



Working with ICS Insourcing Doctors

Welcome

Dear colleague,

As a new member of our clinical team, you will receive written terms and conditions that set out the particulars of your engagement with us. It is important that you read the terms carefully before you sign and return them to us.

The purpose of this handbook is to provide you with information about our clinical service model, as we appreciate many of you will be new to insourcing. Additionally, we will use the pages that follow to:

- provide useful information about key aspects of our ongoing relationship with you
- highlight the behavioural standards that we seek to uphold within our clinical team
- provide you with details of important ICS policies

Insourcing services are designed to provide extra clinical capacity to NHS organisations. Services can be delivered across most major specialties and often support all elements of the patient's pathway from outpatient consultations, diagnosis and surgery. The insourcing organisation has responsibility for ensuring service governance and for reporting its activity on a weekly basis to the client trust.

We hope your experience with us thus far has been a pleasant one and we believe you will continue to choose us as your insourcing provider of choice. We are confident that the service we have to offer is of an exceptional quality and we ask that you take every opportunity to tell us how we are doing as we hope to always foster a culture of learning and continuous service improvements.

We believe that our company values and the behavioural standards, will help shape our culture. It is our culture that will sustain our reputation of excellence. Our consultants are integral to helping us foster this culture of excellence.

Nicola Ellis Webb

Clinical Operations Director

Delivering high-quality patient care by building high-performing teams

Contact us

Senior Management Team

Nicola Ellis-Webb, Clinical Operations Director

Nicola.Elliswebb@icsinsourcing.com

07973 911 222

Jo Berry, Head of Service Delivery

Jo.Berry@icsinsourcing.com

07442 536 501

Recruitment & Compliance Team

Recruitment@icsinsourcing.com

020 7841 4737

Mobilisation Team

Placements@icsinsourcing.com

020 7841 4738

Travel & People Operations Team

Travel@icsinsourcing.com

Finance & Payroll Team

Payroll@icsinsourcing.com

020 7456 1259

Contents

About ICS Insourcing	7
Our company values	8
Behavioural standards	9
Dignity & respect	10
Team work	11
Efficiency	12
Quality of care	13
Non-technical skills for surgeons	14
Situation awareness	16
Decision making	18
Communication and teamwork	19
Leadership	20
Working with ICS Insourcing	21
Booking shifts & placement procedures	24
Our policies and procedures	26
Useful contacts	46
Where to find us	47

About ICS Insourcing

As part of the Independent Clinical Services Group (ICS) we benefit from the infrastructure of a large organisation with over 20 years' experience in the health and life sciences sectors. ICS is known for developing long-term, inspired partnerships with NHS organisations and it is from this commitment to finding new and innovative ways of serving the NHS, that ICS Insourcing was born.

At ICS Insourcing, we live by a set of shared values. They represent who we are and what we stand for. They guide our actions and behaviours and influence the way we work and interact with our colleagues, and the way we serve our clients.

To have the type of impact we desire, we recognise that we cannot do business as usual, not only in the way we serve our clients, but the people we recruit. That is why it is important that we recruit people who share our values and equally, that we are deliberate in developing each member of the team to high levels of performance. Our intention is to lead with our values as we believe that our values will shape our culture. It is our culture that will be our unique proposition and the reason we excel beyond what others have achieved.



Our company values

Excellence

We want to be recognised as a high performing organisation in everything we do from our operational processes to the front-line delivery of our clinical services.

Innovation

We are relentless in looking for new and better ways of doing things. We seek out and implement clinical pathway innovations that improve outcomes and patient experience.

Integrity

We are determined to always conduct ourselves in a manner consistent with the highest standards of integrity. We believe that our reputation is more important than any other short-term rewards. We do the right thing for patients every time and put them first in everything we do.

Agility

We are committed to responding rapidly and flexibly to our client's needs. We recognise the need to be able to sense, adapt and respond to changes in the healthcare landscape so that we can innovate and continue to provide high quality services to our clients.

Behavioural standards

ICS will constantly provide the highest possible standards of compassionate care and the very best patient and staff experience. Our behavioural standards enable us to recruit and manage people who fit the organisation's culture.



Dignity & respect

Protecting patient's dignity and showing respect is an essential part of providing an excellent standard of care. Patients feel out of their comfort zone when they visit a hospital and often share private information about themselves. Everything you do has the power to either strengthen and restore that sense of dignity or diminish or undermine it.

	Love to see	Expect to see	Don't want to see
Communicate & kind	<ul style="list-style-type: none"> Overcomes constraints to meet individual's needs; always maintains sensitivity and kindness; adopts a flexible and creative approach to meet individual needs. 	<ul style="list-style-type: none"> Thinks the best of people. Treats people as valued individuals; is open to different views and ways of working, understands how their role impact on patient care. 	<ul style="list-style-type: none"> Is insensitive to the needs or preferences of others; appear to be too busy, or has insufficient time to give full attention.
Friendly & courteous	<ul style="list-style-type: none"> Offers a personalised service by using people's names and by remembering their faces. Makes everyone feel special and is friendly at all times. 	<ul style="list-style-type: none"> Makes eye contact, smiles if appropriate and always introduces themselves and their roles. 	<ul style="list-style-type: none"> Talks over patients or depersonalises them as a medical condition. Avoids people and demonstrates rude and impolite behaviour.
Attentive & helpful	<ul style="list-style-type: none"> Goes the extra mile and always strives to resolve problems. 	<ul style="list-style-type: none"> Keeps an eye out for people who may need help and strives to help them or find someone who may. 	<ul style="list-style-type: none"> Avoids patients and people who need help.
Protective dignity	<ul style="list-style-type: none"> Actively creates an environment of privacy and dignity and is an advocate for vulnerable patients and staff. 	<ul style="list-style-type: none"> Shows awareness of vulnerability, protects privacy and confidentiality. Stands up for vulnerable patients and intervenes when others don't. 	<ul style="list-style-type: none"> Demonstrates lack of thoughtlessness for patients and colleagues. Shows no regard for patients' privacy and confidentiality.

Team work

We aim to develop the skills and attitudes that underpin strong team working which includes understanding and valuing your role and the roles of other team members and knowing the team's objectives. We recognise the huge benefits team working brings, not only to the quality of care your patients receive, but to the quality of your experience of working as a healthcare professional.

	Love to see	Expect to see	Don't want to see
Work in partnership	<ul style="list-style-type: none"> Works in collaboration with different colleagues and departments. Promotes team work whenever possible. 	<ul style="list-style-type: none"> Understands having a shared vision and collaborates positively with colleagues, patients and is not afraid to add to discussions. 	<ul style="list-style-type: none"> Always puts own needs before others and doesn't contribute to discussions. Avoids working in a team.
Listen and hear	<ul style="list-style-type: none"> Actively listens to the views of others and makes them feel welcomed and valued. 	<ul style="list-style-type: none"> Shows understanding when communicating with others by using clear body language pointers and making eye contact. 	<ul style="list-style-type: none"> Fails to make an effort to understand other people's points of view, talks over others and doesn't allow them to express their opinion.
Respect other's time	<ul style="list-style-type: none"> Manages their own time properly and is proactive. Works to reduce waits, delays and keeps everyone informed. 	<ul style="list-style-type: none"> Setting clear timeframes for tasks and objectives. Values people's time. 	<ul style="list-style-type: none"> Sets unrealistic timeframes and priorities. Makes excuses for delays, waits and doesn't keep people informed.
Explain and involve	<ul style="list-style-type: none"> Works hard to explain tasks, priorities and adjusts communication style to keep people informed. 	<ul style="list-style-type: none"> Uses clear language to communicate what is happening and is going to happen. 	<ul style="list-style-type: none"> Makes no effort to explain tasks and priorities; fails to adjust communication style and creates confusion.

Efficiency

Innovation is one of our company values and we are relentless in looking for new and better ways of doing things. We expect that anyone who represents our business to proactively seek feedback and to recognise the need for change for the better. We will use evidence to guide our learning, development and look for innovative solutions to problems.

	Love to see	Expect to see	Don't want to see
Innovate & improve	<ul style="list-style-type: none"> Is relentless in looking for new and better ways of doing things. Shows creativity and is not scared to try new ways of working. 	<ul style="list-style-type: none"> Shows creativity and seeks out new ideas. Assists others in developing better ways of working. 	<ul style="list-style-type: none"> Not showing interest in better ways of working. Often misses opportunities to apply new ideas to improve different aspects of the patients and staff experience.
Develop through learning	<ul style="list-style-type: none"> Understands continuous development and always identifies areas of learning and development for themselves and others. 	<ul style="list-style-type: none"> Seeks out opportunities for learning and development. Identifies areas of research that benefits the quality of service provided by ICS Insourcing. 	<ul style="list-style-type: none"> Demonstrates lack of interest in their own learning and development.
Efficient & simplified	<ul style="list-style-type: none"> An active advocate for efficient and simplified ways of working. Influences others to streamline work and simplify tasks. 	<ul style="list-style-type: none"> Develops well-organised ways of working. Listens and implements feedback which benefits the shared vision of others. 	<ul style="list-style-type: none"> Is closed-minded and not open to new ways of working. Prevents others from implementing alternative approaches.
Courage to give and receive feedback	<ul style="list-style-type: none"> Actively seeks feedback from patients, staff and third parties and uses this to improve services. Feels comfortable sharing feedback with colleagues and patient families. 	<ul style="list-style-type: none"> Welcomes feedback from staff, patients and third parties without taking it personally. Shows appreciation for all constructive feedback. 	<ul style="list-style-type: none"> Is dismissive of feedback and builds barriers to block feedback and constructive criticism.

Quality of care

We pride ourselves in consistently providing high-quality care to all patients. Quality is often difficult to define, but we have chosen to adopt the definition put forward by Lord Darzi in the final report 'High Quality Care for All - NHS next stage review (2008)'. This sets out three domains for high-quality care; safety, clinical effectiveness and patient experience.

	Love to see	Expect to see	Don't want to see
Safe	<ul style="list-style-type: none"> Promotes a safe environment for patients and colleagues. Known for developing safer practices and reducing risks. 	<ul style="list-style-type: none"> Understands and follows procedures. Takes appropriate steps when things are going wrong. Follows standard procedure or escalates when necessary. 	<ul style="list-style-type: none"> Lack of attention to detail with little regard to the safety of patients and colleagues. Does not learn from mistakes.
Clinical effectiveness	<ul style="list-style-type: none"> Encourages others to find better ways to deliver services. Motivates colleagues to make safety a priority. 	<ul style="list-style-type: none"> Recognises best practice. 	<ul style="list-style-type: none"> Chooses to focus on activities and tasks that do not benefit patients or colleagues. Does not support practice which is consistent with best practice.
Patient experience	<ul style="list-style-type: none"> Is a role model for ICS Insourcing and clearly represents the values. Instils confidence in patients. 	<ul style="list-style-type: none"> Acts professional and keeps company values at the forefront therefore upholding ICS Insourcing as a company patients can have confidence in. 	<ul style="list-style-type: none"> Is unaware of the impact of their words and actions. Acts unprofessionally by being rude, and criticising colleagues in front of other people.
Personal responsibility	<ul style="list-style-type: none"> Takes full responsibility for own actions and goes beyond area of responsibility in order to deliver excellent quality of care for patients. 	<ul style="list-style-type: none"> Accountable for own actions and sees things through to resolution. 	<ul style="list-style-type: none"> Avoids responsibility and does not go the extra mile to resolve problems.

Non-technical skills for surgeons

(Based on the Non-technical Skills for Surgeons System Handbook v1.2 written by the University of Aberdeen, the Royal College of Surgeons of Edinburgh and NHS Education for Scotland).



Introduction

Non-technical skills are of increasing importance in surgery. They are the cognitive and interpersonal skills that complement practical and technical competences, such as decision making, leadership and team working. It has been found that in surgical specialties the underlying cause of adverse events is often linked to these behavioural or non-technical aspects of performance (e.g. communication failures). These aspects of performances have been largely developed informally rather than explicitly addressed in training and as a result the NOTSS system has been developed. This system is deemed necessary to ensure patient safety in the operating theatre.

What is NOTSS system?

The NOTSS system provides a framework and common terminology for rating and giving feedback on non-technical skills. Used in conjunction with medical knowledge and clinical skills, NOTSS is a tool to observe and rate behaviour in theatre in a structured manner.

NOTSS describes the main observable non-technical skills associated with good surgical practice, under the following headings.

Situation awareness

Decision making

Communication & teamwork

Leadership

Situation awareness

Developing and maintaining a dynamic awareness of the situation in the theatre based on assembling data from the environment (patient, team, time, displays, equipment); understanding what they mean, and thinking ahead about what may happen next.

	Overview	Good behaviours	Poor behaviours
Gathering information	<ul style="list-style-type: none"> Seeking information in the operating theatre from the operative findings, theatre environment, equipment and people. 	<ul style="list-style-type: none"> Carries out pre-operative checks of patient notes, including investigations and consent. Ensures that all relevant investigations (e.g. imaging) have been reviewed and are available. Liaises with anaesthetist regarding anaesthetic plan for patient. Optimises operating conditions before starting e.g. moves table, lights, AV equipment. Identifies anatomy/pathology clearly Monitors ongoing blood loss. Asks anaesthetist for update. 	<ul style="list-style-type: none"> Arrives in theatre late or has to be repeatedly called. Does not ask for results until the last minute or not at all. Does not consider the views of operating room staff. Fails to listen to anaesthetist. Fails to review information collected by team. Asks for information to be read from patient notes during procedure because has not been read before operation started.
Understanding information	<ul style="list-style-type: none"> Updating one's mental picture by interpreting the information gathered, and comparing it with existing knowledge to identify the match or mismatch between the situation and the expected state. 	<ul style="list-style-type: none"> Acts according to information gathered from previous investigation and operative findings. Looks at CT scan and points out relevant area. Reflects and discusses significance of information. 	<ul style="list-style-type: none"> Overlooks or ignores important results. Misses clear sign (e.g. on CT scan). Asks questions which demonstrate lack of understanding. Discards results that don't 'fit the picture'.

	Overview	Good behaviours	Poor behaviours
Projecting and anticipating future state	<ul style="list-style-type: none"> Updating one's mental picture by interpreting the information gathered, and comparing it with existing knowledge to identify the match or mismatch between the situation and the expected state. 	<ul style="list-style-type: none"> Plans operating list taking into account potential delays due to surgical or anaesthetic challenges. Verbalises what equipment may be required later in operation. Shows evidence of having a contingency plan ('plan B') (e.g. by asking scrub nurse for potentially required equipment to be available in theatre). Cites contemporary literature on anticipated clinical event. 	<ul style="list-style-type: none"> Overconfident manoeuvres with no regard for what may go wrong. Does not discuss potential problems. Gets into predictable blood loss, then tells anaesthetist. Waits for a predicted problem to arise before responding. Operates beyond level of experience.

Decision making

Skills for diagnosing the situation and reaching a judgement in order to choose an appropriate course of action.

	Overview	Good behaviours	Poor behaviours
Exchanging information	<ul style="list-style-type: none"> Generating alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the threats and benefits of. 	<ul style="list-style-type: none"> Recognises and articulates problems. Initiates balanced discussion of options, pros and cons with relevant team members. Asks for opinion of other colleagues. Discusses published guidelines. 	<ul style="list-style-type: none"> No discussion of options. Does not solicit views of other team members. Ignores published guidelines.
Establishing shared understanding	<ul style="list-style-type: none"> Choosing a solution to a problem and letting all relevant personnel know the chosen option. 	<ul style="list-style-type: none"> Reaches a decision and clearly communicates it. Makes provision for and communicates 'plan B'. Explains why contingency plan has been adopted. 	<ul style="list-style-type: none"> Fails to inform team of surgical plan. Is aggressive/unresponsive if plan questioned. Shuts down discussion on other treatment options. Only does what she/he thinks is best or abandons operation. Selects inappropriate manoeuvre that leads to complication.
Co-ordinating activities	<ul style="list-style-type: none"> Undertaking the chosen course of action and continually reviewing its suitability in light of changes in the patient's condition. Showing flexibility and changing plans if required to cope with changing circumstances to ensure goals are met. 	<ul style="list-style-type: none"> Implements decision. Updates team on progress. Reconsiders plan in light of changes in patient condition or when problems occurs. Realises 'plan A' is not working and changes to 'plan B'. Calls for assistance if required. 	<ul style="list-style-type: none"> Fails to implement decisions. Makes same error repeatedly. Does not review the impact of actions. Continues with 'plan A' in face of predictably poor outcome or when there is evidence of a better alternative. Becomes hasty or rushed due to perceived time constraints.

Communication and teamwork

Skills for working in a team context to ensure that the team has an acceptable shared picture of the situation and can complete tasks effectively.

	Overview	Good behaviours	Poor behaviours
Exchanging information	<ul style="list-style-type: none"> Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding among team members. 	<ul style="list-style-type: none"> Talks about the progress of the operation. Listens to concerns of team members. Communicates that operation is not going to plan. 	<ul style="list-style-type: none"> No discussion of options. Does not solicit views of other team members. Ignores published guidelines.
Establishing understanding	<ul style="list-style-type: none"> Ensuring that the team not only has necessary and relevant information to carry out the operation, but they understand it and that an acceptable shared 'big picture' of the case is held by team members. 	<ul style="list-style-type: none"> Provides briefing and clarifies objectives and goals before commencing operation. Ensures team understands the operative plan before starting. Encourages input from all members of the team. Ensures relevant members of team are comfortable with decisions. Checks that assistant knows what they are expected to do. Debriefs relevant team members after operation, discussing what went well and problems that occurred. 	<ul style="list-style-type: none"> Does not articulate operative plan to team. Does not make time for collective discussion and review of progress. Fails to discuss the case beforehand with unfamiliar team members. Makes no attempt to discuss problems and successes at end of operation. Fails to keep anaesthetist informed about procedure (e.g. to expect bleeding). Appears uncomfortable discussing the operative plan if challenged.
Co-ordinating team activities	<ul style="list-style-type: none"> Working together with other team members to carry out cognitive and physical activities in a simultaneous, collaborative manner. 	<ul style="list-style-type: none"> Checks that other team members are ready to start operation. Stops operating when asked to by anaesthetist or scrub nurse. Ensures that team works efficiently by organising activities in a timely manner. 	<ul style="list-style-type: none"> Does not check that other team members are ready to start operation. Does not stop operating when asked to by anaesthetist or scrub nurse. Does not ensure that team works efficiently by organising activities in a timely manner.

Leadership

Leading the team and providing direction, demonstrating high standards of clinical practice and care, and being considerate about the needs of individual team members.

	Overview	Good behaviours	Poor behaviours
Setting and maintaining standards	<ul style="list-style-type: none"> Supporting safety and quality by adhering to acceptable principles of surgery, following codes of good clinical practice, and following theatre protocols. 	<ul style="list-style-type: none"> Introduces self to new or unfamiliar members of theatre team. Clearly follows theatre protocol. Requires all team members to observe standards (e.g. sterile field). 	<ul style="list-style-type: none"> Fails to observe standards (e.g. continues even though equipment may be contaminated or inadequate). Breaks theatre protocol. Shows disrespect to the patient.
Supporting others	<ul style="list-style-type: none"> Providing cognitive and emotional help to team members. Judging different team members' abilities and tailoring one's style of leadership accordingly. 	<ul style="list-style-type: none"> Modifies behaviour according to trainee needs. Provides constructive criticism to team members. Ensures delegation of tasks is appropriate. Establishes rapport with team members. Gives credit for tasks performed well. 	<ul style="list-style-type: none"> Does not provide recognition for tasks performed well. Fails to recognise needs of others. Engages in 'tunnel vision' approach to technical aspects of operation. Shows hostility to other team members (e.g. makes sarcastic comments to nurses).
Coping with pressure	<ul style="list-style-type: none"> Retaining a calm demeanour when under pressure and emphasising to the team that one is under control of a high-pressure situation. Adopting a suitably forceful manner if appropriate without undermining the role of other team members. 	<ul style="list-style-type: none"> Remains calm under pressure. Emphasises urgency of situation (i.e. by occasionally raising voice). Takes responsibility for the patient in emergency/ crisis situation. Makes appropriate decision under pressure. Delegates tasks in order to achieve goals. Continues to lead team through emergency. 	<ul style="list-style-type: none"> Suppresses concern over clinical problem. 'Freezes' and displays inability to make decisions under pressure. Fails to pass leadership of case when technical challenge requires full attention. Blames everyone else for errors and does not take personal responsibility. Loses temper.

Working with ICS Insourcing

In this section, we help you understand the way in which ICS Insourcing operates and your role within it.

This handbook will be extremely handy as a source of reference now and whilst working in the years to come. Please do not hesitate to contact us if any of the sections are unclear or if you have any questions.



Operations manual

We are committed to ensuring you are appropriately inducted prior to starting work and have all the information necessary to deliver high-quality patient care. We will provide you with an operational manual prior to every placement. This manual will have all key information required to guide you through your work at each client site.

This will include:

- An overview of the service to be delivered
- Inclusion and exclusion criteria
- Patient pathway
- Discharge process
- Directions to the department and layout
- Equipment available
- Local ICT systems including user guides
- Escalation protocol for dealing with clinical emergencies

Rates of pay

Our rates of pay are competitive and will vary according to the contract you are allocated to. You will be advised of the applicable rate of pay for each booking when you are allocated to work.

Payment

Consultants are engaged via their personal services companies and are therefore responsible to HMRC for their tax and national insurance contributions.

All non-consultant grade staff will be paid via PAYE or approved umbrella company either weekly or monthly. Once you complete your application process, our resourcing team will send your payment instructions to the payroll team.

Travel and accommodation

We have a dedicated travel consultant who will ensure that your travel is booked in advance and that hotel accommodation is arranged where appropriate. There is a strict criterion used to identify those who are eligible for accommodation. As a general rule, those who live within an hour of the contract site will not usually be eligible for accommodation.

Claiming expenses

We have a dedicated expenses policy for all members of staff. The expenses policy will tell you exactly what you need to do and indicate exactly what expenses you can claim for. If you have not yet received a copy of the expenses policy and expenses claim form, please contact us at placements@icsinsourcing.com to request a copy.

Uniform and identification

Upon completing the registration process, our resourcing team will send you an ID badge and uniform. Except for theatre staff, everyone is expected to wear these when working for ICS Insourcing. Please note the following:

- Your uniform must always be clean and free from cigarette smoke or other odours that may offend your patients or colleagues. Due to infection control, please do not under any circumstances wear your uniform on your commute to and from work. This includes the hotel at which you have been booked
- Your hair must be off your shoulders
- Your nails must be kept short, clean and nail varnish is not permitted
- All jewellery apart from wedding bands should be removed whilst working with ICS Insourcing. No other forms of visible body jewellery including tongue, eyebrow, nose and labrets are to be worn.

Booking shifts & placement procedures

Availability

You will be able to provide availability by using our app, ipoint. Try to give as much notice as possible; ideally 4-6 weeks in advance. This will enable our mobilisation team to allocate you as far ahead as possible. Details on how to provide your availability via ipoint will be provided separately.

Placements

We will endeavour to book everyone as far in advance as possible. Our mobilisation coordinators will confirm your bookings online using the ipoint system. This will include the name of the trust, hospital, rates, dates booked and your specific role. Any other additional information will be site specific and included on the operations manual provided by our mobilisation coordinators.

Attendance/punctuality

Once a placement is confirmed we expect you to arrive on time. If for any reason, you are unable to attend work, it is crucial that you let us know as soon as possible. Our offices are open from 9am to 5pm, Monday-Friday. If you fall sick or are unable to attend on the day you are scheduled to work, please contact the Service Delivery Lead to inform us of your absence. Our Service Delivery Lead will then record your absence and inform the on-call manager so that a replacement can be found.

Cancellations

Due to the nature of our work, the requirements of our clients may change, resulting in the cancellation of your placement. Should this happen, we will contact you immediately to inform you of the cancellation. We will also endeavour to find alternative work for you whenever possible.

In the rare event you arrive at the site and find out that your placement has been cancelled, the Service Delivery Lead will ensure your attendance to the site is recorded. You may be entitled to 50% of your daily rate depending on the circumstances that have led to the cancellation.



Our policies and procedures

Our NHS clients have key policies and procedures that should be read and followed by you. We will provide you with executive summaries of these in the operations manual. In addition, we have important ICS policies that must be followed, and we have included these below.



Information governance, confidentiality and data protection

Any information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation.

All our workers are expected to observe the highest standard of confidentiality, protecting all confidential information concerning patients, service users and clients obtained in the course of their work.

For example, talking to one patient about another patient is a serious breach of confidentiality. Please take care with service user and client records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals.

It is of vital importance that you understand the principles concerning confidentiality and the use of patient information. Information governance is the way the NHS handles information, in particular the personal and sensitive information about patients and employees. It provides a framework to bring together all the requirements, standards and best practice that apply to the handling of personal information.

The Department of Health has developed a model for managing information using the acronym HORUS. Information should be:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

What standards make up information governance?

- Data protection
- Freedom of information
- Information quality assurance
- Information security
- Records management
- Confidentiality code of practice

What legislation is in place?

- The Data Protection Act 2018
- The Freedom of Information Act 2000 and Freedom of Information (Scotland) Act 2002
- The Human Fertilisation and Embryology Act 1990
- The National Health Service Venereal Disease Regulation (SI 1974 No.29)
- The Mental Capacity Act (2005)
- The Computer Misuse Act 1990
- Guidance on Health Act (S31 Partnership Arrangements) 1999

The data protection act – What is it?

- The Data Protection Act 2018 modernises data protection laws in the UK to make them fit for purpose in an increasingly digital era. It applies to anyone who handles or who has access to information about individuals and has developed enforceable principles, therefore all data must be:
 - Processed lawfully and fairly
 - Adequate, relevant and not excessive
 - Accurate
 - Not kept for longer than necessary
 - Processed in accordance with the data subject’s rights

Two main types of data

Personal data:

- Name
- Date of birth
- Address
- Contact number

Sensitive personal data:

- Ethnic origin
- Political opinions
- Religious or other beliefs
- Trade union membership
- Physical or mental health
- Sexual life
- Offences
- Criminal proceedings or sentencing

Data subject rights

Under the Data Protection legislation, data subjects have the following rights with regards to their personal information:

- The right to be informed about the collection and the use of their personal data
- The right to access personal data and supplementary information
- The right to have inaccurate personal data rectified, or completed if it is incomplete
- The right to erasure (to be forgotten) in certain circumstances
- The right to restrict processing in certain circumstances
- The right to object to processing in certain circumstances
- Rights in relation to automated decision making and profiling
- The right to withdraw consent at any time (where relevant)

Our data processors

- It may, in certain circumstances be necessary to disclose your personal data to:
 - Customers, suppliers or clients of ICS Insourcing
 - Third parties who provide services to ICS Insourcing
 - Business partners or third parties involved in the management of ICSI business, as a result of, for example, a joint venture, merger or outsourcing contract
 - ICSI advisers, the relevant regulatory authorities
 - Other third parties where required by law
- In all cases, third parties to whom your personal data is disclosed for processing on behalf of ICSI will be contractually obliged to use the data only for the relevant purpose specified above and not to forward the data to other parties without your consent.

Freedom of information – What is it?

The Freedom of Information Act (2000) is a law giving people the general right to see recorded information held by public authorities

- The act gives people a better understanding of how public authorities carry out their duties, make decisions and spend public money

Information quality assurance - What is it?

It relates to the quality of information on our systems

- Data is regarded as being of high quality if it is accurate and up to date, complete and comprehensive
- Poor quality information impacts directly upon every use made of that information

Password management

Keep passwords secure and change periodically. Avoid using passwords that are easy to work out. The most common words used are either a person's pet name or their child's name. Consider the strength of password.

Information Security – Do not be the weak link

Information security is the protection of information from a wide range of threats in order to ensure continuity and minimise risk. Requirements & risks include:

- IT security dictates: Rapid detection, isolation and removal of a threat
- Malicious software: DO NOT download information unless certified by IT
- Password management: keep it secure and change periodically with advised upper lower case

What are the Caldicott Principles?

The Caldicott Principles were developed in 1997 following a review of how patient information was handled across the NHS. The review panel set out six principles that organisations should follow to ensure that information that can identify a patient is protected and only used when it is appropriate to do so. Since then, when deciding whether they needed to use information that would identify an individual, an organisation should use the principles as a test. The principles were extended to adult social care records in 2000.

The Caldicott Principles revised 2013 are:

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian

Principle 2 - Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

In April 2013, Dame Fiona Caldicott reported on her second review of information governance, her report, "Information: To Share Or Not To Share? The Information Governance Review", informally known as the Caldicott2 Review, introduced a new 7th Caldicott Principle.

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.



Duty of candour

The Duty of candour places a requirement on ICS Insourcing 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 challenges candour reminds 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 responding 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 we are non-compliant to this legislation, we could be liable to a potential fine of £2500 per incident. All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients/clients when things go wrong.

As a temporary worker, you must first discuss the matter with our Service Delivery Lead to identify who will inform the patient. Therefore, any concerns/incidents that come under the duty of candour are reported immediately to ICS Insourcing who will inform the Trust. The Trust will then manage the incident through its usual procedures. If there is an immediate patient safety issue, then inform the Trust contact and ICS Insourcing immediately.

Smoking

You are not permitted to smoke except in places where it is expressly permitted. Smoking on duty is forbidden (including e-cigarettes). Please remember that if you smoke the smell remains on your clothing which many people find offensive.

Mobile phones

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 telephone number (mobile or other) to our NHS client
- Disclose the telephone numbers of other ICS Insourcing workers to clients/patients/service users
- Create or send mobile phone messages which make comments or statements which could in anyway be viewed as defamatory
- Create or send mobile phone messages containing photographs/ images of patients/service users
- Create or send mobile phone messages containing information confidential or otherwise, regarding clients
- Initiate or forward mobile phone messages that could be considered to constitute an act of harassment or discrimination on any grounds
- Use your mobile phone whilst on shift, except in an emergency
- If you need to have your mobile phone on for personal reasons, please inform your Service Delivery Lead in advance

Health & safety

All workers have a duty under section 7 of the Health and Safety at Work Act 1974 to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. Therefore, workers must use all work items provided for them correctly; in accordance with their training and the instructions they received to use them safely.

Regulation 14 of the Management of Health and Safety at Work Regulations 1999, states that:

Every worker shall use any machinery, equipment, dangerous substance, transport equipment, means of production or safety devices provided in accordance both with any training in the use of the equipment concerned which they have received, and the instructions respecting that use which have been provided in compliance with the requirements and prohibitions imposed under the relevant statutory provisions.

We will let you know about any specific hazards relating to your place of work that we have been notified about.

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 or service users, you have a duty to report this to your Service Delivery Lead.

Fire & other emergencies

All clients have evacuation procedures in order 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. If you see, or suspect a fire, act immediately. Never try to tackle a fire yourself – call the emergency services immediately.

Waste disposal

All workers have a responsibility to comply with local waste disposal procedures. These include the requirement to dispose of waste materials correctly.

Control of Substances Hazardous to Health (COSHH)

Control of Substances Hazardous to Health Regulations 2002 requires employers to control exposures to hazardous substances to protect both employees and others who may be exposed from work activities. All ICS Insourcing workers must adhere to the client's COSHH requirements, at their workplace. Please refer to your Health & Safety training guidelines for more information about COSHH and the role you play.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR) places a legal requirement on employers, self-employed people and people in control of premises to report work-related deaths, major injuries, injuries that result in more than seven days off work, work related diseases and dangerous occurrences (near miss accidents) to the HSE.

All accidents involving staff or patients and service users must be reported to your line manager.

If you identify a risk to the health, safety and welfare of your own personal safety, and/or that of your colleagues, patients or service users, you have a duty to report this to your Service Delivery Lead.

Please refer to your health & safety training guidelines for more information about RIDDOR and the role you play.

Safe handling of money & other valuables

Please familiarise yourself with any client specific policies on the safekeeping of patient & service user valuables and money. If you are asked to handle money or other valuables, please seek guidance from your Service Delivery Lead.

Equal opportunities

ICS seeks to offer equality of opportunity to all workers and will treat all allegations of discrimination with the utmost seriousness. In accordance with these principles, workers may not discriminate on the grounds of race, ethnic origin, nationality, colour, religion or belief age, gender, sexual orientation, marital status or disability.

Complaint handling

If you receive a complaint from patients, service users and their relatives or interested parties, please advise your Service Delivery Lead who will then work with the local link nurse to invoke the NHS client's own complaints policy.

Depending on the nature and severity of the complaint, you may be requested to put details of the complaint in writing on a complaint record form and/or attend an interview to investigate the details further.

To ensure that you deal with complaints effectively, it is important that you understand who may complain, common reasons for complaints and the process for dealing with complaints.

The main causes of complaints are:

- A lack of information or withholding information
- Failure to treat patient with dignity and respect
- Patient not kept informed of reasons for delays with reasonable timeframes
- Constantly being referred to someone else for advice/ resolution
- Lack of explanations of procedures
- Patient safety concern
- Inadequate pain relief

Dealing with a complaint

An effective and efficient initial response to a complaint will often be all that is required for a local resolution. You should immediately acknowledge the complaint verbally. Give the complainant privacy and show that you have the time to listen. Identify the cause of concern and what the complainant wants.

Not all complaints will be resolved locally, and it may need to be escalated upwards if local resolution is not achieved. This will depend on your role in the organisation. You must also inform the Service Delivery Lead at the earliest opportunity, even if the complaint has been resolved locally.

DO

- Remain calm and actively listen
- Isolate the situation
- Enforce limits
- Be aware of the non-verbal
- Be consistent
- Report any level of complaint to your manager

DO NOT

- Over react
- Get into a power struggle
- Make false promises
- Fake attention
- Be threatening
- Use jargon as it can confuse or frustrate

Complaints procedure

You should be aware of the local policy and also our policy for complaints handling.





A typical example would be:

- Acknowledged within three working days
- If the complaint can be fully answered to our satisfaction this should be within five days
- Wherever possible a documented full response is provided to the complainant within 15 working days
- Where a resolution cannot be agreed, and the investigation is still in progress then more time should be negotiated with the complainant

Making a complaint

If you have a complaint about the way you have been treated on assignment or by our staff, please direct this in the first instance to your Service Delivery Lead. If for any reason you are still unsatisfied with the case in point, please contact your mobilisation coordinator who will refer you to a senior member of the team. If you have serious concerns about our service, which have not been resolved, please raise these directly with our Head of Nursing & Governance on 07973 911 222.

Incidents

During your work with us, you may come across or be involved in an incident. An incident includes the terms untoward incident, near miss, adverse incident or accident. These are where an act, omission or undesired circumstance or event results or had the potential to result in an unintended or undesirable outcome, harm, loss or damage. This may involve patients, relatives, colleagues, property or equipment. The term 'incident' includes issues related to but not exclusively related to:

Clinical issue

- Medication
- Poor transfers of care
- Infection issues
- Medical device failure
- Delays in treatment
- Unexpected outcomes
- Safeguarding

Professional issues

- Records
- Breaches of confidentiality
- Standards
- Duty of candour breach
- Professional registration
- Data breach
- Training

Environment issues

- Accidents
- Violence and aggression
- Staff ill health directly related to their work

Services

- Loss of service
- Loss of data
- Performance issues
- Financial losses

Safeguarding children and young people

Safeguarding children and young people: roles and competencies for healthcare staff (the intercollegiate document) has been published in March 2014 by the Royal College of Paediatrics and Child Health on behalf of several contributing organisations to clarify the competencies required by all health staff to safeguard children and supersedes the 2012 version.

To protect children and young people from harm, all health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities and should be supported by their employing organisation to fulfil their duties. Following every serious case of child abuse or neglect, there is considerable consternation that greater progress has not been made to prevent such occurrences.

Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff and a failure to listen to children.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have any concerns about child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behaviour. To fulfil these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

As a minimum, you should:

- Understand what constitutes child abuse
- Know about the range of physical, emotional, neglect and sexual abuse
- Be able to recognise the signs of child abuse
- Know what to do when you are concerned that a child is being abused
- Be able to seek advice and report concerns, ensuring that they are listened to
- Know about local policies/procedures
- Understand the importance of sharing information, how it can help and the dangers of not sharing information
- Know what to do if they experience barriers to referring a child/family

Prior to engagement you will have provided evidence that you are suitably trained in Safeguarding Children Level 2 which will cover these areas and subsequent refresher training will also be available. If you feel unsure of any of the above, please speak to your Service Delivery Lead.

ICS protection of vulnerable adults policy

ICS Insourcing is committed to safeguarding vulnerable adults. At all times the safety of vulnerable adults is paramount. ICS Insourcing workers are expected to report any concern about abuse of a vulnerable adult immediately to the Service Delivery Lead. ICS Insourcing workers must objectively record the nature of their concern and the date, time and name of the person to whom it was reported. Workers must also:

- Co-operate fully with any official investigation
- Maintain strict confidentiality and share information on a need to know basis initially only with the assignment manager and then with the authorised investigators
- Comply fully with the policies and procedures of the customer organisation

Any action or behaviour by an ICS Insourcing worker which is believed to be a criminal offence will be reported to the police.

Recognising the signs of abuse or neglect

You must always be alert to the signs of abuse, which can take many forms.

- **Verbal/psychological abuse** - such as using demeaning language or name calling, provoking or frightening the service user or subjecting them to witness unpleasant acts. The person may appear frightened, nervous, irritable or withdrawn
- **Physical abuse** - such as rough handling, slapping, punching or burning. Look for marks and bruises that cannot be adequately explained. The person may wince or withdraw from you when you approach them
- **Sexual abuse** - people who have been sexually or indecently assaulted may have soreness or bleeding in the genital area
- **Financial abuse** - such as using someone's credit card or chequebook to steal money without them knowing or stealing valuable or sentimental items. The person may appear worried or withdrawn
- **Neglect/deprivation** - such as the withholding of basic rights or comforts such as food, light, heating, medication or personal hygiene. The person may appear dirty or be inappropriately dressed for the time of year
- **Radicalisation** - the process by which a person comes to support terrorism and forms of extremism leading to terrorism. It is your responsibility to inform us if you have any concerns
- **Female Genital Mutilation (FGM)** - FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is your responsibility to inform us if you have any concerns
- **Cyber bullying** - the use of electronic communication to bully a person, typically, by sending messages of an intimidating or threatening nature

At each new client, please familiarise yourself with the any policies and procedures related to abuse and be aware of the signs that may indicate abuse or neglect. If you suspect any form of abuse or neglect is taking place, report it to us immediately.

Allegations of abuse or neglect

We take any allegations of abuse or neglect involving members of our team very seriously. If we receive complaints of this sort against you, we may not be able to offer you work whilst the allegation is being investigated. Ultimately, if allegations are well founded, we may not be able to offer you future and it may result in a referral being made to the Disclosure Barring Service (DBS).

Whistleblowing

Whistleblowing process

ICS workers have a legal right to 'blow the whistle' and are protected by law under such circumstances. Its purpose is to protect the interests of the service users under the care of ICS, if or when an error has gone unchecked.

Process for raising concerns

Concerns may be raised verbally or in writing. Workers are encouraged to raise concerns internally, at work, through their Service Delivery Lead/appropriate other in the first instance. Where, or for whatever reason, this is not appropriate the worker should contact the Clinical Director. Workers may, of course, seek the advice of their trade union or professional association/organisation to support them in raising concerns.

Despite the assurances given to its workers, ICS accepts that there may be incidents that the worker does not feel confident or able to report in the first instance to their manager or the Clinical Director. ICS accepts the right and obligation of the worker to report their concerns to an outside authority, to initiate an investigation.

Responding to a concern

If the matter has been reported to the Service Delivery Lead/appropriate other, and the concern has not been resolved satisfactorily then it should be raised again, but this time in writing to the Clinical Director.

If the ICS worker has acted in good faith, without seeking personal gain from the situation, the law is on their side. Where legitimate concerns have been raised, it is illegal for the organisation to cause the whistle-blower any detriment as a result.

Should the organisation be unable to satisfy the concerns raised by the worker, he/she is entitled to take the matter to a legal representative, the CQC, the SCRC, the RQIA or another branch of government office. This may be done without notifying ICS first, but only if there are grounds for not having notified the Clinical Director in the first place.

Investigating and dealing with allegations

If the concern reported to the Service Delivery Lead/appropriate other involves any form of abuse, then he/she should take the necessary steps under the ICS Safeguarding Vulnerable Adults Policy and the ICS Safeguarding Children Policy.

The Service Delivery Lead/appropriate other must protect the source of the information. If he/she fails to act promptly, suppresses evidence, or is involved in any action to discourage whistleblowing, they may render themselves liable to disciplinary action.

Dealing with interference with or victimisation of a whistle-blower

Any worker who attempts to prevent another worker from reporting their concerns to a manager or who bullies, attempts to intimidate, or discriminates, against a colleague in these circumstances will be dealt with under disciplinary proceedings. A whistle-blower who feels themselves to be subject to hostile action from colleagues should inform their Service Delivery Lead/appropriate other, who should if necessary take steps to alter the worker's duties to protect them from the hostile action. ICS includes information on how to contact the Public Concern at Work organisation that has been established to protect whistle-blowers from victimisation and bullying because of their actions. See on page 46.

Unjustified reporting

ICS managers take reports from whistle-blowers seriously and investigates all allegations thoroughly. Any allegations against colleagues which are found to be merely flippant or malicious may render the person who made them, liable to disciplinary action.

Key ways of preventing sharps & needlestick injuries

Before use:

- Identify how exposure could be eliminated
- Allow consideration of possible alternative systems
- Eliminate the unnecessary use of sharps
- Wear the correct gloves for all activities that have been assessed as carrying a risk, including sharp or contaminated instruments
- Always seek assistance when dealing with any patient whose condition or mental state may increase the risk of a sharps injury occurring

During use:

- Sharps must not be passed directly from hand to hand
- All sharps handling should be kept to a minimum
- Do not recap, bend, break or disassemble needles before use or disposal
- Staff must take responsibility for the safe disposal of all items
- If you are unsure of safe disposal, ask someone who knows. No sharp items should be disposed of with normal domestic waste

Useful information reporting of an incident

You must inform your Service Delivery Lead as soon as possible if you are injured.



Useful contacts

Department of Health website for details on Management of Aids for:

- Health and Safety at Work Act 1974 – particularly section 7
- C.O.S.H.H – Control of Substances Hazardous to Health regulations 1999
- Public Interest Disclosure Act 1998
- Guidance on Aids-HIV infected Health Care Workers (April 1993) info.doh.gov.uk
- Department of Health General Infection Control Policy doh.gov.uk
- Department of Health Child Protection Policy dog.gov.uk

Occupational health information related to ICS – Contact us in the first instance and we'll put you in touch with the Occupational Health Department if required.

Care Quality Commission (CQC)

Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

03000 616 161

enquiries@cqc.org.uk

For details of how to contact your local Child or Adult Abuse Team contact:

Association of London Government

59 Southwark Street
London
SE1 0AL

0207 934 9999

alg.gov.uk

Where to find us

Caledonia House
223 Pentonville Road
London, N1 9NG

You will enter the building on the **ground floor**.

Our main reception is located on the **lower ground floor**.

The closest underground and train station to us is King's Cross St. Pancras

Directions from King's Cross Underground Station (Pentonville Rd exit)

The best exit to use when coming out of the underground station is the 'Pentonville Road' exit which brings you onto the south side of Pentonville Road, between King's Cross Bridge to the west and King's Cross Road to the east. This access is open Monday to Friday, 7:00 to 20:00. Our offices are located a 5 – 6 minute walk from here. The entrance to Caledonia House will be located on the right-hand side of Pentonville Road in your direction of travel.

Directions from King's Cross Railway Station and Underground Station (main concourse)

Our office is located roughly 8 – 10 minutes' walk from the main entrances of King's Cross Station. Upon exiting onto the central promenade of King's Cross, turn left and head east on Euston Road and cross York Way. You should see a McDonald's restaurant on the left corner as you cross at the traffic lights. Cross over Caledonian Road and continue up Pentonville Road for roughly 250m. The entrance to Caledonia House will be located on the right-hand side of the road in your direction of travel.

Catching a bus

Buses that run along Pentonville Road include **30, 73, 214**

Additional bus routes that run via King's Cross Station include **10, 17, 45, 46, 63, 91, 259, 390**

Car parking

You will find metered street parking in the surrounding area.



ICS Insourcing
Caledonia House,
223 Pentonville Road,
London N1 9NG

020 7713 2756

info@icsinsourcing.com

icsinsourcing.com

