



TXM HEALTHCARE NURSING CANDIDATE HANDBOOK FOR PLACEMENTS IN NORTHERN IRELAND

TXM Healthcare are a multi award winning national framework approved healthcare agency specialising in the placement of Healthcare Professionals in Northern Ireland, UK and Internationally.

WWW.TXMHEALTHCARE.CO.UK

TXM Healthcare 

WELCOME TO TXM HEALTHCARE

We appreciate your decision to collaborate with TXM Healthcare, a flourishing healthcare recruitment agency that has been operating since 2012. Our mission is to exceed expectations by delivering efficient, effective, and secure services to our clients and nurses, always striving to go 'The Xtra Mile.'

TXM Healthcare specializes in providing temporary nurse placements in a broad range of healthcare settings, including both public and private sector institutions such as NHS hospitals. As an NHS framework-approved agency, we are committed to maintaining the highest standards of quality. We are also proud to be registered with The Regulation and Quality Improvement Authority for Northern Ireland – RQIA.

To assist you in your role as a nurse for TXM Healthcare, we have provided all the necessary information in the Nursing Handbook. However, if you have any questions or suggestions for updates, please do not hesitate to contact our Northern Ireland Registered Manager, Ciaran Maynes, via email at ciaran.maynes@txmhealthcare.co.uk.

We sincerely hope that you enjoy working as an essential member of our TXM Community!

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HANDBOOK INTRODUCTION

Our handbook has been designed to support your induction and to provide you with guidance as to what to expect whilst working with TXM Healthcare. It should be read in conjunction with TXM terms and conditions.

We are committed to providing a quality service; therefore, it is essential that you read the nurse handbook and familiarise yourself with the information contained. This includes the guidelines and instructions about the minimum standards required when working with our clients in Northern Ireland.

This handbook outlines TXM Healthcare's policies and standards, however, you will also be expected to abide by the standards and policies of the regulatory body that you are registered with, including any local policies and procedures within the contracting authorities, as well as clients that you work for.

It is important that you understand everything covered within the handbook. If there are any points that you feel are unclear, or if you have any feedback on how we can improve our handbook for the next edition, please contact the TXM Healthcare team.

Please keep this handbook, as you may find the information useful as a source of reference now and whilst you are working for TXM Healthcare.

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

BEFORE YOU START WORK WITH TXM HEALTHCARE:

AVAILABILITY

TXM Healthcare's experienced recruitment team uses sophisticated systems to provide our nurses with the most up-to-date and relevant healthcare roles that are right for you.

As soon as our client assignment needs are received by us, nurse work will inevitably go to nurses who have provided us with their availability for work. Therefore, it is important that you provide us with up-to-date contact information - including your mobile telephone number and e-mail address - enabling our team to contact you at short notice to send you details of available assignments.

Nurses join our agency for a variety of reasons. We enjoy working to your needs and with this, we aim to:

- Get to know you and know what your individual work needs are.
- Support you in your work assignments to ensure that you are successful and enjoy your placement.
- Provide you with relevant information to enable you to deliver an excellent standard of service, and ultimately, excellent patient care.
- Communicate regularly with you via telephone, e-mail, newsletters, and media messaging to ensure you are fully up-to-date and informed about attractive opportunities for work.

Additionally,

- Self-booking is certainly permissible and is welcomed by some clients. However, you should ensure you inform us before working the shift, giving appropriate reference numbers where applicable so that your timesheet(s) can be processed correctly. This is important as we are required to maintain our compliance records and knowing where and when you are working helps us to ensure we give you the best possible service.
- If you prefer to self-arrange your nurse work, you will be required to keep your compliance records up to date. TXM Healthcare is happy to assist you with this through regular communications, but we require nurses to engage and provide us with the information requested promptly. Clients sign off bookings, meaning we can offer no guarantee of allowing your booking to be processed via our agency if non-compliant. Please also note some Clients set a time limit by which invoices can be processed. It is not advised to store timesheets for a long period of time as the trusts may refuse to process them after a prolonged period.
- The process of reaching and maintaining your compliance in line with the Government legislation and Client requirements is managed by our excellent compliance team. We work with you to ensure your applications are processed efficiently and accurately to maintain nurse records at a fully compliant status.

‘With process at the heart of everything we do, you can be assured when working with TXM Healthcare, you’re in safe hands.’

TXM Healthcare - Compliance Manager

COMPLIANCE AND MAINTENANCE

PROFESSIONAL REGISTRATION & QUALIFICATION CHECKS:

As part of our process, you will have your registration and fitness to practice checked with the regulatory body in line with the role for which you have applied, prior to the start of each new assignment. The checks will ensure that you:

- Have the necessary skills, clinical competence, and qualifications for the job that you are applying for.
- are registered with the relevant regulatory body (if applicable to the role) and meet the required standards of training, competency, and conduct to practice safely in your chosen profession.

Checks will only be done on qualifications and professional registrations required for the position being applied to demonstrate that you have the appropriate clinical expertise in line with the role. When you registered with us, you will have been asked to provide your registration number and confirm your consent for us to check your registration in writing prior to each assignment. It will also be a condition of your engagement/employment that should your registration be suspended, your assignment/employment will be terminated, and you will be excluded from the work for which the registration is required unless it is reinstated.

BEFORE APPOINTING YOU, WE WILL CHECK THAT:

- You are the person registered with the regulatory body, and you are actively registered to carry out the proposed role.
- There are no restrictions on your registration that may affect your ability to undertake the duties of the proposed role.
- There are no pending investigations on your fitness to practice by the regulatory body.

All qualifications that are essential to the role applied for will also be validated prior to the assignment (except those that have already been checked by the regulatory body as part of their process; in which case the above professional registration check will confirm that these are valid).

For all other clinical qualifications, we will request the original certificate and check that the details on the certificate match the details that you have provided on the application form. We will also check basic security features, the presentation of the document, and contact the awarding body/UK ENIC to confirm your attendance, course details, and grade awarded. Qualifications obtained overseas will be checked to confirm the qualification exists, that it is equivalent to the stated UK qualification, and that you are the holder of the qualification. Again, these checks will be validated directly with the awarding body/UK ENIC.

Should the qualifications check produce a result that contradicts the details you have provided, we will check if there is a reasonable explanation and address any concerns directly with you. If the check reveals substantial misdirection, we will report it to the regulatory body and the NHS fraud and corruption reporting line.

PROFESSIONAL CODES OF CONDUCT

To practice in the UK, all healthcare nurses must hold a registration with the NMC/HCPC with a license to practice and must always abide by their codes of professional conduct. Nurses not adhering to the standards required may be removed from the register and will not be eligible to practice.

OCCUPATIONAL HEALTH REQUIREMENTS

TXM Healthcare is required to ensure you undergo comprehensive occupational health screening and have current health clearance/immunisations/test results in accordance with the latest Department of Health guidelines before we can send you to your first assignment. Thereafter we will carry out a further work health assessment annually, or if:

- You move to a new job within a different Client or NHS organisation.
- You move to a different job within the same organisation, but the nature of the work you are undertaking changes significantly (e.g., You are required to carry out EPP procedures for the first time)
- You are returning to work following a serious injury or illness to ensure you can return to your duties safely.
- You spend a period of 3 months or more outside of the UK.
- You have a change in your medical status that would require an assessment.

In this instance, this process is very straightforward and is described below:

TXM Healthcare will ask you to complete an occupational health questionnaire, and this will be forwarded together with your immunisations and test results to our occupational health provider.

They will evaluate the file and, if satisfied, will issue us with a “certificate of fitness for placement” which is usually valid for 1 year, unless you are completing a course for the requested immunisations.

If they are not satisfied, they will ask us to request additional proof of immunisations from you, and if they are happy with this, they will issue a certificate of fitness for placement.

One month before this expires, we will contact you to repeat the process.

FITNESS TO PRACTICE

You should inform the client, and TXM Healthcare if you become injured or diagnosed with any medical condition.

You must also let us know if you are pregnant. If you are concerned that your assignment involves unnecessary risks to your health or fitness or that of your unborn child, please do not hesitate to contact us.

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

FITNESS FOR ASSIGNMENT(S)

You are responsible for ensuring that you are fit to carry out assignments that you have accepted, and you will be asked to declare this at the start of each booking. This is a requirement of the hospital/trust/client you are placed with. You will be deemed unfit to work if you are suffering from any of the following conditions:

- **Vomiting**
- **Diarrhoea**
- **Rash**

If you are taken ill, are injured, or diagnosed with any medical condition, and are therefore unable to attend or complete your placement, it is then your responsibility to contact your TXM Healthcare Recruitment Consultant as soon as possible to allow them enough time to source a replacement.

We may ask you to be reviewed by a GP, Doctor, or Occupational Health dept prior to your return to commencement.

EXPOSURE PRONE PROCEDURES

You will be asked to declare in the initial questionnaire whether you wish/intend to work in EPP areas. EPP is strictly defined as “invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient’s open tissues to the blood of the worker.” These include procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips, or sharp tissues (e.g., spicules of bone or teeth) inside the patient’s open body cavity, wound, or confined anatomical space where the hands or fingertips may not be always completely visible. However, other situations, such as pre-hospital trauma care, should be avoided by nurses restricted from performing exposure-prone procedures, as they could also result in the exposure of the patient’s open tissues to the blood of the worker.

For those who wish to undertake EPP work, the immunisation criteria are more rigorous. If you are new to EPP, you must provide added evidence of screening issued within the last two years for the following blood-borne viruses prior to undertaking EPP:

- Hepatitis C Core Antigen
- HIV Dual
- Hepatitis B Surface Antigen (even if you are immune, following vaccination)

If the screening took place more than two years ago, further screening must be undertaken. Satisfactory evidence would include:

- Your most recent pathology report containing a negative result.

Even if you have clearance from elsewhere (such as the hospital you currently work in), all nurses are automatically considered as ‘New’ to the NHS due to the nature of risk involved with nurse work - you will therefore still be required to provide documentary evidence detailed here.

Nurses who have been absent from EPP areas for a period - e.g., those who have been exposed through work in other occupational environments or may have spent time working abroad, in countries with a high incidence of blood-borne viruses (BBV) - must undertake additional screening.

The additional testing for EPP workers need only be a one-off screening but thereafter, nurses have a professional obligation to seek appropriate guidance if they suspect they have been exposed to any BBV. All blood samples, supplied for the purpose of EPP testing, must be identification validated samples (IVS).

The nurse should show proof of photographic ID – an up-to-date driver's licence, passport, or national identity card – when the sample is taken.

- **ACCESS NI - Enhanced criminal record disclosure** An enhanced check contains the same information as a standard check and police records held locally. To work with children and vulnerable adults, the check may include information held by the Disclosure and Barring Service (DBS)

The nature of the work that you have applied to undertake is likely to have regular contact with vulnerable adults and young people, and for this reason, it is necessary for us to carry out a criminal records check (e.g., an Access NI check in Northern Ireland, including checks of the adults and children's barred lists)

We will comply with all codes of practice together with the Data Protection Act 2018/GDPR to ensure the correct processing, use, storage, retention, and disposal of this information (see Appendix 2 for the Access NI policy statement).

For Northern Ireland, an Access NI will need to be applied. TXM Healthcare will complete the first part of your application and then you will receive an email from our supplier who acts as a counter-signatory for all disclosure applications.

Please note, that having a criminal record will not necessarily debar you from working with us. This will depend on the nature of the position, together with the circumstances and background of your offences or other information contained on a disclosure certificate or provided directly to us by the police.

If applicable, you will also be requested to provide overseas police checks as part of the recruitment and vetting process prior to assignment or re-engagement if you have left the country for a period of 3 months or more.

DISCLOSING CONVICTIONS AND THE REHABILITATION OF OFFENDER'S ACT (1974)

As a nurse, you must complete an enhanced criminal record check. Due to the nature of the work for which you are applying, the provision of section 4 of The Rehabilitation of Offenders Act 1974 does not apply. The amendments to the exceptions order 1975 (2013) provide those certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be considered.

Having a criminal record will not necessarily debar you from working with the company. Denial or non-disclosure of any conviction or caution, which is subsequently shown to exist, will, however, lead to your immediate removal from TXM Healthcare's register. Any nurse with convictions/cautions will be asked to prepare a "Confidential" statement of events surrounding each conviction/caution. Positive disclosures are reviewed by the Compliance Manager. Due consideration is given to the nature of the role, together with the circumstances and background of any offence and overriding consideration is to the care, safety, and protection of patients and clients. TXM Healthcare is bound by the disclosure body's code of practice, and we guarantee that the information will be treated confidentially.

CRIMINAL CONVICTIONS/CAUTIONS

TXM Healthcare is an equal opportunities organisation and as such, undertakes to treat all nurses fairly and not to discriminate on the basis of conviction or other information revealed. Having a criminal record will not necessarily debar you from working with TXM Healthcare. You will be asked at the point of registration whether you have been convicted of a criminal offence, been bound over or cautioned, or whether you are currently the subject of a police investigation which might lead to a conviction or an order binding you over in the UK or any other country. If you respond positively, you are required to provide additional information including the approximate date, the offence, and the authority and country that dealt with the offence. Denial or non-disclosure of any conviction or caution, which is subsequently shown to exist, will lead to immediate removal from the TXM Healthcare register.

POLICY ON RECRUITMENT OF EX-OFFENDERS (SEE APPENDIX 3 FOR NORTHERN IRELAND)

Our written policy on the recruitment of ex-offenders is included below to ensure it is made available to all disclosure applicants at the outset of the recruitment process. As an organisation using Access NI to assess

Nurses' suitability for positions of trust, TXM Healthcare complies fully with the Access NI code of practice and undertakes to treat all nurses for positions fairly. It undertakes not to discriminate unfairly against any subject of a disclosure based on a conviction or other information revealed. TXM Healthcare is committed to the fair treatment of its staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependents, age, physical/mental disability, or offending background. We actively promote equality of opportunity for all with the right mix of talent, skills, and potential and welcome applications from a wide range of nurses, including those with criminal records. We select all nurses for an interview based on their skills, qualifications, and experience. A disclosure is requested as part of our thorough risk assessment and relevant to the position concerned.

All application forms and recruitment briefs will contain a statement that a disclosure will be requested. Disclosures form part of our recruitment process; we encourage all applicants called for an interview to provide details of their criminal record at an early stage in the application process. We request that this information be sent under separate, confidential cover, to a designated person within TXM Healthcare and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

The nature of the position allows TXM Healthcare to ask for details about a nurse's entire criminal record in line with Access NI filtering guidance as defined in The Rehabilitation Offenders Act 1974. We ensure that all those in TXM Healthcare who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders e.g. The Rehabilitation Offender's Act 1974.

MAINTAINING COMPLIANCE

The process of reaching and maintaining compliance with government legislation and client requirements are managed for you by our compliance team, who work with our local branch Recruitment Consultants initially to ensure that all new applications are processed efficiently and accurately to maintain each nurse's records at full compliance – ensuring that you never find that you are unable to work in a particular area because an item in your file is missing or has lapsed.

Once your recruitment file, including qualifications, references, health, and training has been established, you will be offered work. We will alert you whenever any of your documentation requires updating, and you should immediately take steps to ensure that these items are updated. Once a document has expired, you will be required to stop working immediately. In the case of annual training, a refresher course should be booked in good time to ensure no gaps in your work offerings.

Please contact your consultant if you require any assistance.

APPLICATION FORM

All nurses are required to complete a TXM Healthcare application form before their placement commences with the Client. Within the application, you will accept TXM Healthcare's terms and conditions. Some information will need to be updated annually to maintain your compliance.

CURRICULUM VITAE (CV)

We will request a full CV from you at the point of registration. CVs must cover full employment history from leaving education to the present day with employment gaps of one month or more explained.

FACE-TO-FACE INTERVIEW

Upon receipt of your completed application form and CV, TXM Healthcare will arrange a face-to-face interview with you at your convenience. The purpose of this interview is to help us assess, select, and place you for work appropriate to your qualifications, competencies, clinical experience, training, and skills. A record of this interview will be maintained on your file.

There may also be instances where a client would like to interview you or perform a health assessment prior to you commencing as a nurse with them.

They may refuse to allow you to provide services to them until such an interview or assessment has taken place. We will endeavour to assist you, where possible, if such an interview or assessment is requested but urge you to attend if possible.

Clinical interviews: in relation to the contracts we hold, all nurses, are required to undergo a clinical interview to be signed off by TXM Healthcare clinical nurses. If you are unable to attend your interview and you fail to provide adequate notice of cancellation (at least 24 hours, you will be liable to pay any cost incurred by TXM Healthcare because of your late cancellation.

ID BADGE

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

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

Badges must be returned to us on termination of your employment with TXM Healthcare.

If you lose your ID Badge, please contact the TXM Healthcare Governance and Assurance Director as soon as you become aware. Please note a lost ID Badge is a security risk so must be treated with the utmost importance and be reported immediately.

INSURANCE GUIDELINES

All TXM Healthcare nurses are responsible for their own actions, errors, or omissions at work. You are therefore strongly encouraged to take out personal accident, malpractice, and public liability insurance policies appropriate to your needs which will provide adequate cover. If you are a member of a defence body, you should check any cover levels included with your membership.

CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST)

The CNST, administered by the NHS litigation authority (NHSLA), provides an indemnity to members and their employees in respect of clinical negligence claims arising from events which occurred on or after 1st April 1995. It is funded by contributions paid by member trusts and is often equated to an in-house mutual insurer. For more information on the NHSLA, please visit their website www.NHSLA.Com

PUBLIC LIABILITY

TXM Healthcare has public liability insurance on behalf of all its nurses giving cover for claims of up to £10 million in any one year. Written details confirming the insurance cover can be obtained from the TXM Healthcare company secretary. The cover applies to all nurses. It covers public, products, professional and medical liability but does not cover you for personal injuries or death.

PROFESSIONAL INDEMNITY (PI) COVER

Whilst working within the NHS you are covered under the Clinical Negligence Scheme for Trusts (CNST). It is important to realise that the cover offered by the CNST is by no means sufficient to cover all the situations in which you may find yourself.

The regulatory bodies stipulate that registrants must make sure that they have adequate and appropriate insurance or indemnity arrangements in place covering the full scope of their practice in the UK. The cover required is very much dependent on an individual's specific circumstances and must be in place by the time you begin to practice. We, therefore, advise that you take Personal Professional Indemnity Insurance cover prior to commencing work assignments. We will ask for a copy of your certificate if you have such cover.

INSURANCE AGAINST PERSONAL ACCIDENTS AND ILLNESS

You will only be paid for work that has been undertaken. If for any reason you are unable to work, TXM Healthcare accepts no liability for remuneration relating to the loss of earnings. The normal risks which prevent nurses from working are accidents (either at work or at home) or illness. You are advised to seek and obtain insurance cover against such risks and at a level that protects your income during periods when you cannot work.

TXM Healthcare advises you to seek the services of an independent financial advisor to discuss any cover requirements you may seek.

MOTOR INSURANCE

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

WORKING ON ASSIGNMENT WITH TXM HEALTHCARE

INDUCTION

TXM Healthcare is committed to ensuring you are properly inducted prior to starting work. We will ask our clients to provide information that is relevant to your role at the time of booking. We try our best to get this information to you prior to your arrival.

Each assignment location that you may work in will have its local policies and procedures and it is very important that you make yourself aware of these upon your first visit.

TXM Healthcare as part of this booklet has provided a clinical induction checklist to assist you in finding out key information when visiting a Client/Hospital/Trust for an assignment. You can use this form for multiple sites and retain individual copies for your future reference.

Nurses must be aware of the location of emergency equipment. If this induction does not take place, you must inform TXM Healthcare immediately.

GENERAL OBLIGATIONS

When on an assignment as a nurse with TXM Healthcare, you will be working on a client premise. In the lead-up to your assignment and whilst on a client/trust/hospital premise we ask that you always abide by the following instructions:

At all times you must:

- Behave in a way that upholds the reputation of your profession and TXM Healthcare.
- Follow the premise instructions and all reasonable requests from the Client/Trust/Hospital.
- Familiarise yourself with and follow individual client-documented policies and procedures.
- Pay special attention to punctuality and undertake tasks assigned to you promptly and diligently.
- Conduct yourself in an appropriate and professional manner.
- Follow confidentiality requirements and act in an honest and integral manner.

NURSES MUST COMPLY WITH ALL LEGISLATION, REGULATIONS, AND GOOD PRACTICE STANDARDS INCLUDING:

- Abide by the Working Time Regulations 1998
- Keep Client and Patient information confidential (including but not limited to Patient Identity, Clinical Conditions, and Treatment) and abide by the General Data Protection Act 2018 and GDPR.
- Meet all requirements of the Equality Act 2010 and not discriminate unlawfully for any reason.

INFORMING TXM HEALTHCARE WHEN YOU ARE UNABLE TO ATTEND WORK.

TXM Healthcare requires you to please call us as soon as possible if you are unable to attend work. Please call Tel: 01908 326 400. TXM Healthcare operates a 24/7 On call service.

ENGAGEMENT AND EMPLOYMENT

TXM Healthcare conditions of engagement include a substantial requirement that the client/trust/hospital pay TXM Healthcare an appropriate recruitment fee should the client employ directly any TXM Healthcare nurse who has worked for the client previously via TXM Healthcare. This applies equally whether the work is on a temporary, permanent, full time or part-time basis.

You are required by the terms and conditions to notify TXM Healthcare if you take up any post with a client/trust/hospital of TXM Healthcare for whom you have worked previously regardless of your current membership status with TXM Healthcare and without exception.

JOB DESCRIPTION

Full details of the band, specialty, any sub-specialties, hours of work, on-calls, and any other details specific to the post will be provided to you prior to the time of booking. Full details will be provided for substantive and long-term positions.

TXM Healthcare will request their clients to provide details of induction and orientation training, this information will be passed to you.

ON ARRIVAL AT YOUR ASSIGNMENT, YOU MUST

- Arrive promptly, be punctual, and note any reporting instructions within your assignment information.
- Identify your supervisor on arrival and establish what your duties will be whilst on assignment.
- Provide your proof of original ID to your supervisor at the beginning of your first shift and your TXM Healthcare-issued photo ID badge.
- Wear a freshly laundered uniform or dress in line with the client's uniform policy, if there is no local policy, please refer to TXM Healthcare's uniform policy contained in this handbook.
- Orientate yourself with the environment and ensure you comply with relevant health and safety instructions and requirements and other client policies and procedures. Induction checklist.
- Obtain information regarding fire procedures, onsite security, information security, crash call procedures, "hot spot" mechanisms, and "violent episode" policies prior to starting to deliver the service.
- Familiarise yourself with the patients you will be caring for.

PROFESSIONAL BOUNDARIES

TXM Healthcare expects nurses on assignments to maintain clear professional boundaries:

- You must refuse all but the most trivial gifts, favours, or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment or bribery.
- You must not ask for or accept loans from anyone in your care or anyone close to them.
- You must act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including the people in your care.
- You must never use your professional status to promote causes that are not related to health.

WHILST ON ASSIGNMENT YOU MUST

- Have the care, well-being, and safety of the patients and the client as your first concern and treat patients, visitors, and colleagues with dignity, courtesy, and respect with due regard to the age, gender, race, religion, and physical/mental condition.
- Work as directed by your supervisor and follow all requests, instructions, policies, procedures, standards, and rules of the client.
- Always adhere to the health and safety requirements of the client/trust/hospital.
- Comply with the information contained in the Royal Pharmaceutical Society guideline: "Professional guidance on the administration of medicines in healthcare settings" and in this handbook.
- Work collaboratively and communicate effectively with the client's clinical staff and departments.
- Be flexible and follow all reasonable requests, instructions, procedures, and rules of the client, including accepting alternative duties as required; providing you are clinically competent and trained to do so. Should you be asked to accept alternative duties, please contact us immediately to advise us of the changes being requested. We can confirm that all appropriate checks have been completed to allow you to undertake the work being requested compliantly and safely. Please note – assuming you meet these compliance and safety standards, you will be expected to accept alternative duties on request. If we are advised by the client that you have failed to accept them, we reserve the right to terminate your assignment with immediate effect unless you are being asked to do something that you are not trained or competent to do. We would not want a nurse to operate outside of their trained skill set.
- Observe the highest standards of hygiene and infection control in line with client procedures and use protective clothing as appropriate to the duties being performed.
- Always wear your valid photo ID badge on client premises.
- Always communicate clearly and effectively with the client's staff, other healthcare workers, patients, carers, and the general public.
- Ensure your handwriting is always legible.
- Report any complaints, incidents or accidents witnessed to your supervisor (and if you are involved in them also to TXM Healthcare).
- Not falsify records, timesheets, or expenses or attempt to defraud the client or patients in any way.
- Complete timesheets accurately and ensure they are signed by the client's approved representative.
- Report immediately any concerns about possible fraud to your supervisor and TXM Healthcare.
- Not solicit or accept bribes or gifts or fail to account for monies or property received in connection with performing your duties.
- Report if you are being treated unfairly or inappropriately during the assignment to your supervisor and to TXM Healthcare.

- Do not act in a manner likely to bring the client into disrepute including but not limited to discrimination, verbal or physical abuse, threatening behaviour, harassment, bullying or otherwise being uncivil to any person you encounter whilst on assignment.
- Not at any time be or appear to be under the influence of alcohol or drugs or be in possession of a firearm or other offensive weapon.
- Notify TXM Healthcare immediately if you are charged or cautioned with any criminal offence after your enhanced Access NI check has been undertaken.
- Notify TXM Healthcare if you are under investigation or suspended by the professional/regulatory body immediately.
- Participate cooperatively in the investigation of any clinical complaint either during the provision of the service or subsequently.
- Advise us if your contact details change.

AT THE END OF THE ASSIGNMENT, YOU MUST

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

MOBILE PHONES

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

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

When on assignment you must:

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

There are several complex issues that can arise out of the use of mobile phones to protect the interests of clients you must not:

- Give your contact number to the client.
- Disclose the telephone numbers of other agency workers to clients/patients/service users.
- Use your mobile phone to photograph clients or patients.
- Create or send mobile messages that make comments or statements that could in any way be contrived to be defamatory.
- Create or send mobile phone messages containing photographs and images of patients/ clients or service users.
- Must not send a patient or client identifiable information via social media sites such as WhatsApp, Facebook Messenger, etc.

SOCIAL NETWORKING

Social networking has the potential to put yourself, patients, clients, and TXM Healthcare at risk.

Key points to remember:

- Social Media interactions can blur the lines between a professional and personal relationship. Workers must ensure they always remain professional when dealing with service users /patients and clients.
- The ethical and legal duty to protect service users/patients/clients' confidentiality applies equally on the internet.
- It is highly inappropriate to post informal, personal, or derogatory comments about service users/ patients and clients on social media.
- In the interest of personal safety workers should not accept

TIMEKEEPING, HOURS & ABSENCE REPORTING:

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

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

If for any reason you are unable to attend a booking, you must contact us at least 4 hours before your shift start time. Please note that if you repeatedly cancel a shift less than 4 hours before the shift start time or repeatedly fail to attend a shift that you have previously committed to, you will be subject to disciplinary action on a 3 strikes basis as follows:

- First offence – verbal warning.
- Second offence – written warning.
- Third offence - assignment terminated and removal of your details from our database.

UNIFORM, APPEARANCE & JEWELLERY

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

Traveling to and from assignments; white coats or any other uniforms should not be worn outside of the Trust/Hospital and in many cases outside of the department you are working in. You should check the department's policy.

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

HAIR

Hair should be worked in a style that does not allow it to fall in front of the face or require frequent readjustment.

NAILS

Nails should be clean, short, and varnish-free. False nails and gel nails are not permitted.

SHOES AND FOOTWEAR

Footwear should be enclosed or have an enclosed toe and heel strap. Shoes should have low, wide heels and a soft non-slip sole. Fabric shoes should not be worn.

HYGIENE

Please always maintain a high standard of personal hygiene. You will be expected to follow NHS Clinical guidelines.

SMOKING & VAPING

Under health and safety legislation, TXM Healthcare has a legal responsibility to protect the health and safety of everyone in the workplace. The Health Act 2006 implements new rules regulating smoking at work in England with effect from 1st July 2007. The legislative changes mean that smoking is illegal in certain wholly or substantially enclosed public places and it is an offence to smoke in 'no smoking premises' or to knowingly permit smoking in 'no smoking premises'.

You are therefore not permitted to smoke except in places where it is expressly permitted (including the use of VAPE / E-Cigarettes)

Please remember that if you smoke the smell remains on your hands and clothing which many people find offensive.

INFECTION PREVENTION & CONTROL:

Many infectious diseases are easily spread. Infection is a major cause of illness, and all staff should seek to reduce the likelihood of infection through the implementation of effective control measures through formalised procedures and policies.

SOURCES OF INFECTION

- Organic matter - excreta/blood/body fluids/exudate from wounds and lesions.
- Stagnant fluids.
- Equipment - air conditioning humidifiers/ventilators.
- Water system - sinks/taps/pipes/drains.

ROUTE OF SPREAD

- Direct contact - hands/surgical dressings.
- Airborne - organisms in dust/skin scales.
- Droplets - aerosols/sneezes, coughs, etc. From infected persons.
- Inhalation – nebulizers.
- Food borne - contaminated food/outdated foodstuffs.
- Blood borne - hepatitis b/needle-stick injury/spillage of contaminated body fluids.
- Insect borne - ants/flies /mosquitoes/cockroaches, etc.

Routine control procedures are in place as precautions for the spread of infection. The following basic procedures will be promoted as basic infection control requirements:

Handwashing will be carried out using unperfumed liquid soaps and/or chlorhexidine-based hand scrubs, as required.

All wounds/moist skin conditions will be covered by a waterproof dressing without visible air holes. Blue dressings will be used by kitchen/food handling staff.

Staff with open sores or moist lesions on the hands will not be permitted to dress wounds or deal with invasive nursing procedures or clinical waste.

Safe injection technique - will be carried out only by properly trained and experienced qualified staff.

Urinary catheterisation - will be carried out by properly trained and experienced qualified staff to a documented nursing procedure.

Clean clothes should be worn daily to avoid contamination.

Disposable protective clothing should be worn to treat one patient and then disposed of safely using the correct clinical waste bags to avoid cross-contamination.

CLIENT POLICIES AND PROCEDURES

You are required to adhere to the policies and procedures issued by the client. Please ensure that you are advised at induction of where these are kept.

We also have a range of key policies and procedures, in addition to those outlined in this handbook. If you have any questions about policies and procedures, please discuss these with your consultant as soon as possible.

Should any conflicts or confusion arise during your working assignment with regards to the interpretation of policies and procedures you must seek advice from a senior member of staff or contact us at the time the conflict is occurring. If at any time you believe you are being compelled to compromise your integrity and are instructed to breach your code of professional conduct, then you should seek guidance immediately. Always remember that you are personally and professionally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or direction from another professional.

PATIENT RECORD KEEPING

Record keeping is a professional requirement. Failure to maintain records could cause considerable difficulties (e.g. if there were allegations of negligence). Information is essential to the delivery of high-quality evidence-based health care and is critical to clinical decision-making and patient care.

Any omission or commission of care and refusal of treatment and advice must be noted. It is advisable to note when telephone contacts are made. It is imperative that the nurse dealing with a particular patient on a specific day can be identified. This means the patient's attendance is dated and signed either in the agency worker's records or on a register, or both.

SPECIFICALLY, RECORDS MUST

Contain clear, accurate, current, comprehensive, and concise information concerning the condition and care of the patient and associated observations.

Be signed, timed, dated, and written as soon after the event as possible.

Include the chronology of events and reasons for any decisions made.

Identify problems that have arisen and take action to rectify them.

Be written in terms that other members of the clinical and care team and relatives of the patient will be able to understand. Do not include abbreviations.

Ensure that alterations have a single line through them, and amendments are initialled by whoever made the change.

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

SECURITY

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

EVALUATION OF SERVICE

At the end of every assignment TXM Healthcare will request feedback from the client on the service they have received from us and to provide a reference on the nurse.

PAY AND BENEFITS

FINANCIAL SECTION

Your status as 'the agency' nurse is that of an 'agency worker.' This is important in relation to your employment rights and state benefits you may or may not be eligible for. However, 'the agency' is required by law to treat you as though you are employed for the purposes of PAYE and Class 1 national insurance contributions only.

KEY INFORMATION DOCUMENT (KID)

This new regulation will take effect on 6th April 2020. From this date, all nurses must be given a key information document before agreeing on terms with an employment business. In practice this will mean that the key information document will be one of the first things they receive. The regulation does not apply to agency workers with existing terms with an employment business, but they will be entitled to a key information document when they sign up with a new employment business.

The key information document is intended to improve transparency of information for agency workers, particularly around pay. It will give agency workers more immediate access to key pay-related information before agreeing terms with an employment business and a clear idea of how any fees and deductions will affect their pay. This will only be an example template of earnings.

For more information, please visit website:

[Providing a 'Key information document' for agency workers: guidance for employment businesses - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/providing-a-key-information-document-for-agency-workers)

PAYMENT OPTIONS

There are four ways nurses can be paid:

1. The PAYE system as an individual
2. Through a limited company (UK based)
3. Through an umbrella company (UK-based)
4. Through an umbrella company (PAYE) (UK based)

We recommend you seek independent advice regarding which is the most appropriate way for you depending upon your personal circumstances. Speak to your recruitment consultant if you are unsure of whom to contact as they will have information on several different companies you can use.

We have an obligation to confirm the tax status of all nurses working through TXM Healthcare, either directly with us under our PAYE reference or through a third party e.g., a private service company, or umbrella company.

More recently several trusts have indicated their preference to pay nurse nurses directly, rather than via the agency introducing the nurse. Your recruitment consultant will advise you if a trust you are being put forward to work for uses this “direct engagement” model. You will also be advised at confirmation if there are any trust-specific cut-off times for receiving authorised timesheets.

To enable us to maintain the necessary records required by HMRC and to keep them accurate we will request the following from you on an annual basis:

Umbrella company: a statement from the umbrella company as to how they comply with the HMRC tax and NI legislation and payment of all liabilities.

PRIVATE SERVICE COMPANY

A copy of the audited accounts and corporation tax computations certificate along with a statement from the company as to their compliance with employee/employer tax and NI liability. Please note that TXM Healthcare is now legally required to supply details of all nurses where we do not operate the PAYE on the nurse's payments, under the following categories - self-employed; partnership; limited liability partnership; limited company; non-UK engagement or where another party operates PAYE on the nurse's payments. This information will be required on a quarterly basis.

We also require our nurses (or relevant limited company/umbrella company) to have a UK bank account and to confirm that they do not use any offshore employment intermediaries and that those nurses utilising a limited company only use companies registered in the UK.

Note that TXM Healthcare does not accept all nurses who wish to be paid on a “self-employed” basis but can provide advice and help on alternative payment methods (limited company or umbrella company for example). Changes in legislation have resulted in recruitment agencies being required to provide documentary evidence to demonstrate workers wishing to be supplied on a “self-employed” basis are not subject to (or the right of) supervision, direction, or control by any person, in relation to the way the worker provides their services. A signed declaration from the worker is insufficient evidence and we are unlikely to receive satisfactory evidence from our NHS clients to this effect.

PAYE WORKERS

If you are a PAYE agency worker, you will have a contract of employment with TXM Healthcare, and tax, national insurance and pension contributions will be deducted at source. Each week that you submit a timesheet, you will receive a payslip with a full breakdown of all the elements of your pay and deductions. Holiday pay will be accrued according to the hours you have worked as detailed below.

Enrolment in the workplace pension scheme is mandatory. You will be enrolled after your first 12 weeks of employment have elapsed given that you meet the statutory criteria. Please see <https://www.Gov.Uk/workplace-pensions/joining-a-workplace-pension> for further information. The first payment must be taken by us. If you wish to opt out of the workplace pension scheme, you can do this after the first pension deduction has been made, and to do this you need to contact the pension provider and inform them. The first payment will then be refunded to you in your next pay if you opt out within 30 days of that first payment being taken. You can opt-out at any point after this by contacting the pension provider.

UMBRELLA COMPANY

Umbrella companies employ thousands of contractors, taking care of their pay, compliance, and administration. Signing with an umbrella company means you become an employee of theirs. Because you are an employee of the umbrella company (and not the agency or end client), they can package your pay into a combination of salary and non-taxable items such as expenses and other employee benefits. This can commonly save between 25% and 50% of your tax bill.

An umbrella company is like a PAYE service; however, you can claim the full amount of allowable business expenses prior to the tax being calculated. For example, if an umbrella company receives £500 from the agency and you have £100 worth of expenses, tax is then calculated on the £400.

Some basic expenses can be claimed. Non-UK nationals can claim the cost of flights to their home country, their accommodation, the amount of their grocery bill, and a sum towards any relocation expenses.

LIMITED COMPANY

A limited company nurse will be responsible for their own tax and national insurance contributions to HM Revenue and Customs (HMRC). You effectively manage your

own company and will need to comply with tax return legislation and other company requirements. These are suitable for higher-income earners.

Before TXM Healthcare can pay you as a limited company, the following items must be provided:

- A certificate of incorporation
- Proof of a business bank account – cancelled cheque
- Proof of directorship
- VAT registration number (if VAT registered)
- Liability insurance certificate
- Signed self-billing agreement.

PAYROLL QUERIES

For any queries relating to your payment contact

TXM Healthcare Payroll Customer Service

Tel: 01908 326 400

We will endeavour to resolve your query as soon as possible. Please give details of the placement including dates and hospital/trust/client.

If for some reason, you have been under/ overpaid, the money will be adjusted in your next payment. It is in your interest to cross-check payment details against your copy timesheet.

You are required to pay income tax on your earnings (if they exceed the threshold for the current financial year). The rules affecting people working through agencies are contained in section 134 of 1988 (formerly section 38, Finance (no. 2) Act 1975).

If you have any queries regarding your tax code or feel that you may be entitled to additional allowances, please contact the tax office directly (address below). They can adjust your tax code if appropriate. If 'the agency' is not your main source of work for tax purposes and there are issues with overpayment of tax and other income issues, it is also advisable to discuss these with the inland revenue directly or via their website.

THE TAX OFFICE

Telephone: 0300 200 3300

Office hours: 08:00 – 20:00 – Monday to Friday / 08:00 – 16:00 - Saturday WWW.HMRC.GOV.UK

TRAVEL

Travel allowances are not paid unless authorised by the hospital/trust/client concerned at the time of the booking being confirmed.

MEALS AND REST BREAKS

It is your responsibility to ensure that rest periods are taken during each assignment. Clients/Hospitals/trusts are obliged to provide you with:

The opportunity to take a 20-minute unpaid break during each assignment of 6 hours duration or more.

The entitlement to take 11 hours of consecutive rest per day. However, providing an equivalent break or compensatory rest period can be agreed upon at the convenience of you and the client/hospital/trust.

This can be varied when:

Flexible practice is required where there is no opportunity to take rest breaks.

An assignment involves shift work, and a daily rest cannot be taken between the end of one shift and the start of the next one, or

Night shifts involve working longer hours, in which case individual agreements.

Between you and 'the agency' must be reached.

You should agree locally when any meal or rest break should occur. If no arrangements are made, you should ensure that you take your breaks at a mid-point during any shift and not at either the start or finish of any shift.

It is a requirement of the hospital/trust, the NHS CFSMS (counter fraud and security management service), and the national frameworks that you should account for meal and rest breaks on your timesheet, but you will not be paid for these unless you have prior agreement from your Recruitment Consultant. TXM Healthcare will investigate all occurrences where breaks are not accounted for.

HOLIDAY PAY

When you are working for 'the agency,' the working time regulations require us to incorporate a holiday pay fund in our fee collection arrangements for you, unless your contract is in the Isle of Man. This is not relevant for those being paid through a limited or umbrella company or if you are self-employed.

This payment is made in line with the hourly rate of pay processed when a timesheet is submitted.

NATIONAL INSURANCE

If you elect to be paid through TXM Healthcare PAYE payroll, any deductions in respect of Class 1 national insurance will be made by 'the agency' on your behalf if earnings exceed the national insurance threshold. If you are entitled to pay reduced national

Insurance are exempt from paying contributions, you must produce the appropriate certificate, before undertaking any assignments.

NATIONAL INSURANCE BENEFITS

If you have made sufficient national insurance contributions, you may be eligible for certain state benefits:

In certain circumstances, pregnant nurses may be eligible for maternity allowance (ma) from their local Jobcentre Plus.

If you are pregnant, you must: inform your Recruitment Consultant that you are pregnant, and he/she will arrange for a risk assessment of your working environment to be undertaken to identify the type of assignments you can (or cannot) undertake. Obtain your matb1 from your doctor or midwife and contact your local Jobcentre Plus (see www.Gov.Uk/maternity-allowance).

STATUTORY SICK PAY (SSP)/ SICKNESS BENEFIT

Because yours is a "contract" for the period of each day, 'the agency' does not usually pay sick pay.

OTHER BENEFITS

You may be eligible for other benefits; details of which may be obtained from your local Jobcentre Plus. For general advice on your circumstances and what you may or may not be eligible for www.gov.uk

AGENCY WORKERS REGULATIONS (AWR)

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

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

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

Under the agency workers’ regulations, nurses are entitled to the following from day 1 of service:

- Access to amenities or collective facilities at the client’s site (e.g., Canteen, childcare, transport, etc.) unless there are objective grounds for not doing so.
- Access to vacancies within the hirer’s organisation - nurses must be informed of any relevant, vacant posts in the client’s organisation to give them the same opportunity to find permanent employment as comparable employees or workers.
- After a qualifying period of 12 weeks, nurses are entitled to be treated in relation to basic working and employment conditions as if they had been recruited directly to the same job.
- Basic working and employment conditions relate to pay, duration of working time, overtime, rest breaks, rest periods, night work, and annual leave.

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

WHAT IS INCLUDED	WHAT IS NOT INCLUDED
<p>Contractual entitlements directly linked to the work undertaken whilst on assignment include:</p> <ul style="list-style-type: none">• Basic pay• Overtime• Shift allowances.• Unsocial hours premiums• Payments for difficult/dangerous duties• Bonuses/commissions that are directly attributable to the quality or quantity of work done by the nurse or those linked to individual performance/performance appraisal arrangements, and which would have been payable to the worker concerned during the period of the assignment, had they been recruited directly.• Vouchers or stamps with a monetary value (e.g., Luncheon vouchers, transport vouchers)• Childcare vouchers with a monetary value that are not funded on the basis of a salary sacrifice scheme.• Holiday pay (above statutory)• Collective agreements (i.e., Terms generally included in employees’ written contracts and other matters of “customer and practice” in the workplace concerned).	<p>Other aspects of remuneration that are provided in recognition of the long-term relationship between employer and employee such as:</p> <ul style="list-style-type: none">• Profit-sharing schemes• Share ownership schemes.• Occupational pension contributions• Occupational sick pay (statutory sick pay is not affected)• Redundancy pays (statutory and contractual)• Notice pays (statutory and contractual)• Maternity pay.• Individually negotiated contract terms of one-off discretionary payments• Bonuses that are not directly attributable to the amount of quality of work done by the nurse (e.g., Attendance bonuses or bonuses based on company performance rather than the quality or amount of work done by the individual nurse)• Childcare vouchers if they are funded based on a salary sacrifice scheme.

The qualifying period of 12 continuous calendar weeks is irrespective of the working pattern (e.g., Full or part-time), which applies to the same role or substantively similar roles with the same client.

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

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

- There is an industrial action or lockout.
- The nurse is taking annual leave.
- The nurse is on sick leave with a doctor's note.
- You will be advised on pre and post-AWR pay and holiday entitlement at the beginning of your assignment. When your pay is to be increased to comply with AWR, the new rate will be shown on your payslip.
- The agency workers' regulations do not apply to those workers who are genuinely self-employed.
- To help us comply with the agency workers' regulations we will need to immediately know:
- If you work or have worked through any other agency at any client where we place you (as you may be entitled to equal treatment sooner week 12 of working, there through us).
- If you believe that you have not received the equal treatment to which you are entitled.
- If you become pregnant or are otherwise entitled to maternity or paternity leave.
- If you are returning to work after maternity leave, paternity leave, jury service, or sick leave.

Detailed guidance on the regulations is available online here and your Recruitment Consultant can help explain this in more detail.

UNABLE TO ATTEND AN ASSIGNMENT

Should you be unable to attend an assignment or are unable to arrive on time due to unforeseen circumstances, you must contact TXM Healthcare immediately at 01908 326400.

Failure to either attend or notify of late attendance to a booking can result in a penalty fee and/or reporting to your professional and/or regulatory body in accordance with the impact on patient care. Please note that failure to attend a booked shift may result in the inability to work in the trust in the future. The trust may also choose to report the incident to the GMC/NMC/GDC/HCPC for disciplinary action.

TXM HEALTHCARE MINIMUM NOTICE REQUIREMENTS

LENGTH OF SHIFT	NOTICE PERIOD REQUIRED BOTH PRIOR TO AND DURING AN ASSIGNMENT
0 TO 6 DAYS	24 HOURS WRITTEN NOTICE
1 TO 3 WEEKS	1-WEEK WRITTEN NOTICE
4 TO 11 WEEKS	2 WEEKS' WRITTEN NOTICE
12 WEEKS OR LONGER	4 WEEKS' WRITTEN NOTICE

Please note the above table stands unless your individual confirmation of assignment states otherwise.

TXM HEALTHCARE CODES OF CONDUCT & POLICIES:

PROFESSIONAL CONDUCT

All registered healthcare staff working with TXM Healthcare will be required to adhere to the regulatory body's respective code of professional conduct. You will have been provided with this information directly by your regulatory body. Additional copies can be downloaded from your regulatory body's website.

We expect you to behave in a manner that upholds the reputation of your profession. Behaviour that compromises this reputation may call your registration into question even if it is not directly connected to your professional practice.

SUBSTANCE ABUSE

You must not arrive on duty intoxicated by either alcohol or drugs prior to a shift. Clients may request that you undertake an alcohol breath test if they suspect that your performance may be affected. Each contracting authority or client will have an alcohol and drug policy. Any nurse arriving for or suspected of arriving for duty intoxicated who is sent home will not be refunded travelling or time expenses and may have their assignment terminated with immediate effect.

GIFTS AND GRATUITIES

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

EQUALITY, DIVERSITY, AND INCLUSION

TXM Healthcare is committed to supporting the principle of equality, diversity, and inclusion, and opposes all forms of unlawful or unfair discrimination on the grounds of any protected characteristic (pc) including sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity. We also oppose discrimination based on other characteristics that are not protected (e.g., class, obesity, regional accent, etc).

In all aspects of work, TXM Healthcare operates an equality, diversity, and inclusion policy. Information may be requested from staff, applicants, and agency workers, enabling us to monitor the success of this policy. The giving of such information will be voluntary, and it will be used solely for monitoring purposes. Individual details will be kept confidential; however, group statistics may be released to relevant authorities.

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

Nurses are encouraged to make known all special skills and/or knowledge, which may make you particularly suited to care for patients from specific ethnic or cultural groups. Nurses have the right to accept or refuse individual assignments but any indication that a nurse has not acted, or will not act, in accordance with this policy will be investigated and this may result in removal from our register.

HARASSMENT/BULLYING

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

Individuals can complain of third-party harassment also which is behaviour they find offensive, humiliating, etc., even if:

- It is not directed at them.
- They do not have the relevant pc themselves.
- The behaviour is perpetrated by a third party who is not an employee of the company.
- The behaviour is based on perception or association.
- If an employee finds such behaviour offensive or believes it to be inappropriate, they should report it immediately to us.

TXM Healthcare is committed to creating a working environment where every nurse is treated with dignity and respect and where each person's individuality and sense of self-worth within the workplace are maintained. All nurses have a duty to treat colleagues with respect and dignity and to take all steps necessary to ensure that harassment does not occur. Whatever the form of harassment (whether by direct contact, written correspondence, the spoken word, or by use of email/intranet),

behaviour of this nature can be objectionable and will not be tolerated by TXM Healthcare or any of the institutions we service. Any nurse, who is considered, after proper investigation, to have subjected a contracting patient, another nurse, or anyone else that they work with to any form of harassment or bullying will be dealt with in an appropriate manner under our complaint's procedure. This may include removal from our staffing register.

FRAUD AWARENESS

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

- Fraud by false representation.
- Fraud by failing to disclose information.
- Fraud by abuse of position.
- Types of fraud within the NHS

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

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

Overseas patients' fraud - people not resident in the UK who come to the NHS for treatment must pay for their treatment before they leave the UK.

What to do if you suspect fraud, you should follow these guidelines:

DO	DO NOT
<ul style="list-style-type: none"> • DO MAKE AN IMMEDIATE NOTE OF YOUR CONCERNS. • DO REPORT YOUR SUSPICIONS CONFIDENTIALLY TO SOMEONE WITH THE APPROPRIATE AUTHORITY AND EXPERIENCE. • DO DEAL WITH THE MATTER PROMPTLY IF YOU FEEL YOUR CONCERNS ARE WARRANTED. 	<ul style="list-style-type: none"> • DO NOT DO NOTHING. • DO NOT BE AFRAID TO RAISE YOUR CONCERNS. • DO NOT APPROACH OR ACCUSE INDIVIDUALS DIRECTLY. • DO NOT TRY TO INVESTIGATE THE MATTER YOURSELF. • DO NOT CONVEY YOUR SUSPICIONS TO ANYONE OTHER THAN THOSE WITH THE PROPER AUTHORITY.

WHISTLEBLOWING

TXM Healthcare is committed to ensuring employees, contractors, and nurses can raise matters of concern without suffering any discrimination, victimisation, disadvantage, or detriment for doing so.

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

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

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

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

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

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

HOW TO MAKE A WHISTLEBLOWING DISCLOSURE:

The disclosure should include details of:

- The background and history of the concern.
- The nature of the suspected wrongdoing.
- The individual suspected of carrying out the wrongdoing.
- Where possible, the disclosure should be made in writing.

Our consultant or manager will investigate the whistle-blower's concern and will take the appropriate action to resolve the issue and prevent recurrence, escalating it if appropriate. We also have the following obligations:

- To log details of the disclosure and subsequent actions.
- To undertake further inquiries/investigation as necessary (which may include subsequent disciplinary action or referral to the police or other agencies as necessary).
- To report back to the whistle-blower about the outcome of any inquiry and any remedial action the company proposes to take.
- To protect the whistle-blower from victimisation, harassment, bullying, or any sort of detriment for making a disclosure in accordance with this procedure.
- If requested to do so by the whistle-blower, to treat the disclosure confidentially and not to disclose their name or position unless required to do so by law or unless it is impossible to resolve the concern without revealing the whistle-blower's identity.

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

ESCALATION

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

- Hm revenue & customs.
- The financial conduct authority (formerly the financial services authority).
- The competition & markets authority.
- The health & safety executive.

- The care quality commission.
- The care inspectorate (in Scotland).
- The RQIA (in Northern Ireland).
- The environment agency.
- The independent police complaints commission.
- The serious fraud office.

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

GUIDANCE ON SAFEGUARDING

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

IDENTIFYING POTENTIAL ABUSE

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

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

EVERYONE IS EXPECTED TO LOOK OUT FOR THE COMMON SYMPTOMS OR INDICATORS ASSOCIATED WITH THE DIFFERENT TYPES OF ABUSE AND NEGLECT. TYPICAL SIGNS FOR EACH OF THE ABOVE INCLUDE

- Physical abuse – the signs of this are often evident but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:
 - Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discolouration, black eyes, burns, bone fractures, broken bones, and skull fractures.
 - Untreated injuries in various stages of healing or not properly treated.
 - Poor skin condition or poor skin hygiene.
 - Dehydration and/or malnourishment without illness-related cause.
 - Loss of weight.
 - Soiled clothing or bed.
 - Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
 - Inappropriate use of medication, overdosing, or under-dosing.
 - A person telling you they have been hit, slapped, kicked, or mistreated.
- **Physical harm** may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.
- **Sexual abuse** Very often the person, even if they are confused, will tell you that something is wrong. Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens.

Some of the physical signs to watch for are:

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

If you suspect sexual abuse, do not wash the person or their clothing. Proceed to immediately inform the nurse in charge of the shift and they will refer the matter to the Police authority as they are the experts and will have the skills, knowledge, and equipment to respond appropriately and sensitively. Time in this matter is of the essence so please do not let time lapse before acting.

EMOTIONAL/PSYCHOLOGICAL ABUSE

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

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

NEGLECT

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

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

In considering neglect, it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor.

There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (I.E. Where the 'perpetrator' is doing his/her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim,' the impact is the same, and they experience abuse. Where abuse is intentional the following signs will likely be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.
- Display attitudes of indifference or anger toward the person or the obvious absence of assistance.
- Blame the person (e.g., Accusation that incontinence is a deliberate act).
- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.
- Display inappropriate affection toward the person.

- Display flirtatious behaviour, coyness, etc that might be possible indicators of inappropriate sexual relationships.
- Create social isolation of the family, or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

FINANCIAL ABUSE

The signs of financial abuse may include:

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

DISCRIMINATION

Bullying, racism, and other types of discrimination are forms of abuse. Like other kinds of abuse, they can harm a person physically and emotionally.

MODERN SLAVERY

Slavery is called a hidden crime because it can be difficult to identify a victim. Some common signs include where the person:

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behaviour.
- Appears withdrawn/struggles to interact.
- Avoids eye contact.
- Is reluctant to seek help.
- Lacks health care/dental care.
- Appears malnourished.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.
- Is not allowed to travel on their own.
- Seems under the control of others (including money/documentation).
- Has few or no personal possessions.
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating).

All staff and temporary nurses/midwives are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect. There is no way to identify someone who will hurt a vulnerable person or child. People who pose a threat can be skilled at making sure no one knows. There are warning signs, however, so look out for someone who:

- Pays an unusual amount of attention to a vulnerable person, child, or groups of children, and provides presents, money, or favours.
- Seeks out vulnerable people or children, for example, deaf or disabled children, and tries to spend time alone with a single vulnerable person or child or a particular group of children on a regular basis.
- Takes a vulnerable person, child, or small group of children to places where the group does not usually meet or have activities, such as at their home.
- Is vague about where they have worked or when they were employed.
- Avoids co-working or supervision of his or her work.
- Encourages secretiveness about his or her activities with vulnerable people or children.
- Talks or behaves inappropriately towards vulnerable people or children.

SAFEGUARDS & ARRANGEMENTS TO ENSURE AWARENESS OF THE ISSUES & PROCESSES

We require our employees, contractors, and nurses to follow all the instructions, guidance, policies, and procedures provided by the participating authority. Induction training will also be provided to all employees, contractors, and nurses engaged to

undertake regulated activity with children/vulnerable persons or regulated work with children/adults at risk of harm, including but not limited to:

- Training concerning safeguarding and handling of reporting of alleged or suspected abuse/harmful behaviour.
- Risk management to prevent abuse/harmful behaviour.
- Actions to be taken in the event of alleged or suspected abuse.
- The company's complaints and escalation process.
- The company's whistleblowing policy.
- Current legislation and best practice.

All employees, contractors, and nurses will also be appropriately supervised.

REPORTING SUSPECT ABUSE OR NEGLECT

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

DO:	DO NOT:
<ul style="list-style-type: none">• Be accessible and receptive.• Listen carefully.• Take it seriously.• Reassure the child/ young person/vulnerable adult that they are right to tell.• Negotiate getting help.• Find help quickly.• Make careful records of what was said using the child's/young person's/vulnerable adult's own words as soon as is practicable following the disclosure. Date, time, and sign the record. This record would be used in any subsequent legal proceedings.	<ul style="list-style-type: none">• Jump to conclusions.• Directly question the child or vulnerable adult or suggest words for him/her to use.• Try to get the child/young person/vulnerable adult to disclose all the details.• Speculate or accuse anybody.• Make promises you cannot keep.• Give your opinion; just state the facts as reported to you.

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

Where practicable you should obtain the following information:

- Contact details for the child/young person/vulnerable adult.
- Details of the allegation or suspicion include, where known, the name of the alleged abuser and the circumstances, which brought the alleged abuse to your attention.
- You should immediately report any suspicion or allegation of abuse to TXM Healthcare and your supervisor at the contracting authority/client. Do not attempt to assess whether the allegations are true and do not attempt to deal with any suspicion or report of abuse yourself.

WE WILL

- Liaise with the contracting authority/client to ensure appropriate support for the child/young person/vulnerable adult is provided.
- Report the suspicion or allegation to the relevant agencies which may include the police and/or social services and maintain a written record.
- Provide appropriate support for the person against whom the allegation has been made if this is one of our employees, contractors, or nurses.
- Confirm to you that action has been taken. If you feel that insufficient action has been taken and you still have concerns for the safety and welfare of the child/young person/vulnerable adult, you should report your suspicions or allegations again explaining why you feel the action taken to date is insufficient.

DUTY OF CANDOUR

The Duty of Candour places a requirement on TXM Healthcare and other providers of health and social care to be open with patients and clients when things go wrong.

Medical treatment and care are not risk-free. Errors will happen and nearly all of these will be due to failures in organisational systems or genuine human errors. The obligations that challenge candour remind us that for all its continued technological advances, healthcare is a deeply human business.

A Statutory Duty of Candour being introduced relates to implementing a key recommendation from the Mid Staffordshire NHS Foundation Trust Public Enquiry (The Francis Enquiry) In response to the Francis Report, the government supported the proposal to implement a duty of candour with criminal sanctions on providers.

The Statutory Duty of Candour is enforceable by law. It is a criminal offence to fail to provide notification of a notifiable safety incident and/or comply with the specific requirements of notification. If TXM Healthcare is non-compliant with this legislation, they could be liable to a potential fine of £2500 per incident.

All nurses have a duty of candour and professional responsibility, to be honest with patients and clients when things go wrong. As a nurse, you must first discuss the need to inform the patient and with the Client/Hospital/Trust to identify who will inform the patient, therefore, any concerns/incidents that come under the duty of candour are reported immediately to TXM Healthcare who will inform the Client/Hospital/trust, the Client/Hospital/trust will then manage the incident through their process and procedures. If there is an immediate patient safety issue, then inform the Client/Hospital/Trust and TXM Healthcare immediately.

TXM Healthcare Governance and Assurance Director can be contacted for matters in this instance.

HEALTH AND SAFETY

It is our policy to ensure, as far as is reasonably practicable, the health, safety, and welfare of all our employees, nurses as well as patients and members of the public. This involves working in partnership with contracting authorities and clients on whose site you may be working.

HEALTH AND SAFETY GUIDANCE

TXM Healthcare seeks to ensure the following concerning health and safety:

That you have the necessary qualifications, experience, skills, and capability to carry out the assignments that you will be undertaking.

That any health risks, in connection to the use, storage, and handling of substances hazardous to health are identified and that necessary control measures are implemented.

That you are given sufficient information, instruction, and training to ensure your health & safety.

That consideration is given to health & safety factors when equipment is procured or new services obtained, or when changing procedures or work patterns, and that all necessary safety precautions are taken and that necessary safety instructions have been understood.

YOUR DUTY OF CARE AND RESPONSIBILITIES

You are responsible for your own personal Health & Safety and Under the Health and Safety at Work Act 1974 you have a duty of care to:

- Notify TXM Healthcare and the contracting authority client/hospital/trust if you become aware of any risks to health & safety that are not adequately controlled.
- Co-operate with the contracting authority/client to ensure a safe system of work and follow any health & safety policy or instruction that you are given.
- Take reasonable steps to ensure your safety and that of anyone else who may be affected by your actions.
- Report any incidents/accidents to TXM Healthcare and the contracting authority/client and notify all parties if any further risks arise during your assignment.
- Not wilfully misuse or interfere with anything provided in the interests of health, safety, and welfare.

If you are pregnant, you must inform us, and we will arrange for a risk assessment of your working environment to be undertaken to identify the assignments you can or cannot undertake.

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

SAFETY REQUIREMENTS

Always familiarise yourself with the health and safety policies and procedures for the environment you are working with and pay particular attention to fire and emergency procedures.

Never attempt a task without first ensuring that you understand the instructions and can carry it out safely.

Always maintain a clean and safe work area.

- If you see or believe you see an unsafe act or condition, report it to us as soon as possible, taking immediate steps to correct it. It may be assumed that you have agreed to an unsafe condition if you do not comment on it and if you continue working.
- Certain jobs require you to wear protective clothing or to use equipment. If you are unsure, ask for advice before you start working, and always follow instructions.
- You must ensure that all cleaning materials or other potentially hazardous substances are correctly stored, labelled, and used in compliance with the manufacturer’s instructions to reduce the risk of injury or danger to health.
- All waste or by-products must be properly disposed of.
- Only use, adjust, alter, or repair equipment if you are authorised to do so.

If you, or the equipment you operate, are involved in an accident - regardless of how minor - report it immediately to TXM Healthcare and the contracting authority/client. If necessary, get first aid attention immediately. You should also report near misses.

ACCIDENT AND EMERGENCY REPORTING

You are responsible for ensuring that all incidents or accidents that relate to the provision, control, and maintenance of health and safety in the workplace are reported to the contracting authority/client and TXM Healthcare.

It is also important that the internal reporting procedure of the establishment is carried out e.g., Recording the accident in the accident report book. If you accept assignments within the community setting and are working in a client's home, a written record (in the care plan and service records) must be kept of any accident or occurrence that happens in the workplace, however minor. In addition to internal reporting through the accident report/service records, the establishment/client must ensure that the following are reported to the appropriate enforcing authority, e.g. The local environmental health officer:

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

NEEDLESTICK INJURIES (SHARPS INJURIES)

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

- Encourage bleeding by squeezing the site of the puncture wound, do not suck.
- Wash the wound with soap and water, do not scrub.
- Cover the wound with waterproof dressing.
- Report the incident to TXM Healthcare. If the injury happens out of office hours, report to A&E and inform TXM Healthcare the next day.
- Report to the occupational health department during normal working hours.
- Document the circumstances that led to exposure.

- Counselling is available where required following blood tests. Always report a needle stick injury even if it occurs with a 'clean' needle, via an incident report or accident book according to protocol.

RIDDOR - REPORTING OF INJURIES, DISEASES, AND DANGEROUS OCCURRENCES REGULATIONS

You have legal duties under RIDDOR that require you to report and record work-related accidents.

Over-seven-day injuries

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

That said, a record of the accident must still be kept if a worker has been incapacitated for more than three consecutive days. You are legally required to inform TXM Healthcare of any over three-day injuries so that we may keep an accident book and fulfil our legal responsibilities under the social security (claims and payments) regulations 1979.

CORONAVIRUS (COVID-19)

We have a dedicated clinical team in place to ensure that the governance is always followed, and pandemic measures are carried out for all our nurses to follow. This is to protect both workers and patients within the trusts we deploy you to.

We follow the guidance issued by the public health bodies across the British Isles and the World Health Organisation surrounding COVID-19 in terms of staff deployment.

COSHH

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

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

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

- The nature of the substances you work with or are exposed to, and the risks created by exposure to those substances, and the precautions workers should take.
- Control measures and how to use them.
- The use of any personal protective equipment and clothing.
- Results of any exposure monitoring or health surveillance and emergency procedures.
- If you suffer illness or injury because of a work-related issue, we need to be notified immediately.

Employers and the self-employed must report the following listed occupational diseases

<http://www.Legislation.Gov.Uk/uksi/1995/3163/schedule/3/made>

when they receive a written diagnosis from a doctor that they or their employee/worker is suffering from these conditions and the sufferer has been doing the work activities listed.

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

REPORTABLE MAJOR INJURIES ARE

Fractures, other than fingers, thumbs, and toes.

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

DANGEROUS OCCURRENCES ARE CERTAIN LISTED NEAR-MISS EVENTS

Not every near-miss event must be reported. Here is a list of other occurrences relevant to the client environments that are reportable:

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

FIRE AND OTHER EMERGENCIES

All clients have evacuation procedures to prevent injury to persons and avoid impeding emergency services.

For your own safety and that of other people, you must familiarise yourself with, and adhere to, fire regulations and procedures.

It is the smoke from the fire that kills. If you see or suspect a fire, act immediately. Never try to tackle a fire yourself - call the emergency services immediately and raise any alarms possible.

FIRST AID

From time to time, accidents or incidents may occur, please familiarise yourself with first aid information at any Client/hospital/trust site. If you are unfamiliar, please ask the duty manager.

If you are injured on duty, once the immediate first aid has been attended to please contact TXM Healthcare to report immediately. You can contact the Compliance Manager on Tel: 01908 326 400.

HANDLING VIOLENCE AND AGGRESSION / CONFLICT RESOLUTION

It has been recognised for some time that workers in a hospital setting work within an environment where there is a potential for threat, aggression, or violence. Violence and aggression can be defined as including the following circumstances:

- Minor assault, including situations where physical contact and/or injuries occur which require first aid treatment.
- Threats with an offensive weapon without physical injury.
- Aggravated assault resulting in an injury requiring medical assistance.
- Threatening behaviour, which could include verbal abuse or threats and fear arising from damage to the physical environment.
- Assault resulting in serious injury and/or death.

Any violent, abusive, or threatening behaviour is unacceptable. You must report any incidents immediately to the person in charge and your Recruitment Consultant/Compliance Manager. The establishment where you are working will have policies for dealing with such incidents and an incident report form should be completed both at the place where you are working and by the agency.

Please remember All staff members have an obligation under the Health and Safety at Work Act 1974 to have regard for their own health, safety, and welfare at work, and that of others who may be affected by their acts or omissions.

PROCEDURE IN RELATION TO CRIME OR SUSPECTED CRIME

If you identify a crime or suspected crime, then it should be reported to the police in line with the Hospital/Trust/Clients policy. The police have a duty to the victim to assist, support, and obtain evidence of alleged abuse and a responsibility to investigate reported crimes as well as interview any identified suspects.

MENTAL HEALTH ACT

The Mental Health Act of 1983 covers the assessment, treatment, and rights of people with mental health conditions.

It is a legal requirement that anyone working alongside patients considered to be suffering from a mental disorder or with learning difficulties can demonstrate an understanding of the Mental Health Act.

RISK INCIDENT REPORTING

Under the management of the Health and Safety Regulations of 1999, you have a legal duty of care to report all accidents, incidents, and near misses. These regulations impose a duty on employers to perform risk assessments on all work activities. If during the course of your work, you identify a risk to the health, safety, and welfare of your own personal safety, and/or that of your colleagues/patients/clients, you have a duty to report this.

In the first instance should be reported to the person in charge of the establishment to which you are assigned, and to your Recruitment Consultant or TXM Healthcare's Governance and Assurance Director.

An incidence form must be completed.

MOVING AND HANDLING (MANUAL HANDLING)

Moving and handling is defined as "The transporting or supporting of loads by bodily force." A load can either be inanimate (such as a box) or animate (such as a person or animal). According to figures published by the Health and Safety Executive (HSE) more than a third of all 'over-three-day' injuries are caused by Moving and Handling incidents.

TXM Healthcare recognises its responsibility to ensure all nurses are aware of potential hazards. It is likely that some Nurses will be in a situation where patients need moving or supporting and there will not always be lifting equipment available. You should always make yourself aware of the Client/Hospital/Trust procedures as part of your initial induction when commencing an assignment and undertake any available relevant training.

ENVIRONMENTAL POLICY

TXM Healthcare is committed to continual improvement in its environmental performance, preventing pollution, and complying with all environmental legislation, regulations, and codes of practice relevant to the industry sector.

We, therefore, encourage all nurses to conserve energy and water, minimise waste and recycle where possible. Please ensure you keep sites clean and tidy to ensure minimum disturbance to client organisations, colleagues, and patients. It is your responsibility to ensure waste materials are disposed of correctly and safely.

CALDICOTT PROTOCOLS

The Caldicott Review was commissioned due to the development of information technology and its capacity to disseminate information about patients/service users both rapidly and extensively.

An essential component of clinical consultation in the provision of health care is confidentiality. All nurses have stringent requirements regarding confidentiality within their duty of care. However, the information given to patients underpins the efficient operation of the NHS, and it is important that confidentiality does not impede upon the provision of effective patient care. Therefore, The Caldicott Review devised Guardian which is created to safeguard and govern the uses of confidential patient information within NHS Organisations. Caldicott Guardians are senior health professionals.

LONE WORKERS

Lone workers are those workers who work by themselves without close or direct supervision.

Lone working is not governed by any specific legislation, but a wide range of legislation may apply depending on the nature of the work involved.

In all instances the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations of 1992.

Generally, within the healthcare industry, lone workers can be regarded as those who work on a peripatetic basis such as GPs, community/district nurses, domiciliary homecare workers, etc., or personnel who work outside of normal hours e.g., Domestic, Porters, On Call Nurses, Security, etc.

In all cases where a worker is expected to work alone, a risk assessment should be performed by the employer/client/trust/hospital, and steps taken to reduce risk to the lowest practicable level.

This risk assessment should address:

- Whether the work can be done safely by a single person
- What arrangements are required to ensure the lone worker is at no more risk than employees working together

If for any reason you consider yourself to be at risk if working in a “lone worker” situation, please contact TXM Healthcare immediately so that a further risk assessment can be performed, and arrangements can be made to ensure safe systems of work and your personal safety.

DATA PROTECTION / ACCESS TO RECORDS

To deliver the service, TXM Healthcare needs to process data including your records. The information contained in your records is taken from your application form, as well as other elements of your application including but not limited to criminal record bureau disclosure, professional registration, right to work in the UK, references, and terms and conditions. There may be occasions when your records are disclosed to regulators, inspectors, and clients (e.g., CQC, Care Inspectorate, RQIA, CCS, Workforce Alliance, HealthTrust Europe, etc.).

In line with the conduct of employment agencies and employment businesses regulations 2003, we will obtain and store the following information from all work seekers:

- Date the application was received.
- Your name, address, and if under 22 years of age, date of birth.
- Any terms that apply or will apply between you and TXM Healthcare and any document recording any variation thereto.
- Details of your training, experience, qualifications, and any authorisation to undertake work (and copies of any documentary evidence of the same).
- The names of any contracting authorities/clients to whom you are introduced or supplied.
- Details of any resulting engagement and the date from which it takes effect (including all assignment start and end dates).
- Details of any requirements specified by you concerning taking up employment.
- A copy of any contract between TXM Healthcare and you.
- Dates of requests of fees from you and receipts for such fees with copy statements or invoices, numbers, and amounts (please note we do not charge fees to work-seekers for our services).
- Details about you and the position concerned with copies of all relevant documents and dates they were received or sent. These include:
 - Your proof of id.
 - Your experience, training, qualifications, and professional registrations.
 - Your references.
 - Confirmation that you are willing to work in the position that you are being submitted for.
 - All relevant pre-employment checks.
 - Health & safety risks.
 - Any information received by us to indicate that you are unsuitable for the work being provided.
 - We are not required to retain details of any work-seeker as we do not provide services to them.

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

subject's right.

Data subjects have rights when it comes to how we handle their personal data too. These include rights to:

- Withdraw consent to the processing at any time (where the company is relying on consent).
- Receive certain information about our processing activities.
- Request access to the personal data that we hold.
- Prevent our use of your personal data for direct marketing purposes.
- Ask us to erase personal data if it is no longer necessary in relation to the purposes for which it was collected or processed or to rectify inaccurate data or complete incomplete data.
- Restrict processing in specific circumstances.
- Challenge processing that has been justified based on our legitimate interests or in the public interest.
- Request a copy of an agreement under which personal data is transferred outside of the EEA.
- Prevent processing that is likely to cause damage or distress to you or anyone else.
- Be notified of a personal data breach that is likely to result in considerable risk to your rights and freedoms.
- Make a complaint to the supervisory authority; and
- In limited circumstances, receive or ask for your personal data to be transferred to a third party in a structured, commonly used, and machine-readable format.

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

DATA PROTECTION OFFICER

TXM Healthcare ensures it complies with its obligations under the Data Protection Act 2018. TXM Healthcare has appointed a Data Protection Officer (DPO). The DPO is TXM Healthcare's data controller.

You should refer to your Recruitment Consultant in the first instance if you are in any doubt about any of TXM Healthcare's obligations under the Data Protection Act 2018.

CONFIDENTIALITY

Nurses and all who provide care are entrusted with the patient's health information solely to be of service to the patient. Patient confidentiality is a sacred trust as well as an ethical and legal duty. It is therefore important to ensure that all care providers create an environment to safeguard patients' rights to confidentiality.

This includes not discussing patients with friends, family, or any other third party who has not been directly involved in the care of the patient. These requirements are contained within contractual responsibilities, the common law duty of confidence, and the Data Protection Act 2018 plus the NHS Care Record Guarantee, produced to assure patients regarding the use of their information.

Such breaches of confidentiality will result in instant dismissal and will be reported to the appropriate regulatory bodies potentially leading to loss of licence to practice.

If you are a witness to such an act, you have a duty of care to report breaches of confidentiality to your duty manager or your Recruitment Consultant.

It is your responsibility to ensure you are fully aware of the NHS Confidentiality policy and the General Data Protection Regulations. Further information can be found at:

<https://www.england.nhs.uk> searching 'confidentiality' policies.

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

THE MENTAL CAPACITY ACT (NI) 2016

The Mental Capacity Act (NI) 2016 ("the Act") is a ground-breaking piece of legislation that, when fully commenced, will fuse together mental capacity and mental health law for those aged 16 years old and over within a single piece of legislation, as recommended by the Bamford Review of Mental Health and Learning Disability.

The Act provides a statutory framework for people who lack the capacity to make a decision for themselves and for those who now have capacity but wish to make preparations for a time in the future when they lack capacity. When the Act is fully commenced the Mental Health (Northern Ireland) Order 1986 ("the 1986 Order") will be repealed for anyone over the age of 16.

For further information visit www.health-ni.gov.uk/mca

COMPLAINTS

From time to time, it may be the case that you receive a complaint from a client, patient, or another person. If you are on assignment, please report any complaints to a senior person in the department where you are working and document all the details of the complaint. You must also report the complaint to TXM Healthcare. If you are the subject of a complaint personally, you will be asked to record details as part of an investigation, and in some circumstances, it may be necessary to suspend you from assignments whilst the investigation is in process. Any complaints of misconduct against you will be reported to the relevant regulatory body.

Our complaints procedure will enable the contracting authority/client to make complaints quickly and TXM Healthcare will be required to investigate and resolve a complaint within the prescribed timeframes. The contracting authority/client will, with due regard to the Data Protection Act 2018 and GDPR, provide us with the necessary information to thoroughly investigate the complaint.

OUR COMPLAINTS PROCEDURE IS AS FOLLOWS

- TXM Healthcare will acknowledge any complaint within two (2) working days of receipt.
- All reasonable endeavours will be made by TXM Healthcare to ensure that all complaints are resolved within ten (10) days of the complaint being notified to us. However, where the nature of the complaint requires additional investigation or action by a professional or government organisation, all reasonable endeavours should be made to ensure that the complaint is resolved as soon as possible thereafter.
- We will ensure that you are fully informed of complaints relating to you (unless there is a specific reason for not doing so).
- You will be afforded the opportunity to state your version of events and will be given three (3) days to respond.
- If appropriate, we will take demonstrable action to ensure there is no recurrence of the act or omission complained of.
- The contracting authority/client may at any time request that we provide them with an update as to the progress of the resolution of the complaint.
- Details on how the complaint has been resolved should be notified to the contracting authority/client in writing, as soon as possible after finalisation.
- If we receive a report of poor performance about you from a contracting authority/client, you will not be supplied again to that contracting authority/client until they are satisfied that a) the issues identified have been resolved, b) will not recur and c) has confirmed this in writing to us.
- Where there is evidence of malpractice, you will be reported to the relevant professional body.
- We will be responsible for monitoring and following up on such complaints with the professional body until an outcome is reached. TXM Healthcare will discuss with the contracting authority/client whether an alert notice needs to be issued and we will cooperate with any action required.
- A full written record of the nature of each complaint and details of the action taken because of the complaint is kept.
- A system to analyse and identify any pattern of complaints (quality assurance system) is also in place.

CLINICAL COMPLAINTS AGAINST NURSING STAFF: TXM HEALTHCARE'S INTERNAL PROCEDURE OVERVIEW

FOR NORTHERN IRELAND:

For Nurses working in Northern Ireland, our Registered Manager will investigate and handle the complaint through resolution to include interim communications to relevant parties and any relevant escalation to professional or regulatory bodies.

The details of the procedure may differ depending on the nature and severity of the complaint, the location of the hospital/trust, and the prevailing process and procedures of the governing and regulatory bodies.

NON-CLINICAL COMPLAINTS: TXM HEALTHCARE INTERNAL PROCEDURE OVERVIEW

TXM Healthcare welcomes all complaints, and they may be received by phone, electronically, written, or in person.

FOR NORTHERN IRELAND:

For Nurses working in Northern Ireland, our Registered Manager will investigate and handle the complaint through resolution to include interim communications to relevant parties and any relevant escalation to professional or regulatory bodies.

The details of the procedure may differ depending on the nature and severity of the complaint, the location of the hospital/trust, and the prevailing process and procedures of the governing and regulatory bodies.

If the complainant is still dissatisfied, they may escalate further to
The Regulation and Quality Improvement Authority

James House

2-4 Cromac Avenue

Gasworks

Belfast

BT7 2JA

Tel: 028 95361111

Email: info@rqia.org.uk

Website: www.rqia.org.uk

REFERRAL AND REPORTING A NURSE

Where there is evidence of malpractice, TXM Healthcare's representative shall formally assess if the complaint requires further investigation or action by a professional, government organisation, or the police and refer the complaint appropriately. In instances of uncertainty, the appropriate professional or government organisation will be contacted for advice and the nurse reported, as necessary. All referrals are diarised to ensure the complaint is monitored through to a satisfactory outcome.

PLACEMENT ASSESSMENT FORM

In instances where a poor placement assessment form is received, TXM Healthcare's representative is to clarify further with the trust and investigate appropriately.

CONFIDENTIAL REFERENCE

In instances where a poor confidential reference is received, you will not be placed with the hospital/trust/client again until the issues have been resolved and the hospital/trust/client has put in writing that they are satisfied with the outcome.

FILE MAINTENANCE

The TXM Healthcare Compliance Manager will be responsible for maintaining the complaint record and register during the investigation. The complaint record will be a comprehensive record containing all details of the complaint. This will include internal and external letters or other written correspondence. The records will include times, dates, and agreed action including telephone conversations in the management of the complaint. The complaint record will be retained in the Nurse's electronic file, highlighting that a complaint investigation has taken place, the nature and date of the investigation, and the outcome.

SYSTEM UPDATES

The complaint record and all ongoing correspondence and communication through to resolution and actions taken shall be scanned and or noted and maintained in an electronic format in the respective nurse's file. In the event a nurse is not to be offered work whilst an investigation takes place, or as a conclusion of a complaint, the system will be amended to restrict placement. If it is agreed the nurse is not to be placed at a particular trust following a full review of the complaint, TXM Healthcare's representative may decide the nurse is suitable to continue to be offered assignments at other trusts, in which case the nurse will be 'barred' from the one trust only. If the complaint is resolved, the system will be amended accordingly.

COMPLAINT AGAINST A MEMBER OF TXM HEALTHCARE STAFF

Where a complaint is against a member of TXM Healthcare staff, the Recruitment Consultant should in the first instance attempt an immediate resolution. If an immediate resolution cannot be obtained, the complainant is requested to put the complaint in writing to TXM Healthcare's Commercial Director.

Our Commercial Director will follow the procedure for non-clinical complaints.

UNSATISFACTORY WORK

Damage, deliberate or otherwise to, or misuse of a patient's, hospital's/trust's, or 'the agency' property.

Gross negligence covers acts of neglect, misuse, or misconduct and/or not discharging promptly and diligently a required task within the terms of engagement (deliberate or otherwise).

Conviction of a criminal offence, caution by a police constable, or being bound over by a court where this is relevant to the nurse's employment/membership or failing to disclose a criminal offence, caution or bind over (including those which would be considered 'spent' under the rehabilitation of offender's act 1976) which occurred before or after engagement with TXM Healthcare.

INAPPROPRIATE RELATIONSHIP WITH PATIENT OR CUSTOMER

Other acts of misconduct may come within the general definition of gross misconduct.

You are advised to read both your terms & conditions for temporary workers and this handbook in full to ensure you fully understand what we ask of you. You cannot work if your health or physical ability impedes you from carrying out your duties effectively. Whilst you will not be required to relinquish membership at the normal retirement age of 67/68, you must, like any other nurse, be in good physical and mental health.

REMOVAL FROM TXM HEALTHCARE'S AGENCY REGISTER

TXM Healthcare has the right to remove nurses from the register.

This can happen for several reasons. Below are some of the main reasons for removal from TXM Healthcare's register. This list includes the below but is not limited to:

- Where nurse conduct or standards of work has seriously fallen below the level required by TXM Healthcare or our client/hospital/trust or your professional code of conduct.
- If we have been alerted by the professional/regulatory body regarding any alerts or investigations that are critical to a nurse being able to work. Including if the nurse is the subject of an alert letter issued by a trust/client/hospital.
- Failing to attend an assignment having accepted an engagement.
- Repeated lateness or repeatedly not showing up to work.
- Acting in an unprofessional manner. If it is believed a nurse has acted in an unprofessional manner, TXM Healthcare reserves the right to remove the nurse from your assignment and not re-assign until the matter has been investigated and resolved.
- Failing to follow the hospital or trusts policies, procedures and health and safety rules.
- Disclosure of confidential information to a third party relating to a patient, another worker, the hospital, trust or TXM Healthcare Ltd.
- Stealing confidential data from a client/hospital/trust.
- Misconduct and/or gross misconduct.
- Breach of trust involving TXM Healthcare or our client/hospital /trust.
- Being under the influence of alcohol, drugs or any substance that will adversely affect your performance at work.
- Theft from TXM Healthcare, patients, colleagues, clients, or members of the public.
- Abusive, violent, or aggressive behaviour towards members of staff, patients, members of the public or staff at TXM Healthcare including physical, verbal, sexual, financial, psychological, and emotional abuse.
- Harassment, bullying and/or discrimination towards other members of staff, patients, members of the public or staff at TXM Healthcare.
- Fighting and/or physical assault.
- Sexual misconduct in the workplace.
- Falsification of any documentation that a nurse has provided which is stated as a requirement for you to be able to work in that hospital or trust.
- Damage to any hospital property or TXM Healthcare's property.
- Gross negligence.
- Be in possession of firearms or other offensive weapons.
- Failing to disclose a criminal offence where it is relevant to the role that we have placed a nurse in.
- If a nurse has an inappropriate relationship with a patient or client.

If you are removed from TXM Healthcare's register, the information we hold on you will be managed in accordance with our privacy policy and legal obligations. It is highly likely to be deleted. If you have any queries regarding this, you can contact our Data Protection Officer.

ALERT LETTERS

Upon receipt of an alert letter, the TXM Healthcare Compliance Manager will check the database to identify if the nurse is already registered with TXM Healthcare. If a nurse is registered with TXM Healthcare, the alert letter is immediately passed to TXM Healthcare's Recruitment Consultant and TXM Healthcare's Senior Management for review.

REVALIDATION & APPRAISAL

NURSES' REVALIDATION

TXM Healthcare has a dedicated revalidation team that will be able to support and offer tools and resources to enable nurses to achieve the following:

- **Appraisals** will be carried out for nurses annually as a minimum. For new and re-engaged nurses, the first appraisal will be conducted within 6 months of the start date of their first assignment and then thereafter at least every 12 months. The appraisal will be scheduled by us and conducted by a more senior practitioner of the same discipline (the Appraiser).

Revalidation is the process that allows nurses to maintain their registration with the NMC. It is a continuous process that they will engage in throughout the year. Nurses must revalidate every 3 years to maintain registration. Whilst revalidation is the responsibility of the nurse themselves, we will endeavour to assist with the process by providing access to all feedback received including CPD, training, performance reviews, supervisions, appraisals, and audits to help our nurses demonstrate that they remain fit to practice.

To revalidate, the following criteria must be met (up to date at time of print).

- 450 practice hours for a registered nurse or registered midwife (900 hours if you are dual registered as both nurse and midwife) in the last 3 years since your last renewal. You will be required to provide documentary evidence of the hours you have worked.
- 35 continual professional development (CPD) points relevant to your scope of practice in the last 3 years since your last renewal (20 hours of these must be participatory I.E. Learning involves interaction with others such as attendance at study days). You will be required to have documented evidence of attendance on the study days.
- 5 pieces of practice-related feedback; this can be written, verbal, formal, or informal from patients, colleagues, service users, or management but must relate to the last 3 years since your last renewal.
- 5 written reflective accounts in the last 3 years since your last renewal. These can be based on a CPD instance, a piece of practice-related feedback you have received, or an event or experience in your professional practice.
- Reflective discussion with another qualified registered nurse or midwife; this can be done at the same time as confirmation if you have not yet had your reflective discussion.
- Health & character declaration.

APPRAISAL DETAILS

Nurse Appraisals are carried out remotely via video call and will take roughly 1 hour.

Nurses are required to complete an appraisal form prior to the interview – this will be provided to you by the compliance team and must be received by the nurse appraiser at least 48 hours before the appraisal takes place so that it can be reviewed before the interview.

We will require a copy of your latest CV and photo ID (Passport or Driving Licence). The required documents must be received **at least 24 hours** before the interview date, and you must have the same ID with you at the time of your Appraisal to have a screenshot taken (Nurses will need to hold the ID for screenshot) – this is a requirement of the Framework.

The documents below are required for an appraisal.

- COMPLETED APPRAISAL FORM (PLEASE SEND IT BACK IN WORD FORMAT)
- PHOTOGRAPHIC IDENTIFICATION IN THE FORM OF A PASSPORT OR DRIVING LICENCE.
- CONTACT DETAILS – TEAMS, FACETIME OR WHATSAPP.
- CURRENT CV

MANDATORY TRAINING CERTIFICATES REQUIRED FOR APPRAISAL BOOKINGS, IF AVAILABLE:

- HEALTH AND SAFETY INCLUDING – LONE WORKING, COSHH & RIDDOR
- INFORMATION GOVERNANCE (CALDICOTT AND DATA PROTECTION)
- FIRE SAFETY
- INFECTION CONTROL
- EQUALITY AND DIVERSITY
- MANUAL HANDLING
- BASIC LIFE SUPPORT
- NEWS 2
- COMPLAINTS HANDLING
- TISSUE VIABILITY
- SAFEGUARDING ADULTS AND CHILDREN INCLUDING PREVENTING RADICALISATION
- MEDICATION UPDATE
- MENTAL HEALTH ACT AND DOLL'S
- NHS CONFLICT RESOLUTION

PROOF OF PROFESSIONAL INDEMNITY

Confirmation: This is to be provided by the person who reviews all the evidence you collected and confirms with the NMC that you have met the revalidation requirements. This should be confirmed in the final year of the 3-year renewal period.

You should refer to the NMC website for additional information. To document your evidence, you must use the NMC forms which can be downloaded from the NMC website at <http://revalidation.nmc.org.uk>. You will need an NMC online account to complete your revalidation. You will be able to revalidate from the 1st of the month in which your revalidation is due.

The cost of our TXM Healthcare revalidation service is £55.00+vat (correct at time of print). Payment can be made via telephone to TXM Healthcare by credit or debit card. Once payment has been received, we will arrange a convenient date and time for you to complete the revalidation process with our TXM Healthcare nurse.

COMPETENCE IN ENGLISH LANGUAGE

Your comprehension and use of both written and oral English will be assessed when you first contact TXM Healthcare. If you are an overseas nurse and are not exempt from the NMC/HCPC English language requirements for registration, you will need to take the four academic modules of the IELTS test and supply us with your original IELTS certificate as evidence.

The nature of the work undertaken by TXM Healthcare means that you may have regular and ongoing contact with young people and/or vulnerable adults. For this reason, it is a requirement that TXM Healthcare holds an up-to-date enhanced Access NI (child and adult) for you.

If you have recently entered the United Kingdom (UK) and/or become resident in the UK (either temporarily or permanently) within the 6-month period prior to registration with TXM Healthcare, you must also provide a police check which has been issued within the previous 3 months from your country of origin/residence (whichever is applicable). Additionally, if you have resided outside of the UK for one month or more in the last 5 years you will need to obtain a police check from that country of residence.

TXM Healthcare will pay for your initial enhanced Access NI, and you will simply be required to provide us with a completed 'disclosure application form' which will be supplied in your registration pack. Alternatively, you can contact your compliance administrator who will take the necessary details from you to enable us to apply for an online Access NI. Upon receipt of your original identity documents, 'the agency' will, on your behalf, apply for your Access NI.

SUPERVISORY PRACTICE

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

WHAT IS CLINICAL SUPERVISION?

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

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

At TXM Healthcare, we strive for all our nurses to attain the requisite amount of supervision, benefitting our staff, clients, and ultimately the patients in their care.

SUPERVISION WHILST EMPLOYED WITH THE COMPANY

Nurse supervision will commence once a nurse has been formally inducted. The nurse will already be aware of the company structure and whom to report to. Following induction, through supervision and appraisal, the values of the company will continue to be reinforced.

All nurses are required to complete supervisions at 3, 6, and 12 months to continue being deployed.

All new starters will be provided with a handbook and supervision contract that has the core policies and procedures for TXM Healthcare.

LOCAL/WORKPLACE SUPERVISION

We expect our clients to provide professional supervision if the need arises when deployed in the workplace to ensure the highest quality of care. Nurses moving to a new clinical area are advised to ensure they know whom to attain relevant supervision from when deployed - be it from substantive staff, their consultant, or from the clinical team.

If a staff member is in post for an extensive period, the supervisory practice should be redirected and managed by the client. TXM will liaise with trust in these instances.

Supervision records and non-compliance with supervision:

We will maintain all supervision records and nurses who are not compliant will be reminded and encouraged to adhere to company policy. Nurses who fail to comply may not be assigned work until compliance is attained.

FURTHER RESPONSIBILITIES

We will ensure that resources are available to support mandatory training and that a checklist is available for core induction requirements.

We will ensure that from the commencement of employment, each nurse will have a consultant that will be their point of contact in the organisation. The consultant will provide the nurse with all required knowledge of upcoming roles prior to deployment, re-establish a connection with the supervisory clinical team, and offer both day-to-day support in addition to signposting the nurse if further support is required.

TRAINING AND DEVELOPMENT

CONTINUAL PROFESSIONAL DEVELOPMENT (CPD)

As a healthcare professional working for TXM Healthcare, you are responsible for updating your skills and knowledge to maintain your Continuing Professional Development portfolio.

CPD is fundamental to the development of all health practitioners and the enhancement of quality patient and client care. Recipients of care have a right to access healthcare practitioners who possess up-to-date knowledge, skills, and abilities appropriate to their sphere of practice.

You should maintain a written portfolio of your own professional experience and attendance at professional development courses. CPD forms a vital part of the revalidation process and demonstrates your commitment to learning. You will need to bring a summary of your CPD activities to your annual appraisal to show that you have met the requirements for revalidation; this should also include a written and agreed 'Personal Development Plan' from your appraiser.

TRAINING AND DEVELOPMENT REQUIREMENTS AND OPPORTUNITIES

As a TXM Healthcare professional, you are responsible for updating your skills and knowledge regarding best practices in health and safety. You should subscribe to all codes of practice, as laid down in statute or by the NMC, the relevant royal college, or the Health Professional Council (HCPC) as appropriate. We will want to know the outcome of your most recent annual review of competence profession (ARCP) and/or grading of any record of in-training.

Assessments (RITAS) obtained in the past 5 years, where applicable, as part of the recruitment process. TXM Healthcare offers subsidised training through several suppliers and free training ourselves; speak to your Recruitment Consultant for more information.

TRAINING FOR WORK

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

SUBJECT	AUDIENCE	FREQUENCY OF TRAINING/REFRESHERS	TRAINING DELIVERY
EQUALITY, DIVERSITY & HUMAN RIGHTS	ALL STAFF INCLUDING UNPAID & VOLUNTARY	3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES
HEALTH, SAFETY & WELFARE	ALL STAFF INCLUDING UNPAID & VOLUNTARY	INDUCTION FOLLOWED BY EVERY 3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES. FURTHER JOB-SPECIFIC TRAINING MAY BE NEEDED BASED ON LOCAL RISK ASSESSMENT.
NHS CONFLICT RESOLUTION (ENGLAND)	FRONTLINE NHS STAFF AND PROFESSIONALS WHO COME INTO DIRECT CONTACT WITH THE PUBLIC	3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES. PRACTICAL INSTRUCTION IS ALSO REQUIRED.
FIRE SAFETY	ALL STAFF INCLUDING UNPAID & VOLUNTARY	INDUCTION: SITE-SPECIFIC FOLLOWED BY REGULAR FIRE SAFETY TRAINING. AT LEAST EVERY 2 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES. PRACTICAL INSTRUCTION IS ALSO REQUIRED (E.G. EVACUATION TECHNIQUES) SUPPLEMENTED BY SPECIFIC JOB/SITE-SPECIFIC TRAINING AS NECESSARY
INFECTION PREVENTION & CONTROL	LEVEL 1: ALL STAFF INCLUDING UNPAID & VOLUNTARY	3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES.

	LEVEL 2: ALL HEALTHCARE STAFF INVOLVED IN DIRECT PATIENT CARE/SERVICES	1 YEAR	
MOVING AND HANDLING	LEVEL 1: ALL STAFF INCLUDING UNPAID AND VOLUNTARY	ANNUAL, ALTHOUGH BASED ON LOCAL RISK ASSESSMENT	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES. PRACTICAL INSTRUCTION IS ALSO REQUIRED.
	LEVEL 2: ALL STAFF INCLUDING UNPAID & VOLUNTARY STAFF WHO ARE INVOLVED IN PATIENT-HANDLING ACTIVITIES	ANNUAL, ALTHOUGH BASED UPON LOCAL RISK ASSESSMENT	
SAFEGUARDING ADULTS (VERSION 2)	LEVEL 1: ALL STAFF WORKING IN HEALTH CARE SETTINGS	INDUCTION FOLLOWED BY EVERY 3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES
	LEVEL 2: ALL PRACTITIONERS WHO HAVE REGULAR CONTACT WITH PATIENTS, FAMILIES, CARERS OR THE PUBLIC	3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES
	LEVEL 3: REGISTERED HEALTHCARE STAFF WHO ENGAGE IN ASSESSING, PLANNING, INTERVENING, AND EVALUATING THE NEEDS OF ADULTS WHERE THERE ARE SAFEGUARDING CONCERNS	3 YEARS	E-LEARNING CAN SUPPORT DELIVERY OF KNOWLEDGE ASPECTS OF LEARNING OUTCOMES.
8A. PREVENTING RADICALISATION	BASIC PREVENT AWARENESS: ALL STAFF THAT HAVE CONTACT WITH ADULTS, CHILDREN, YOUNG PEOPLE AND PARENTS/CARERS	3 YEARS	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES. CAN ALSO BE INCORPORATED INTO SAFEGUARDING TRAINING
	PREVENT AWARENESS: ALL STAFF WHO COULD CONTRIBUTE TO ASSESSING, PLANNING, INTERVENING AND EVALUATING THE NEEDS OF AN ADULTS OR CHILD WHERE THERE ARE SAFEGUARDING CONCERNS	3 YEARS (INITIAL TRAINING WITHIN 12 MONTHS OF STARTING IN RELEVANT ROLE WITH APPROPRIATE UPDATING/BRIEFING AT LEAST ANNUALLY	SHOULD BE DELIVERED BY ATTENDANCE AT A WORKSHOP TO RAISE AWARENESS OF PREVENT (WRAP) OR BY COMPLETING AN APPROVED E-LEARNING PACKAGE.
SAFEGUARDING CHILDREN (VERSION 3)	LEVEL 1: ALL STAFF WORKING IN CARE SETTINGS	3 YEARS	E-LEARNING IS APPROPRIATE AT LEVEL 1.
	LEVEL 2: ALL NON-CLINICAL AND CLINICAL STAFF WHO HAVE CONTACT WITH CHILDREN, YOUNG PEOPLE OR PARENTS/CARERS OR ANY ADULTS WHO MAY POSE A RISK TO CHILDREN.	3 YEARS	E-LEARNING IS APPROPRIATE; HOWEVER, TRAINING, EDUCATION, AND LEARNING OPPORTUNITIES SHOULD ALSO INCLUDE MULTI-DISCIPLINARY AND SCENARIO-BASED DISCUSSION.
	LEVEL 3: CLINICAL STAFF (WORKING WITH CHILDREN, YOUNG PEOPLE OR PARENTS/CARERS OR ANY ADULTS WHO MAY POSE A RISK TO CHILDREN) WHO COULD CONTRIBUTE TO ASSESSING, PLANNING, INTERVENING AND EVALUATING THE NEEDS OF A CHILD OR YOUNG PERSON AND/OR PARENTING CAPACITY	3 YEARS	E-LEARNING CAN BE USED AS PREPARATION FOR REFLECTIVE TEAM-BASED LEARNING. LEARNING SHOULD BE MULTI-DISCIPLINARY AND INTER-AGENCY, INCLUDING OPPORTUNITIES FOR PERSONAL REFLECTION, SCENARIO-BASED DISCUSSION, DRAWING ON CASE STUDIES ETC.
RESUSCITATION	LEVEL 1: ANY CLINICAL OR NON-CLINICAL STAFF, DEPENDENT ON LOCAL RISK ASSESSMENT OR WORK CONTEXT	INDUCTION FOLLOWED BY LOCAL ASSESSMENT	E-LEARNING CAN SUPPORT DELIVERY OF KNOWLEDGE ASPECTS OF LEARNING OUTCOMES.

	LEVEL 2: STAFF WITH DIRECT CLINICAL CARE RESPONSIBILITIES INCLUDING QUALIFIED HEALTHCARE PROFESSIONALS	1 YEAR	PRACTICAL INSTRUCTION IS ALSO REQUIRED (I.E. HANDS-ON SIMULATION TRAINING AND ASSESSMENT ARE RECOMMENDED FOR CLINICAL STAFF)
	LEVEL 3: REGISTERED HEALTHCARE PROFESSIONALS WITH RESPONSIBILITY TO PARTICIPATE AS PART OF A RESUSCITATION TEAM	1 YEAR	
INFORMATION GOVERNANCE & DATA SECURITY	ALL STAFF INVOLVED IN ROUTINE ACCESS TO INFORMATION	1 YEAR	E-LEARNING CAN COVER ALIGNMENT TO CSTF LEARNING OUTCOMES.

CLINICAL/CARE SUBJECTS, LEVELS, AND REFRESHER PERIODS – NON-REGISTERED STAFF

All the below training will be delivered on completion of the statutory and mandatory subjects training above for relevant nurses (depending on the role) and then thereafter refresher training will be provided at the frequency shown below unless a risk assessment has shown that additional training is required for a particular nurse or job:

SUBJECT	LEVEL	FREQUENCY OF TRAINING/REFRESHERS
YOUR HEALTHCARE CAREER	N/A	ONCE ON RECRUITMENT
DUTY OF CARE	N/A	ONCE ON RECRUITMENT
PERSON-CENTRED CARE	N/A	ONCE ON RECRUITMENT
COMMUNICATION	N/A	ONCE ON RECRUITMENT
CONSENT	N/A	ONCE ON RECRUITMENT
PRIVACY AND DIGNITY	N/A	ONCE ON RECRUITMENT
FLUIDS AND NUTRITION	N/A	ONCE ON RECRUITMENT
DEMENTIA AWARENESS	N/A	ONCE ON RECRUITMENT
BLOOD COMPONENT TRANSFUSION	DECISION TO TRANSFUSE	THREE (3) YEARS
	ADMINISTRATION OF BLOOD COMPONENTS	THREE (3) YEARS
	BLOOD SAMPLING	THREE (3) YEARS
	COLLECTION OF BLOOD COMPONENTS FROM STORAGE AND DELIVERY TO THE CLINICAL AREA	THREE (3) YEARS

OTHER TRAINING

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

SUBJECT	FREQUENCY OF TRAINING/REFRESHERS
COMPLAINTS	ANNUAL
LONE WORKER TRAINING	ANNUAL
FOOD HYGIENE & HYGIENE AWARENESS	ANNUAL
MENTAL HEALTH ACT	ANNUAL
MENTAL CAPACITY ACT – SAID AREA	ANNUAL

PHYSICAL RESTRAINT SKILLS AND TECHNIQUES, INCLUDING PERSONAL SAFETY AND CONTROL & RESTRAINT	ANNUAL
INTERPRETATION OF CARDIOGRAPHS	ANNUAL
ANY ADDITIONAL CLINICAL/CARE OR OTHER TRAINING THAT THE PARTICIPATING AUTHORITY CONSIDERS NECESSARY AND OR AS REQUIRED BY THE RELEVANT PROFESSIONAL BODY RELEVANT TO THE ROLE REQUIRED TO BE PERFORMED AND IDENTIFIED IN THE INDIVIDUAL ORDER AND THE CALL-OFF CONTRACT FROM TIME TO TIME.	ANNUAL
COUNTER FRAUD TRAINING	ANNUAL

RQIA TRAINING MATRIX

TRAINING SUBJECT	FREQUENCY	REGULATION	STANDARD	GUIDANCE/LINK
1. SAFEGUARDING ADULTS, CHILDREN, AND YOUNG PEOPLE	AT INDUCTION AND MANDATORY EVERY 3 YEARS		9.4 9.10	
2. INFECTION CONTROL	ALL STAFF COMMENSURATE WITH THEIR ROLE		6.54	NIPEC GUIDANCE
3. MANAGEMENT OF RECORDS	ALL STAFF COMMENSURATE WITH THEIR ROLE		3.6	
4. COMPLAINTS MANAGEMENT	ALL STAFF COMMENSURATE WITH THEIR ROLE		8.8	
5. MEDICINES MANAGEMENT	ALL STAFF COMMENSURATE WITH THEIR ROLE	12 (1) (B) AND (D)	6	

Regulation: The Nursing Agencies Regulations (Northern Ireland) 2005.

Guidelines: Northern Ireland Practice and Education Council for Nursing & Midwifery healthcare-associated Infection: a review of staff training, and development needs for infection prevention and control final report.

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

APPENDIX 1: CONTACTING THE ADULT PROTECTION GATEWAY SERVICE IN NORTHERN IRELAND

If you are in immediate danger, contact the police. If you suspect abuse, exploitation, or neglect is happening to someone, report your concerns to the adult protection gateway service. The service is available in the local health and social care trust. You can also tell the police.

TRUST	AREAS COVERED	TELEPHONE NUMBER	OUT-OF-HOURS EMERGENCY TELEPHONE NUMBER
WESTERN ADULT PROTECTION GATEWAY SERVICE	LONDONDERRY/DERRY, LIMAVADY, STRABANE, OMAGH, ENNISKILLEN	028 7161 1366	028 9504 9999
SOUTHERN ADULT PROTECTION GATEWAY SERVICE	CRAIGAVON, BANBRIDGE, DROMORE, LURGAN, PORTADOWN, GILFORD, ARMAGH COALISLAND, DUNGANNON, FIVEMILETOWN, MARKETHILL, MOY, TANDRAGEE, BALLYGAWLEY, NEWRY, BESSBROOK, ANNALONG, RATHFRILAND, WARRENPOINT, CROSSMAGLEN, KILKEEL, NEWTOWNHAMILTON	028 3756 4423	028 9504 9999
BELFAST ADULT PROTECTION GATEWAY SERVICE	GREATER BELFAST AREA	028 9504 1744	028 9504 9999
NORTHERN ADULT PROTECTION GATEWAY SERVICE	ANTRIM, CARRICKFERGUS, NEWTOWNABBAY, LARNE, BALLYMENA, COOKSTOWN, MAGHERAFELT, BALLYCASTLE, BALLYMONEY, PORTRUSH, COLERAINE	028 9441 3659	028 9504 9999
SOUTHEASTERN ADULT PROTECTION GATEWAY SERVICE	LISBURN, DUNMURRY, MOIRA, HILLSBOROUGH, BANGOR, NEWTOWNARDS, ARDS PENINSULA, COMBER, DOWNPATRICK, NEWCASTLE, BALLYNAHINCH	028 9250 1227	028 9504 9999

APPENDIX 2: ACCESS NI POLICY STATEMENT

GENERAL PRINCIPLES

As an organisation using Access NI to help assess the suitability of applicants for positions of trust, TXM Healthcare complies fully with Access NI's code of practice regarding the correct handling, use, storage retention, and disposal of disclosure applications and disclosure information. We also comply fully with obligations under the data protection act 2018 and other relevant legislative requirements with regard to the safe handling, storage, retention, and disposal of disclosure information.

CONSENT

As we no longer receive a copy certificate from Access NI, written consent will be obtained from the applicant when requesting and retaining a (copy of a) disclosure certificate.

STORAGE AND ACCESS

Disclosure information is to be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

HANDLING

In accordance with section 124 of the police act 1997, disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom disclosures or disclosure information has been revealed. We recognise it is a criminal offence to pass this information to anyone who is not entitled to receive it.

USAGE

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

RETENTION

Once a recruitment (or other relevant appointments, regulatory, or licensing) decision has been taken, we do not keep Disclosure information for any longer than is necessary. We comply with Access NI's code of practice requirement to ensure that it is not retained longer than is required for the specific purpose of taking a decision on the applicant's suitability. Disclosure certificates will be returned to the applicant once a decision, recruitment or otherwise has been made and will be retained no longer than the agreed period.

DISPOSAL

Once the retention period has elapsed, we will ensure that any disclosure information is immediately destroyed by secure means I.E., by shredding, pulping, or burning. While awaiting destruction, disclosure information will not be kept in any unsecured receptacle (e.g., waste bin or confidential sack). We will not keep any photocopy or other image of the disclosure or any copy or representation of the contents of the disclosure or any other relevant non-conviction information supplied by the police. However, despite the above, we may keep a record of the date of issue of disclosure, the name of the subject, the type of disclosure requested, the position for which the disclosure was requested, the Access NI unique reference number of the disclosure certificate and the details of the recruitment decision.

APPENDIX 3: POLICY ON THE RECRUITMENT OF EX-OFFENDERS IN NORTHERN IRELAND

TXM Healthcare complies fully with the code of practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees, and other recipients of information by Access NI under part v of the police act 1997, for the purposes of assessing applicant's suitability for employment purposes, voluntary positions, licensing, and other relevant purposes. We undertake to treat all applicants for positions fairly and not to discriminate unfairly or unlawfully against the subject of a disclosure on the basis of conviction or other information revealed.

This policy is made available to all disclosure applicants at the outset of the recruitment process.

We are committed to equality of opportunity (see separate equal opportunities policy) to following practices, and to providing a service that is free from unfair and unlawful discrimination. We ensure that no applicant or member of staff is subject to less favourable treatment on the grounds of gender, marital status, race colour, nationality, ethnic or national origins, age, sexual orientation, responsibilities for dependants, physical or mental disability political opinion, or offending background, or is disadvantaged by any condition which cannot be shown to be relevant to performance.

We actively promote equality of opportunity for all with the right mix of talent, skills, and potential, and welcome applications from a wide range of nurses, including those with criminal records. The selection of nurses for interview will be based on those who meet the required standard of skills, qualifications, and experience as outlined in the essential and desirable criteria.

We will request an Access NI disclosure only where this is considered proportionate and relevant to the position. This will be based on a thorough risk assessment of that position and having considered the relevant legislation which determines whether or not a standard or enhanced disclosure is available to the position in question. Where an Access NI disclosure is deemed necessary for a post or position, all applicants will be made aware at the initial recruitment stage that the position will be subject to disclosure and that we will request the individual being offered the position to undergo an appropriate Assess NI disclosure check.

In line with the rehabilitation of offenders (exceptions) (Northern Ireland) order 1979 (as amended in 2014), we will only ask about convictions that are defined as "not protected" for the purposes of obtaining a standard or enhanced disclosure.

We undertake to ensure an open and measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned e.g., the individual is applying for a driving job but has a criminal history of driving offences. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of the conditional offer of employment.

We may consider discussing any matter revealed in a disclosure certificate.

We ensure that all those in TXM Healthcare who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of disclosure information. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders (e.g., the Rehabilitation of Offenders (Northern Ireland) order 1978).

We undertake to make every subject of an Access NI disclosure aware of the existence of the code of practice and to make a copy available on request.

Having a criminal record will not necessarily debar you from working with us. This will depend on the nature of the position, together with the circumstances and background of your offences or other information contained on a disclosure certificate.

REFERRING YOUR CONCERNS – HOW TO COMPLAIN OR RAISE CONCERNS ABOUT HEALTH SERVICES

<https://www.nidirect.gov.uk/articles/how-complain-or-raise-concerns-about-health-services>

These are the basic requirements for all children and young people to grow and develop and reach their full potential. They are shown in the diagram (above) which is called the well-being wheel.

The well-being indicators are used to record observations, events, and concerns and as an aid in putting together a child's plan.

Children and young people will progress differently, depending on their circumstances but every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the well-being indicators.

All agencies in touch with children and young people must play their part in making sure that young people are healthy, achieving, nurtured, active, respected, responsible, included, and, above all, safe.



MILTON KEYNES - HEAD OFFICE

TXM HEALTHCARE
WALNUT HOUSE
BLACKHILL DRIVE, WOLVERTON MILL
MILTON KEYNES
MK12 5TS.
TEL: 01908 326 400 FAX: 01908 810 202

BELFAST

TXM HEALTHCARE
CLOCKWISE, RIVER HOUSE, 46-60 HIGH STREET
BELFAST, BT1 2BE
TEL: 01908 326 233 FAX: 01908 810 202

WWW.TXMHEALTHCARE.CO.UK

ONCALL SERVICE

IF YOU WOULD LIKE TO CONTACT THE TXM HEALTHCARE TEAM OUT OF USUAL OFFICE HOURS, YOU CAN CALL **TEL: 01908 326 400** BY CALLING US YOU WILL BE CONNECTED TO OUR OUT OF HOURS TEAM WHO WILL BE HAPPY TO ASSIST YOU.

PLEASE NOTE TXM HEALTHCARE'S OOH SERVICE CANNOT ASSIST WITH ALL QUERIES OUT OF HOURS BUT WE WILL DO OUR BEST TO ASSIST YOU WITH ANY QUERIES YOU MAY HAVE AND TAKE ACTION WHERE WE CAN.

IF YOU HAVE A NON URGENT QUERY YOU CAN ALWAYS CONTACT US VIA OUR WEBSITE AND VIEW OUR CONTACT US PAGE WHERE YOU WILL FIND MULTIPLE WAYS OF CONTACTING OUR TEAM.

WWW.TXMHEALTHCARE.CO.UK

REFER A FRIEND

ON TOP OF GREAT PAY AND BENEFITS OFFERED BY TXM HEALTHCARE, YOU CAN ENJOY FURTHER REWARDS

TXM HEALTHCARE NOW OFFER A REFERRAL BONUS
BY SIMPLY RECOMMENDING A FRIEND TO JOIN OUR TEAM YOU CAN EARN REWARDS

WE ARE CURRENTLY SEEKING EXPERIENCED TEAM MEMBERS IN THE FOLLOWING AREAS:

- NURSES
- MENTAL HEALTH
- DOCTORS
- SPECIALIST CONSULTANTS
- CARERS
- ALLIED HEALTH PROFESSIONALS

CALL OUR TEAM ON 01908 326 400 FOR MORE INFORMATION. T&C'S APPLY