI expect our staff, irrespective of qualification or experience, to adhere to the common principles including:

- The people in your care must be able to trust you with their health and wellbeing.
- Make care of people your first concern, treating them as individuals and respecting their dignity, taking every opportunity to embrace individual differences in terms of equality and diversity.
- Work with others to protect and promote the health and wellbeing of those in your care, their families, carers, and the wider community, establishing leadership where appropriate and effective communication (verbal and written) at all times.
- Provide a high standard of practice and care at all times, keeping your professional knowledge and skills up to date, acting only within your knowledge, experience and skills set.
- Be open and honest, act with integrity while upholding the reputation of your profession taking decisions in terms of public interest and being able to account for those decisions.
- You must respect the confidentiality of your patients, clients and users.
- Follow guidelines for how you advertise your services ensuring that any remuneration does not prejudice decision-making or public interest.
- Obtain informed consent to give treatment (except in an emergency), encouraging patients and the public to participate in decisions about their care.
- Be responsible for raising concerns about any breach of the code, seeking independent advice where appropriate.
- As a registered practitioner working on a locum basis, it is your responsibility to be familiar with, and to adhere to, your Code of Professional Conduct or Practice. If at any time you feel that you are being compelled to compromise your integrity or to breach your Code of Professional Conduct, we would instruct you to inform your Recruitment Consultants immediately. For more information please contact your professional body.

Behaviour and Attitude

Your behaviour and attitude is expected to be of the highest standard at all times, this includes:

- Time keeping
- Communication skills both written and verbal
- Response to feedback
- Documentation
- Politeness at all times
- Changing situations during assignments – you will need to be flexible to the needs of clients and the service
- Representing MSI group and yourself as a professional when meeting patients, relatives and other staff

Reporting Malpractice or Lack of Competence to Professional Bodies

Following an investigation regarding alleged malpractice or lack of competence, where the malpractice or lack of competence has been demonstrated, you should be aware that it is the duty of MSI Group to report all such issues to your professional body within 24 hours of receipt of the conclusion of any investigation. MSI Group will therefore do so within this timescale.

It is your responsibility to inform MSI Group immediately if you are subject to any kind of investigation by your employer, professional body or are suspended from their register. You are also required to inform us immediately if you have been, or are subject to, any investigation, caution or prosecution by the police.

Timesheets and Payment Process

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

Methods of Payment

There are three ways in which you can choose to be paid, please see below:

The way you chose to be paid depends upon you, if appropriate seek independent advice to ensure that you chose the most suitable option for you.

PAYE

If you chose to be paid as a PAYE locum the following will be deducted from your salary:

Income tax: this is calculated on your gross earnings after the deduction of pension contributions.

National Insurance: NI is paid both by employees and employers.

Pension contributions: you will be auto enrolled into a pension scheme. You will receive details of your pension directly from Peoples Pension and you will need to contact them directly if you wish to opt out of pension contributions with work completed via MSI.

Umbrella Company

By signing up with an Umbrella Company you become their employee and as such are paid by them, they will pay your tax and National Insurance. Please contact your recruitment consultant for a list of umbrella companies who have passed our audit process. When deciding on which umbrella company is best for you we would advise you read the information on the links below:

[Working through an umbrella company - GOV.UK](#)

[Umbrella companies offering to increase your take home pay \(Spotlight 45\) - GOV.UK](#)

[Warning for agency workers and contractors employed by umbrella companies \(Spotlight 60\) - GOV.UK](#)

Limited Company - IR35

From April 2017 there were changes to the way the current intermediaries legislation (known as IR35) is applied to the tax and NI for locums that work via their own limited company in the public sector. Where the rules apply, people who work in the public sector through an intermediary will pay employment taxes in a similar way to employees.

If you want to continue to work via your own Limited Company and the rules of IR35 apply MSI Group will calculate Income Tax and National Insurance contributions and pay them directly to HMRC.

If you do not work in the public sector and IR35 does not apply you will be paid gross and will be responsible for the payment of employment taxes and national Insurance.

Please visit our website for more information and information about IR35
<http://www.msigrouppltd.com/>

Completing Your Timesheet

You will receive a timesheet for most assignments that you undertake, some clients do not require you to complete timesheets as they are completed on their client portal. Each timesheet is for a period of one week and must be completed daily. If your assignment is longer than a week you will be issued multiple timesheets. You should complete a separate timesheet for each ward you attend.

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 breaks. Make sure you are aware of the Hospital/Trust's break policy.

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

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

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

Failure to complete the timesheet correctly could result in being paid incorrectly or not at all. Failure to accurately log the hours work could also result in counterfraud investigations. It is your responsibility to ensure it accurately reflects the hours works and that it is approved by an

appropriate person at the end of your shift. Any instances of fraudulent behaviour will result in referrals to NHS Counterfraud and professional bodies where applicable.

If you work for one of MSI Group's clients that require you to complete a paper timesheet please submit your timesheet and you will be paid in our daily payroll. If you work for a client that requires online approval via a portal you will be paid on the following Friday, this allows time for our clients to approve the online version of your timesheet.

Payment & Key Information Documents

If you choose to be paid PAYE or as your own PSC Limited company, you will be paid directly into your personal or company Bank or Building Society account.

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

Please read the Key Information Documents ("KID") documents below for your preferred pay type.

[KEY INFORMATION DOCUMENTS](#)

Holiday pay

If you opt to be paid PAYE you may be entitled to holiday pay calculated in line with the Working Time Regulations from the first day of your placement. This is paid at 12.14 % on a rolled-up basis.

Please note your holiday pay is included within your hourly rate and will be shown separately on your payslip. As such, you will not accrue holiday as it will be automatically paid to you.

If you opt to be paid through an umbrella company please discuss your holiday entitlement directly with your chosen company.

Payroll department

Should you have a query regarding payment, please contact our Payroll Department directly on:
Telephone: 0207 940 4300 Fax: 0207 990 9761

Alternatively you can contact your Recruitment Consultant.

Policies and Procedures

Health and Safety

Health and Safety law applies to everyone, whether you are an employer, employee, agency worker or self-employed. All MSI Group locums have a responsibility to ensure that their work does not

endanger themselves or others. The Hospital/Trust also has a responsibility to ensure that you can carry out your duties in an environment which is free from any dangers to your health and safety.

Health & Safety: A Guide to Best Practice

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

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

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

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

- Complying with all safety instructions at all times
- Refraining from the wilful misuse of, or interference with, anything provided in the interests of health, safety and welfare and any action that may be construed as dangerous.
- Reporting all and any potential hazards or dangerous occurrences that might cause harm to others.

Accident Reporting

Accidents at work are everyone's business and you have a responsibility to ensure that you do everything that you reasonably can to prevent injury to yourself and others. You are required to adhere to all policies and procedures relating to Health and Safety.

If you are involved in an accident or dangerous occurrence, follow the policy and procedures of the workplace and you must notify MSI Group 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 MSI within 24 hours.
- Accurately complete your part of the MSI Accident Form.

Action to be taken by MSI Group:

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

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

Notification to the HSE occurs when accidents involve:

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

Notifiable injuries:

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

To report a health and safety concern, call **0345 300 9923** or visit:

<http://webcommunities.hse.gov.uk/connect.ti/concernsform/answerQuestionnaire?qid=594147>

Moving and handling

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

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

Patient handling

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

Agency workers have a duty to ensure that they:

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

This applies in particular to the need to report:

- Lack of staff or equipment
- Environmental hazards
- Defects in machinery or equipment
- Injuries and accidents

- Illness or disability affecting handling capacity

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

Infection control

Infection is a major source of concern for patients, healthcare providers and healthcare workers alike. MSI Group 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 recognise those who are zero-positive to HIV or Hepatitis B, it is recommended that every patient be regarded as a potential hazard.

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

Skin – cuts or abrasions in any area of exposed skin should be covered with a dressing that is waterproof and is an effective viral and bacterial barrier

Gloves – wear disposable latex or vinyl gloves and a plastic apron. Spillages should be covered with disposable towels to soak up excess. The spillage should be cleared up with a gloved hand and debris treated as clinical waste. The area should then be cleaned with the appropriate disinfectant for that surface

Hand washing – the use of gloves does not preclude the need for thorough hand washing between procedures and patients

Aprons – disposable aprons may be worn if there is a possibility of splashing by blood/body fluid

Eyes – where there is a danger of flying contaminated debris or blood splashes, eye protection is necessary

Sharps – extreme care should be exercised during the use and disposal of sharps. Needles must be re-sheathed prior to disposal into approved sharp boxes – which should never be overfilled

Needlestick and Sharps Injuries

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

Ways to prevent needlestick injuries:

- Wear the correct protective clothing, e.g. gloves, for all activities that may carry a risk of a sharps injury.
- Sharps must not be passed directly from hand to hand
- All sharps handling should be kept to a minimum

Do not reuse or attempt to recap, break, bend or disassemble needles before disposal
Ensure that all sharps are disposed of according to departmental policy and that the available facilities for sharps disposals are used.

Fire Safety

Fire safety precautions are required in any workplace. These relate to:

- The work Process
- The storage of articles, substances and materials relating to any work process and
- Fire precautions to prevent or reduce the likelihood of a fire breaking out and reduce the spread and intensity of any fire occurring

Fire precautions processes are enforced by:

- HSE or the local authority, under the Health and Safety at Work etc. Act 1974 (HSW Act)
- Management of Health and Safety at Work Regulations 1999 (MHSWR)
- The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)
- Fire precautions and safety are the responsibility of both the client and the locum.

Responsibilities

The client must:

- Carry out a risk assessment of any work activities involving dangerous substances.
- Provide measures to eliminate or reduce risks as far as are reasonably practicable.
- Provide equipment and procedures to deal with accidents and emergencies.
- Provide information and training to employees regarding fire precautions, reporting fire and evacuation (induction at beginning of first shift is mandatory for all temporary workers).

As a locum you will potentially be required to work in a variety of settings. It is the Locum's responsibility to:

- Be familiar with and understand their own responsibility with regards to fire safety and associated legal requirements.
- To be familiar with, and work to, the individual clients risk assessment criteria.
- Be involved in maintaining a safe environment.
- Participate in training and/or request training or supervision where needed.
- Request a specific fire training induction on the first day of a new assignment.

- Know where fire exits are, understand the layout of the building and know where the assembly point's locations are.

You must:

- Take care of your own health and safety.
- Look after your colleagues
- Look after visitors and others on the premises
- You are liable for prosecution if you fail in this duty.

In the Event of a Fire

"If there is a fire, the main priority is to ensure that everybody can reach a safe place quickly. Putting the fire out is absolutely secondary to this because the greatest danger from fire in the workplace is the spread of fire and the fear and smoke caused by it."

Fire Safety at Work –Safe Worker

Raise the Alarm

- Operate the nearest fire alarm call point by breaking the glass.
- Do not stop to investigate the fire or to collect valuables.

Report the Fire

- Dial the emergency number for your premises; report the location of the fire.

Evacuation

- As per local policy.
- Use the escape route as identified in your induction or training to get everyone out or to “safe zone.”
- Meet fire Coordinators/Marshalls at an agreed point.
- Close doors which are open, only open the doors you need to go through.
- Check doors with the back of your hand, if a door is warm, don't open it.
- If there is a lot of smoke, crawl along the floor, as the air is cleaner.
- Once out, do not go back into the building for anything.

Attack the Fire

- Only if you have been trained to do so.
- Only if it is safe to do so without putting yourself or others at risk.
- Only if the fire is small and you have the appropriate appliance to do so.

Fire Safety is the Responsibility of Everyone, do not:

- Stop to collect personal belongings
- Run
- Use lifts
- Re-enter the building until told it is safe to do so by the officer in charge
- Put yourself or others at risk

Lone Working

There are no absolute restrictions on working alone; it will depend on the findings of a risk assessment. The Management of Health and Safety at work Regulations 1999: Regulation 3 states that every client shall make a suitable and sufficient assessment of risk.

The risk assessment should assess:

- Does the workplace present a special risk to the lone worker?
- Is there a safe way in and a way out for one person? Can any equipment which is needed be safely handled by one person via the entrance/exit routes available?
- Can one person safely handle substances and goods involved in the work?
- Is there a risk of violence?
- Are women especially at risk if they work alone?
- Are young workers especially at risk if they work alone?
- Is the person medically fit and suitable to work alone?
- What happens if the person becomes ill, has an accident or there is an emergency?

- Lone workers should be at no greater risk than any other worker, however, additional safety measures and training may be needed.

All locums have a responsibility to adhere to local health and safety policy and procedures for lone working and to report any concerns promptly to the local line manager and your recruitment consultant.

It is recommended that you:

- Always ensure that a responsible person is aware of your movements and your planned time schedules.
- Where possible carry a mobile phone or change for a pay phone.
- When driving, park in well-lit areas, preferably with CCTV camera surveillance, check area for broken glass (do not park if evidence of previous damage).
- When returning to vehicle check that the car remains secure and unoccupied.
- If working in an area alone, ensure that the senior nurse/team leader is aware of your location and movements.
- Ensure that any exits remain clear and accessible.
- Be aware of changes in mood and body language of the patient.
- Ensure that you have a working knowledge of emergency alert systems.
- Remain calm.
- Do not put yourself in danger. If in doubt get out, get help & stay out.

All locums are advised to complete a risk assessment using local policy and procedures as soon as lone working is a possibility.

Mental Health Act

The Mental Health Act addresses circumstances and the process whereby someone with a mental health issue can be given treatment without their consent. The purpose is to make sure that individuals who may potentially harm themselves or others can be given the necessary treatment to protect themselves and others, regardless of consent.

Guiding Principles

Purposeful – Actions and decisions must aim to keep to a minimum the undesirable effects of mental health while promoting safety, recovery and general well being. In addition, the individual and other should be protected from harm.

Least Restriction – Any restrictions imposed on an individual without their consent must keep restrictions to their liberty to a minimum.

Respect Individual differences – Needs should be taken into account and respected, for example their values, race, religion, culture, gender, age, sexual orientation and any disability. Individuals' views, wishes and feelings should be taken into account and acted upon where possible. There must be no unlawful discrimination.

Participation - Where practicable individuals should be given the opportunity to be involved with their care and treatment planning and progress reviewing. Where appropriate the involvement of family, carers or significant others should be encouraged.

Effectiveness, efficiency and equity – Resources used must be the most effective, efficient, equitable and appropriate to meet the needs of the patient.

All decisions must be:

- Lawful
- Supported by good professional practice
- Comply with Human Rights Act 1998
- Balanced, taking into account the guiding principles according to individual circumstances

In all circumstances where people with mental health issues are in contact with you, the patient will be afforded the same level of respect and dignity as any other individual. You should work according to local policies and procedures and must adhere to the guiding principles. Any difficulties in this respect should be reported as soon as possible to your immediate line manager and MSI Group.

Managing Challenging Behaviour, Violence and Personal Safety

“Health and social care workers have a right to expect a safe and secure workplace. But reports indicate that they can be up to four times more likely to experience work-related violence and aggression than other workers.”

Health and Safety Executive

The Health and Safety Executive (HSE), defines violence at work as “any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work”.

Violence and aggression at work includes all forms of behaviour which produce damaging or hurtful effects, physically or emotional, to staff (or others) in the course of their work. This may include any of the following:

- Verbal Hostility or Threats – including name calling, shouting, bullying and put-downs, intentional or perceived. Inability to control feelings, outbursts of anger, swearing.
- Non-Verbal Intimidation – This can be suggestive of violence or including activities like following, slamming doors, vandalism to an individual’s private effects, anonymous or unwanted gifts and some forms of sexual harassment.
- Sexual Harassment – including verbal intimidation, actual assault or exposure to offensive material.
- Physical Violence – with the intention of causing physical harm using either some type of instrument or weapon or bare hands. Common causes are anger, intoxication, physical or mental illness.
- Passive Aggression - This is an indirect way of expressing negative messages. It can present in the form of poor performance, failure to complete tasks agreed to, indecision or procrastination. Interrupting meetings or training with inappropriate comments; hijacking the agenda.

- Sectarian or Racial Abuse – can present in any of the above forms but with the focus of either religion or race/culture.

Tips to Tackle Violent and Aggressive Behaviour

- Deal with behaviour as soon as possible; deal with the individual directly.
- Tell the individual what you find offensive and what you will not tolerate.
- Tell the individual how the behaviour affects you.
- Identify consequences of the behaviour continuing.
- Avoid telling off or chastising this can make the situation worse.
- Assertiveness training can be useful for all parties to show the difference between assertive and aggressive behaviour.

MSI Group operates a zero tolerance policy on violence and aggression. All episodes of violence and aggression must be reported immediately to the client and recoded according to the client's policy guidelines. You should also notify your Recruitment Consultant.

Working in a Patient's Home

Community workers play an important role in improving the quality of life for many people with a wide range of physical and mental health needs. Duties can include lifting and handling tasks, a range of household tasks (which may involve the use of chemicals in the form of cleaning products), using household electrical equipment and personal care or nursing needs of individuals.

As in all circumstances, the client has a duty of care to the locum and therefore must ensure that policies and procedures are in place to protect community workers. This includes:

- Carrying out comprehensive risk assessments.
- Providing initial and refresher health and safety training and information.
- Ensuring that an incident reporting system is set up.
- Regular monitoring, evaluating and reviewing of practices and procedures.
- Assessment of Care Needs

Prior to commencement of a contract with a new client, a suitable qualified assessor will assess the client's individual requirements. The assessment will include for example:

- Personal Care needs: washing, dressing, dietary needs and preferences.
- Family involvement and social contacts, religious or cultural preferences.
- Communication needs including sight and hearing.
- Continence.
- Mobility and movement including safety issues and the need for any relevant aids.
- Nursing or medical needs: specific condition-related needs or specialist input, medication.
- Details from the care needs assessments are provided in writing to nurses, car and support workers so that they are aware of all elements required to deliver safe and effective care.

It is the MSI Group locum's responsibility to review the assessment of care needs prior to commencement of the contract to ensure that they personally have the skills and experience to deliver the services of care which are required. Where problems are identified these should be reported to your Recruitment Consultant immediately.

All other principles in this handbook, for example relating to infection control, administration of medicines, health and safety etc, apply equally in the home care environment and should be referred to and followed accordingly.

Conflict Resolution

Conflict resolution can be defined as *'when behaviour is intended to obstruct the achievement of some other person's goals'*.

Institute for Innovation and Improvement.

Intervention is required in all situations of conflict. Situations left unmanaged are likely to get worse or reoccur if only superficially resolved. The sooner conflict is resolved the better. Processes and timescales for dealing with conflict will reflect those outlined in the complaints procedure.

Identifying Conflict

Conflict usually occurs between individuals, managers or colleagues, or in teams. This is often as a result of opinions and personalities, roles and responsibilities or change. Colleagues spend such a long time together that sometimes home life or social issues affect working situations.

Signs of conflict may include:

- Arguments
- Individual motivations or productivity
- Absence may increase

Any MSI Group locums finding themselves in situations of conflict should report immediately, in confidence, to their Recruitment Consultant.

Managing Conflict

Intervention should take place as quickly as possible, initially verbally and potentially informally. Where a complaint is raised as a result of conflict situation then the complaints procedure will be invoked.

All/both parties will be engaged in head on discussions. If it is the best interest of either party, the temporary assignment may be stopped. Consideration will be given to removing a disruptive team member when necessary. All conflicts will be followed up after resolution. Serious issues will be escalated to a senior manager. Situations may be mediated locally where appropriate.

All parties will be spoken to individually and together in order to support both sides of the complaint. Issues will be kept private and confidential between the individuals and parties involved.

All parties will be dealt with equally.

In the event of a conflict during an assignment we would expect you to notify your consultant with a summary of the conflict and any outcome within 24 hours of completion of your shift.

Food Hygiene

It is essential that food and drink provided in the hospital environment is managed and handled in a manner that it does not pose any risk to patients or staff. All staff involved in the handling of food must ensure good food hygiene practices at all times. Failure to do so could result in a serious

outbreak of food poisoning and potential loss of life. Food includes all edible hot and cold dishes, drinks and the provision of ice.

Under the Health and Social Care Act 2008 and the Code of Practice for the NHS on the prevention and control of healthcare associated infections, it is a requirement that there is a food hygiene policy within every trust or organisation. When attending your first shift on a new assignment please ensure you review the local policy and procedure.

All people working in a food handling area must wear suitable protective clothing. Standards of clothing may differ depending upon the duties being carried out. However, the following should be considered as a minimum requirement:

- Locums preparing open food must wear clean overalls, tunic, uniform or similar, plus head covering.
- Do not wear uniforms whilst travelling to and from work.

People working in food handling areas must also practice good personal and hand hygiene. This includes:

- Ensuring that they have clean hands when handling food.
- Wearing green aprons as per NPSA (2007) colour coding for handling and distributing food.
- No smoking – the NHS is smoke free.
- No eating or drinking whilst handling food.
- Not wearing jewellery (a plain band ring and earring studs are acceptable), false nails or nail-varnish.
- Covering wounds likely to cause risk of contamination of foods. Staff who report for duty with a dressing on should have it changed before they enter a food area. Any loss of dressings must be reported immediately.
- Employees with boils or septic cuts must be excluded from food handling areas e.g. production kitchen/ward kitchen.
- Food handlers known or suspected of suffering from, or carrying, any food transmitted disease must be prohibited from working with food if there is a risk of the food becoming contaminated with pathogenic micro-organisms.
- Food Storage
- Dry Food

Staff Food

Food brought in by staff must be stored in a designated staff fridge rather than the patients' refrigerator. Where a staff fridge is not available, the patients' fridge may be used provided there is adequate storage space.

Staff food must be labelled with the staff members name and date. Any cartons of juice must be dated with the date of opening. A nominated person must ensure that the food beyond the use-by-date is discarded.

Confidentiality, Data Protection, GDPR & Consent

Confidentiality

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

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

Disclosing and using confidential Information

- Patients must be aware of information disclosures and the reason why they are made.
- Permission must be sought to use any patient information for research/audit process (documentation of consent according to local policy).
- Patients have a right to deny disclosures but any resulting limitations to care outcomes must be explained.
- Explicit consent is not usually required for information disclosures needed to provide healthcare, however, opportunities to check that patients understand what may happen is considered good practice.
- Where the purpose of disclosure is not directly concerned with the healthcare of a patient, explicit consent must be obtained.
- Where consent cannot be obtained for disclosure of information in situations where the public good outweighs issues of privacy of where an individual's ability or capacity to consent is relevant, then these circumstances must be dealt with on an individual basis according to local policy and/or any guidance set down in law.

Data Protection

The Data Protection Act 1998 is concerned with information about individuals (personal data) which is processed automatically (i.e. computer systems), with those that undertake the processing (data users) and with those individuals to whom the data relates. MSI Group is conversant with the legislation and will comply with the requirements.

Anyone involved in the receipt or handling of personal data must ensure they abide by the eight Data Protection Act principles:

- Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless at least one of the conditions in Schedule 2 is met, and in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
- Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data shall be accurate and, where necessary, kept up to date.

- Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
- Personal data shall be processed in accordance with the rights of data subjects under this Act.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Further information on data protection can be found at:

<https://ico.org.uk/>

The General Data Protection Regulation (GDPR)

GDPR came into effect today (25 May 2018). It builds upon current Data Protection legislation rather than replacing it. The changes which GDPR brings to Data Protection regulations for all organisations are:

- Strengthening Data Subject Rights including new rights of access to information (free and faster) and the rights to object (e.g. the rights to have data “forgotten”).
- Strengthening breach reporting (any personal data breach must be reported directly to the Information Commissioner’s office within 72 hours).
- Data Protection Officer (DPO) to be appointed in all organisations who control or process data.
- Having documents underpinning accountability (e.g., Information Asset Registers, Records of Processing Activities & ability to process Data Subject Rights).
- Stricter conditions for consent (must be freely given, easily withdraw able, specific, informed, verifiable and unambiguous by a statement or clear affirmative action).
- Data Protection by design (privacy by design and the default behaviour, Data Protection Impact Assessments).

You must have a valid lawful basis in order to process personal data – consent is one of the lawful bases, but there are alternatives. There are six bases available in total and no single basis is ‘better’ or more important than the others. Which basis is most appropriate to use will depend on your purpose and relationship with the individual.

- **Consent:** the individual has given clear consent for you to process their personal data for a specific purpose.
- **Contract:** the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
- **Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations).
- **Vital interests:** the processing is necessary to protect someone’s life.
- **Public task:** the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- **Legitimate interests:** the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual’s personal data

which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

Consent under the GDPR must be freely given, specific, informed and unambiguous, and involve a clear affirmative action (an opt-in). Patient consent for treatment or to share healthcare records is not the same as GDPR consent.

Patient data is held under a duty of confidence. Healthcare providers generally operate on the basis of implied consent to use patient data for the purposes of direct care, without breaching confidentiality.

Implied consent for direct care is industry practice in that context. But this 'implied consent' in terms of duty of confidence is not the same as consent to process personal data in the context of a lawful basis under the GDPR.

Any requirement to gain consent to the medical treatment itself does not mean that there is a requirement to get GDPR consent to associated processing of personal data, and other lawful bases are likely to be more appropriate.

In the context of the Healthcare Industry consent is often not the appropriate lawful basis for processing data under the GPDR. This type of assumed implied consent would not meet the standard of a clear affirmative act – or qualify as explicit consent for special category data, which includes health data. Instead, healthcare providers should identify another lawful basis (for example the public task basis may be appropriate).

If you are processing special category data – which includes but is not limited to, information about an individual's health, it isn't enough to just identify a lawful basis for processing. You also need to satisfy a separate condition for processing special category data. There are 10 of these in the GDPR itself, including where the processing is necessary for the purposes of medical diagnosis or healthcare, and the Data Protection Act also provides additional conditions for processing special category data.

Further information on data protection can be found at:

<https://ico.org.uk>

Consent

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

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

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

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

Ionising Radiation & Dosimeter Policy

Scope

This policy applies to all locum agency workers who may be exposed to ionising radiation in the course of their duties within NHS healthcare facilities, including but not limited to radiographers, radiologists, dental workers, nuclear medicine technologists, and operating theatre staff.

It is vital that an appropriate ionising radiation programme is in place. Organisations must adhere to relevant legislation including The Ionising Radiation (Medical Exposure) Regulation 2017 (SI 2017 No 1322).

Examples of ionising radiation include:

- X-ray
- Gamma Rays
- Beta Particles
- Alpha Particles

You must follow local procedures for monitoring and management radiation levels.

Responsibilities

It is your responsibility:

- Not to expose yourself or any other person to levels or radiation to a greater extent than is necessary.
- To learn local procedures for monitoring and managing radiation levels for each assignment.
- To report incidents of defective equipment in line with local incident reporting procedures.
- To look after protective equipment; including personal dosimeters and return them promptly.
- To inform MSI Group and the Ward/Department manager of changes to your health (e.g. Pregnancy). A work based risk assessment may be required.
- To report any potential overexposures or unusual readings to the NHS Trust's Radiation Protection Supervisor (RPS). If you are unsure who to report to at your place of work you must inform MSI Group.
- To adhere to local policies for Dosimeter testing, this may include:
 - Wearing a dosimeter badge at all times when working in areas where ionising radiation is present.
 - Ensuring that the dosimeter is worn in the correct position, as instructed by each place of work (e.g., chest or waist level) and returned at the required intervals for monitoring.
 - Reporting readings to your place of work as required by policy or for audit/inspection purposes.

- Informing the supervising NHS staff immediately if the dosimeter is lost, damaged, or exposed to conditions outside normal working practice (e.g., accidental high exposure).
- adhering to local NHS Trust guidelines on the use of protective equipment and shielding.

Dosimeter Use

Locum workers will be provided with a personal dosimeter before starting work at any site where radiation exposure is possible. The dosimeter should be worn during every shift in areas where ionising radiation is present.

The dosimeter must be worn as specified by local protocols (e.g., at chest level or beneath lead aprons). It should not be tampered with or removed except during breaks when leaving areas with ionising radiation.

Dosimeters should be returned to the issuing department for reading at the required intervals (typically monthly or quarterly). Timely submission of dosimeters is mandatory, and failure to do so may result in suspension from duties involving ionising radiation until compliance is restored.

Radiation Exposure Limits

Exposure to ionising radiation must be kept As Low as Reasonably Practicable (ALARP). The following dose limits, as defined in IRR 2017, must not be exceeded:

- ****Annual Dose Limits for Workers:****
- Whole body dose: 20 mSv/year.
- Lens of the eye: 20 mSv/year.
- Extremities (hands, forearms, feet, ankles): 500 mSv/year.

Locum workers who exceed 75% of the annual dose limit in any period will be reviewed by the Radiation Protection Advisor (RPA) and may have work duties reassigned or adjusted to minimise further exposure.

Failure to comply with this policy, including neglecting to wear a dosimeter, failure to submit dosimeters for timely readings, or failure to attend required radiation protection training, may result in including removal from placements involving ionising radiation.

Computer Use

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

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

- Do not access Social Media or other non-work related websites

Medication Administration and Management

Any locum who is required to administer medication to a patient must abide by the local policies and procedures of the organisation or trust where they are working. All documentation relating to the administration of medication must be completed in full. Only locums with specific qualifications allowing them to administer medication must do so. All locums must have read and understood their professional body's drug administration and management guidelines.

Doctors

Practitioners are directed to the GMC policy Good Medical Practice which includes information about prescribing medicines. This is available at the GMC website:

http://www.gmc-uk.org/guidance/good_medical_practice/contents.asp

It is the responsibility of all medical locums to be fully conversant with the GMC guidance.

Nurses

Nurses are directed to the NMC standards for Medicine Management which includes information regarding medicine management and administration. This is available at the NMC website:

<https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>

It is the responsibility of all agency nurses to be fully conversant with the NMC guidance.

Operating Department Practitioners (ODPs)

ODPs are directed to the HCPC Standards of Proficiency for ODPs which includes information regarding the administration, calculation dosage and monitoring of medication.

http://www.hpc-uk.org/assets/documents/10000514standards_of_Proficiency_ODP.pdf

It is the responsibility of all agency ODPs to be fully conversant with the HCPC guidance.

In the event of a medication error (either by you or one you witness) you must ensure you adhere to the guidance and principles of the professional code regards reporting and managing such errors.

Record Keeping

Maintaining good records is an essential practice to ensure safe and effective patient care.

Records should always be:

- Legible
- Written in ink
- Factual and accurate
- Clear and unambiguous
- Clearly dated with the time documented

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

Safeguarding Children and Vulnerable Adults

As a Healthcare Professional you have a professional duty to protect patients'/service users in your care and to report any concerns from your work place which put their safety at risk. Safeguarding the health and well-being of those in your care means that they should not be exposed to abuse or neglect.

Each NHS Trust and organisation has its own safeguarding policies and procedures which will include how and to whom you should report your concerns to if you think that a child or adult is at risk of harm or abuse. It is therefore important that you read and understand all local policies and procedures when you attend your induction for your assignment and before you share any information.

Detailed below are the definitions and indicators of abuse. Whilst the indicators are not exhaustive, they may help you in making your observations and deciding whether a child or adult is or may be at risk of harm.

It is important that any concerns are raised as soon as possible, with the appropriate person in order that they can be investigated, and any appropriate action taken.

Definitions of Abuse (children)

Physical Abuse

Physical abuse may involve hitting shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

You also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children in contact with the youth justice system, victims of domestic abuse and those vulnerable due to religion, ethnicity etc. and those who may be exposed to violent extremism.

Definition of Abuse/Harm (Adults)

Living a life that is free from harm and abuse, is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being but providing additional measures for those least able to protect themselves from harm or abuse.

Physical

Examples of physical abuse are assault, rough handling, hitting, pushing, pinching, shaking, misusing medication, scalding, inappropriate sanctions and exposure to excessive heat or cold. Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also physical abuse.

Sexual and Sexual Exploitation

Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- They do not want or have not consented to;
- They cannot understand and lack the mental capacity to be able to give consent to;
- They have been coerced into because the other person is in a position of trust, power or authority, for example, a care worker; or
- Required to watch sexual activity.

Psychological/ Emotional

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- Mental distress;
- The denial of basic human and civil rights such as self-expression, privacy and dignity;
- Negating the right of the adult at risk to make choices and undermining their self-esteem;
- Isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being;
- Bullying;
- Verbal Attacks; or
- Intimidation.

Neglect

A person's well-being is impaired and care needs not met. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- Wilfully failing to provide care;
- Wilfully preventing the adult at risk from getting the care they needed; or
- Being reckless about the consequences of the person not getting the care they need.

Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the individual, they may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

Discrimination

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals and results in harm. Psychological abuse that is racist, sexist or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture or age.

Institutional

Observed lack of dignity and respect in the care setting, rigid routine, processes/tasks organised to meet staff needs, disrespectful language and attitudes.

Domestic violence and self-harm need to be considered as possible indicators of abuse and /or contributory factors.

Financial

It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation.

It includes:

- Theft;

- Fraud;
- Exploitation;
- Undue pressure in connection with wills, property, inheritance or financial transactions;
- The misuse or misappropriation of property, possessions or benefits; or
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

Modern Slavery

Modern slavery encompasses many forms of slavery, including but not limited to:

- human trafficking- *the use of violence, threats or coercion to transport, recruit or harbour people in order to exploit them for purposes such as forced prostitution, labour, criminality, marriage or organ removal.*
- forced labour- *any work or services people are forced to do against their will, usually under threat of punishment.*
- debt bondage/bonded labour- *people trapped in poverty borrow money and are forced to work to pay off the debt, losing control over both their employment conditions and the debt.*
- descent-based slavery- *where people are born into slavery.*
- child slavery- *when a child is exploited for someone else's gain. This can include child trafficking, child soldiers, child marriage and child domestic slavery.*
- forced/early marriage- *when someone is married against their will and cannot leave. Most child marriages can be considered slavery.*
- domestic servitude- *domestic work and domestic servitude are not always slavery, and when regulated can be an important source of income for people. However, when someone is working in another person's home, they may be particularly vulnerable to abuses, exploitation, and slavery, as they might be hidden from sight and lack legal protection.*

How to report concerns

As mentioned previously in this document, it is important that you read and understand the safeguarding policies and procedures of the hospital or trust where you are working during your induction/at the earliest opportunity. This will enable you to raise your concern quickly to the correct person and you will be aware of the appropriate route for escalating it if necessary. It will also ensure that you follow the correct processes, provide you with information relating to patient confidentiality and the sharing of information and how your concern will be investigated.

However, it is also recommended that before you disclose any information you should seek specific advice from your appropriate professional, regulatory or medical defence bodies in relation to the legal and other issues relating to the disclosure of confidential patient information and the sharing of such information.

You should not attempt to directly question those involved in concerns as this may jeopardise the scope of questions which the authorities are able to ask later in any investigation. You should also consider the preservation of "best evidence" in case the police are involved.

Your attention is also drawn to the document Freedom to Speak Up: Raising Concerns (whistleblowing policy) for the NHS published in April 2016. In addition, please also see the MSI Group Whistleblowing/Raising Concerns Policy contained in the Candidate Handbook.

Furthermore, if you have a Safeguarding concern and you are not sure how to proceed and/or you would like to discuss the content of this document, please contact the Head of Compliance at MSI Group.

Key stages of the safeguarding process

- Stage One: Raising an alert
- Stage Two: Making a referral
The decision to make a referral will normally be made by the person responsible for dealing with safeguarding at the Trust or Organisation.
- Stage Three: Strategy discussion or meeting
This is a multi-agency meeting convened and coordinated by the Local Area Designated Officer (LADO) who will discuss the allegations with a range of professionals (usually including the police)
- Stage Four: Investigation
The nature of the investigation is decided by those at the strategy meeting, who will also appoint an investigating officer. They will establish the facts and contributing factors.
- Stage Five: Case conference and protection plan
To consider the information collated by the investigating officer and decide the next steps and a protection plan.
- Stage Six: Review of the protection plan
- Stage Seven: Closing the safeguarding process
The safeguarding process may be closed at any stage if it is agreed that an ongoing investigation is not needed or if the investigation has been completed and a protection plan has been agreed and put in place.

Complaints

The purpose of this policy is to ensure that customer feedback, whether positive or negative, can be monitored and reviewed. Should you wish to provide feedback, whether positive or negative, please contact your Recruitment Consultant Monday – Friday between 8.45am-6.00pm.

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 about MSI Group personnel

Complaints may be received by telephone, email or in person. All complaints must be dealt with in accordance with the procedures set out below.

Complaints regarding:

- Safeguarding matters, must be escalated immediately to the Compliance Director; and
- A medical professional's practice must be escalated immediately to the Complaints Manager and Clinical Lead via the complaints email address;
- Pay and other MSI Group related issues, including service must be dealt with by the candidate's consultant or, depending on the nature of the complaint, the consultant's manager. Ideally complaints of this nature should be resolved informally.

If a customer is not satisfied with the resolution, they should contact the Compliance Director using the complaints email address; complaints@msigroupltd.com.

Next Steps - Complaints involving safeguarding concerns

- If a safeguarding complaint is received that involves a MSI Group candidate the candidate concerned will be removed from their assignment immediately and they will not be offered any further assignments until the matter has been resolved satisfactorily. A temporary block is placed on the candidate's record on the Influence database to ensure that the candidate is not offered any assignments.
- Details of the concern would not be passed on to the worker until permission to do so was given by the Local Area Designated Officer ("LADO"). This is to ensure that 'best evidence' is preserved in circumstances where the police become involved in the investigation.
- All safeguarding concerns must be escalated to the Compliance Director immediately. The Compliance Director will lead the process and liaise with the professionals and organisations involved in the matter.
- On receipt of the concern MSI Group would work with the relevant authorities to ensure that the candidate's Professional Body is made aware, if appropriate.
- If the nature of the concern changes during the investigation and the LADO gives its permission for MSI Group to notify the candidate of the details/circumstances of the complaint MSI Group's complaints process would then begin.
- In circumstances where the concern is proven MSI Group will work with the relevant authorities to ensure that the relevant Professional Body and the DBS are made aware/updated. A permanent block would be entered onto the candidate's record on the Influence database to prevent the candidate from working through the Agency.

Next Steps – Professional Practice Complaints

- The Complaints Manager will send the complainant an email acknowledging the receipt of the complaint and may request further details or supporting information. The details of the complaint will be sent to MSI Group's Clinical Lead for review. The details of the complaint will be logged on the Complaints Tracker. Any additional information, for example, that the candidate is unable to return to the client while an investigation is ongoing, will also be actioned.
- The candidate will be contacted immediately by their consultant and informed of the details of the complaint. A statement will be requested from the candidate using MSI Group's Statement

of Events Form. In all instances the candidate is given the right to reply. Responses should be given in writing within 5 working days of notification.

- Dependent on the nature of the complaint and following review by the Clinical Lead, MSI Group may decide not to offer the candidate further assignments until the complaint has been satisfactorily resolved. The candidate will be informed of this immediately and a block placed on the candidate's Influence record. The Clinical Lead will inform the Complaints Manager whether the candidate is able to continue to work; this is logged on the Complaints Tracker.
- On receipt of the candidate's response, the Clinical Lead will review the statement and decide whether an investigation interview should take place. If this is required, the candidate will be asked to attend the investigation meeting.
- If the Clinical Lead deems that an investigation meeting is not required, the completed Statement of Events Form will be sent to the complainant by the Complaints Manager.
- Once the Clinical Lead has completed their investigation, they will provide recommendations. This will indicate what remedial action should be taken for example, additional or remedial training, a reflective account and/or a reflective professional discussion or referral to the candidate's Professional Body.
- The Complaints Manager or Consultant will contact the candidate and request that they complete the actions required by the Clinical Lead to resolve the complaint. If the candidate is required to be referred to their Professional Body, the Complaints Manager will inform the Compliance Director who will action the referral. This will be updated on the Complaints Tracker and a block will be applied to the candidate's Influence record.
- At this point the candidate's statement and the Clinical Lead's report will be sent to the complainant for comment.
- MSI Group aims to resolve all complaints within 15 days of receipt. The Complaints Tracker is updated at all stages of the complaint process to ensure that the complaints are being processed in a timely manner. The Compliance Director reviews the Complaints Tracker on a weekly basis.
- Complaints are also monitored for emerging patterns. In cases where there are repeated complaints for the same behaviour or if a candidate receives 3 complaints, MSI Group will no longer offer them further assignments and may consider referring them to their Professional Body if applicable.
- The complaint will be deemed closed on receipt of an outcome from the complainant. If the complainant raises further issues these will also be addressed with the candidate.
- Once all details have been gained and finalised the Compliance Director will review the full complaint. If the candidate has not been offered assignments during the investigation a decision will be made whether to offer the candidate work via the agency.
- The Complaints Tracker will be updated to show that the complaint has been closed.
- Complaints about staff sleeping on duty and complaints about poor attitude towards other staff and/or patients are taken very seriously and will be investigated.

Unsuitability for an assignment

If a client confirms the candidate is not suitable to undertake the proposed Temporary Assignment the candidate must leave the shift when instructed to do so.

Complaints raised by a candidate about a client or about MSI Group:

In the event of a complaint being raised by an agency worker against a client or against an MSI Group staff member the following will be followed:

- Details of the complaint are requested in writing.
- The complaint is sent to the MSI Group complaints email address.
- The Complaints Manager logs the complaint on the Complaints Tracker and notifies the relevant Divisional or Team Manager to agree who will be responsible for dealing with the complaint.
- The candidate will be contacted, and the issue discussed and a resolution agreed if possible. If no resolution is reached a course of action will be agreed.
- If the complaint relates to a MSI Group member of staff, they will be informed of the complaint and required to provide a written account of the incident.
- Where appropriate the client named will be informed of the complaint.
- The complaint will be logged on the Influence database against both the candidate's and the client's file.
- If the complaint involves the candidate raising a concern about an incident or situation at their assignment, they will be asked for a statement which will be shared with a suitable person at the workplace. In certain circumstances, and depending on the nature of the complaint, the procedures outlined in the Company's Whistle Blowing Policy will be followed.

Support for candidates

MSI Group understands that when a health professional undergoes an investigation it can be a stressful time. All candidates are encouraged to contact their Trade Union for additional support. Support is also provided from our Clinical Lead where appropriate.

Timescale

- Confirmation of receipt of any complaint will be sent within 2 working days.
- Persons involved in the complaint to be informed within 2 working days of receipt of the complaint.
- Responses to complaints to be received within 5 working days (max up to 8 working days from initial receipt of complaint).
- Complaints to be resolved within 10 working days of receipt of the complaint unless further investigation is required by third party organisations.

Tracking & Monitoring Complaints

- All complaints will be directed to the Complaints Manager who is responsible for logging each incident on the Complaints Tracker.
- The Complaints Manager will oversee the complaints process and ensure timescales are adhered to.
- The Complaints Tracker is reviewed weekly and monthly by the Compliance Director to identify any trends or patterns which may otherwise be missed.
- All complaints are also logged on the company database against the candidate and client involved. This information will be reviewed monthly to ensure that it correlates with the Complaints Tracker.
- Should any trends or patterns be noted, the Compliance Director will agree a course of action to address the issue.
- If necessary, the Compliance Director will seek guidance on how best to address an issue from relevant third parties.

Satisfaction

If the complainant or the person that the complaint has been raised regarding is not satisfied with the way in which the complaint has been handled/resolved they are encouraged to write to the MSI Group's Managing Director. At this stage, should they still not be satisfied they are advised to write to the REC, which is the recruitment trade association of which MSI Group is a member. It should be marked for the attention of the Consultancy and Compliance Team, REC, Dorset House, 1st Floor, 27 – 45 Stamford Street, London, SE1 9NT.

Raising Concerns (Whistleblowing)

The purpose of this policy is to enable locums to raise concerns and to protect them from retaliation in the form of adverse treatment for disclosing what the locum believes evidences malpractice or concern.

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

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

Disclosing

Locums are encouraged to raise their concerns internally with the client where they are attending an assignment. Any disclosure will be protected under the Public Interest Disclosure Act (1998) if the person raising the concern has an honest and reasonable suspicion that wrongdoing has occurred (or is likely to occur).

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

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

MSI Group's Responsibility

MSI Group will never ignore the legitimate concerns, nor will it seek to impose any detriments upon them in the form of:

- Removal from the register
- Suspension from assignments
- Negative performance evaluation
- Reassignment of duties

Any disclosure will be handled in accordance with the MSI Group Complaints Policy, the Public Interest Disclosure Act, and any other relevant legislation.

Substance Abuse

In this section, 'substance abuse' refers to the use of alcohol, illegal drugs and the misuse, whether deliberate or unintentional, of prescribed drugs and substances such as solvents. Alcohol or drug misuse can harm the user physically and mentally and, through the user's actions, can harm other people and the environment.

Our clients have a general duty under the Health and Safety at Work Act to ensure, as far as is reasonably practicable, the health, safety and welfare of locums. A client cannot knowingly allow a locum under the influence of any substance to continue to work as; this may place the locum and others at risk.

Locums have a responsibility not to attend work under the influence of any substance likely to have any potentially detrimental effect on themselves or others and are therefore expected not to do so.

Equality and Diversity

As an organisation MSI Group 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 Thames 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. MSI Group expects 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

Complaints procedure

Wherever possible, a locum who believes that he or she has been the subject of harassment should raise a complaint with their 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 a senior manager or seek help HR or a staff representative.

All complaints should be handled urgently, seriously and confidentially.

If an investigation reveals that a complaint is valid, prompt action will be taken to stop the harassment immediately and prevent reoccurrence.

Locums shall be protected from intimidation, victimisation, 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 MSI formal Complaints Procedure and this should be exercised if the locum feels that the problem has not been satisfactorily resolved.

Equal Pay

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

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

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

Fraud

Fraudulent behaviour takes many forms and can be carried out by different people: patients, professionals, managers and contracted agencies and businesses. If you provide false information you may be liable for prosecution.

The following lists common examples of fraud committed in the NHS:

- Falsely claiming for hours not worked
- Claiming sick pay when you are not ill or travel expenses for journeys not undertaken
- Working whilst on long term sick leave
- Falsifying qualifications and work experience
- Failing to declare criminal convictions
- Falsifying records in order to steal NHS property

- Pharmaceutical fraud by companies overcharging for their products or supplying inferior products
- Overcharging for contracted services
- Falsifying training certificates in order to gain work in the NHS

Reporting fraud

If you have concerns about a suspected fraud and wish to report this, please use this link to complete NHS Protect's online reporting form:

<http://www.reportnhsfraud.nhs.uk/>.

All information provided via this secure website is completely confidential.

Alternatively, please call NHS Protect's reporting line on: 0800 028 40 60 (between 8am and 5pm, Monday to Friday).

AWR

Agency Worker Regulations came into force on October 1st 2011, giving agency workers the entitlement to the same basic employment and working conditions as if they had been recruited directly. You will be entitled to access certain facilities and information on job vacancies from day 1 of your employment with a client whilst other entitlements are realised after you have completed a period of 12 weeks in the same post at the same location.

Day 1 rights

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

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

Week 12 rights

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

Calculating the 12 week qualifying period

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

You do not need to work for one specific agency during this time. If you are placed at a hospital by several agencies all your weeks will accrue towards your 12 week qualifying period. You are not legally obliged to declare time worked at a location.

If you work at several locations you will start accruing AWR for all the locations at which you work.

The Qualifying Clock

Because the working patterns of agency workers can be irregular there are a number of circumstances in which breaks will not prevent you from completing the 12 week qualifying period. Certain breaks will cause the clock to be 'reset' whilst others will result in the clock being 'paused'.

Reasons for the qualifying clock to reset to zero:

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

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

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

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

Additional Information

Insurance against personal accident and illness

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

Counselling Service

Individual counselling can be arranged if required, please discuss this with your Recruitment Consultant. There may be a cost consideration that will be discussed prior to referral.

Comments and Suggestions

We are keen to hear from you as to how you feel our service works. You can provide this feedback directly to your recruitment consultant. This helps us to develop and improve our service and we appreciate any comments you may have.

Handbook Declaration

I hereby confirm:

- that I have read the MSI Group Handbook.
- that I have read and understood the guidelines, expectations and behaviours set out in the MSI Group Handbook.
- that I will maintain the standards and behaviours and will abide by the guidance set out in the MSI Group Handbook.
- that if I do not adhere to the standards, behaviours and client policy and procedures, MSI Group may no longer offer me further assignments.
- that I have read the Key Information Document relevant to my chosen pay type.

Signature	
Name	
Date	
Profession	
Professional Registration Number	

