

An Organisation-Wide Policy for the Use of Temporary Workers (Bank & Agency) Policy & Procedure

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Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

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1 Rationale

Wards and departments may experience staffing shortages, and at times those shortages can be severe.

Safety (in clinical areas) and business continuity (in all areas) are overriding principles and temporary workers can be used to cover those shortages. Business continuity here means keeping a service functioning.

However, the use of agency workers (workers from outside the Trust) should be a last resort for safety, patient experience and value for money reasons.

All Trust staff have a responsibility to minimise risk to safety and business continuity (and value for money) through good planning and good day-to-day management. The departments supporting operational staff, such as HR and Finance, must ensure that they do so through clear communication and prompt action when required.

The key principles behind the Trust policy for temporary workers concern:

- **Patient safety and experience, business continuity and VFM;**
- **Minimising risk to legal or safeguarding breaches;**
- **Minimising risk of staff shortages before they arise;**
- **Accountability and assurance for decisions to use temporary staff.**

These principles are expressed in a little more detail as follows:

- Safety (in clinical areas) and business continuity (in all areas) must be maintained and temporary workers can be recruited to cover staff shortages in these instances.
- The use of agency workers is a last resort for safety, patient experience and value for money reasons.
- There must be assurance, before they start, that all temporary workers working for the Trust meet safeguarding rules and legal requirements (including relevant qualifications, occupational health clearance, criminal record and eligibility to work in the UK)
- Operational staff should minimise the risk of staff shortages and the use of temporary workers through good planning and management. Including ensuring that:
 - Budgets and establishments are agreed and that recruitment to vacancies is proceeding – Finance and HR) must ensure that they are providing the information or action that allows this;
 - Rota's, holiday and study leave planned and operated properly;
 - Cross-cover between wards/departments is always maximised;
 - Temporary workers are not used to cover planned absence;

Staff retention maximised and unplanned absence minimised;

- Wards and departments know the level of temporary worker cover they should use before the need arises;
- The procedures set out in this document, including booking through the correct channel, are followed.

There should be clear accountability for decision making and the recording of those decisions to ensure good governance and avoid individuals being put in a position where they could exceed their delegated authority

2 Scope

This document sets out:

- the Trust's formal policy on when temporary workers should be used and what criteria must be met by those workers to ensure safety and legal compliance
- the responsibilities of people involved
- the procedure for booking and managing temporary workers

This policy and procedure is applicable to all Trust staff.

Staff who do not follow this policy and procedure will be subject to the penalties in Standing Orders and Standing Financial Instructions.

3 Use of Temporary Workers (Bank & Agency) Policy & Procedure

3.1 Temporary workers

This policy and procedure covers the use of all temporary workers with the exception of locum medical workers, who are covered by a separate policy.

The recruitment of temporary workers differs from that of substantive and seconded employees who are covered by the Trust's Recruitment and Selection Policy and other procedures.

The phrase *temporary workers* used here therefore:

- Applies to all non-medical temporary workers that are used to fill a vacancy in the Trust's staffing establishment. "Non-medical" includes nursing (the main area for usage), administrative, senior management, scientific and technical and estates and facilities staffing groups.
- Does not apply to management consultancy workers – as they perform a specified task and not filling a vacancy in the Trust's establishment.

3.2 Normal practice

All staff should follow the rules set out below as normal practice.

The phrase “*Normal practice*” assumes that a ward or department has 70% of its posts filled by permanent appointments (whether or not they are present). Please see Section 3 for more detail.

3.3 Delegated authority

Only staff with formal delegated authority for the recruitment of temporary workers can do so.

That means you must have authority to sign off requisitions and invoices as recorded in the Trust’s financial system (SBS - Oracle) and be/or be delegated by a cost centre manager to incur expenditure against a cost centre.

- For nursing areas this means that you will be the matron, ward manager or a nominated deputy
- For other areas you will be a General Manager, Head of Department or nominated deputy.
- In an emergency the on-call manager will have this authority.

The Resourcing Team maintain a list of relevant individuals. Only those people listed can book temporary workers. Slightly different rules can apply to signing off timesheets for nursing temporary workers (please see Section 4.13) to reflect practicalities of availability.

If you do not have this authority you are making financial and HR decisions without formal Trust authority to do so and may be personally liable for any problem that later arises.

The Trust may vary the delegated authority (this will be notified through the Management Board) or local line management may vary that authority – in both instances this is likely to mean that a more senior person signs off recruitment of temporary staff. Trust staff must follow such instruction until it is formally rescinded.

3.4 Patient safety, safeguarding and legal responsibilities applicable to temporary workers

Patient safety – general assurance

There is a requirement for all NHS providers to ensure all temporary workers are appropriately checked where there are patient safety implications and Trusts need to be able to provide assurance about this to the SHA and through its governance responsibilities, including Care Quality Commission registration.

The Trust carries out the relevant checks on temporary workers in line with all Trust employees. Checks include:

- Professional registration
- CRB clearance
- Medical fitness to practice
- Eligibility to work in the UK
- References
- Up to date statutory and mandatory training

The main route in providing assurance for agency providers is for Trusts to use companies accredited by the “Buying Solutions” framework for agency companies. Some Trusts have instigated processes to mitigate the risk “off framework”.

Independent Safeguarding Authority (ISA) regulations

[The Safeguarding Vulnerable Groups Act 2006](#) defines the scope of the “Vetting and Barring Scheme” and provides that certain activities in relation to children and vulnerable adults are regulated.

The Vetting and Barring Scheme was launched on 12 October 2009 when some key safeguards and legal duties came into effect. However, the new coalition Government has halted the scheme (as it believes it is too onerous) while it is reviewed. This means that the requirements scheduled for implementation on 26 July 2010 will not now take effect.

The key legal duties that remain in place are as follows:

- A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups.
- An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law. This can apply down to the manager who recruits someone.
- If an organisation works with children or vulnerable adults and it dismisses a member of staff or a volunteer because they have harmed a child or vulnerable adult, or the organisation would have done so if they had not left, it must tell the Independent Safeguarding Authority.

In October 2009, the need to ask for an enhanced CRB disclosure was extended to all those who employ or use volunteers in types of activity called ‘Regulated Activity’ (working with vulnerable adults and/or children outside of a family or personal arrangement). This remains, and organisations must continue to carry out appropriate pre-recruitment checks.

Working Time Regulations

The Working Time Regulations (1998) are a statutory instrument, amended by several subsequent statutory instruments (to 2006) and are health and safety

regulations. They regulate the amount of time that a worker can be required to work, and the breaks and rests they are entitled to.

These regulations apply to the agency provider for agency workers and the Trust for Bank workers paid on its payroll. Section 4.15 describes applicability to Trust bank workers.

Note: All permanent staff who do not wish to be bound by the regulations can voluntarily opt out. Those doing so must advise the Trust in writing individually – the law explicitly requires this.

A good employer (the agency provider) will want to ensure that temporary workers receive the protection that the Regulations offer but it will depend on the agency and the terms of each individual. Temporary workers have the same ability to opt out of the Regulations.

Claims of Employment Rights

Over the past decade the number of cases brought by temporary workers against agencies and/or clients has grown.

Few temporary workers are engaged on contracts of employment and so do not enjoy the same employment rights as permanent employees.

In order to succeed with a claim for, say, unfair dismissal a worker must establish that they are employed on a contract of employment. There is no statutory definition of a contract of employment.

As a result case law is applied to allow consideration of specific cases. This is too complex an area to describe in detail here. But in the context of agency workers supplied by an employment business it is rare that the various factors established in case law can be applied, either in the relationship between a worker and the agency or the worker and the client organisation, and most claims have failed on this basis.

3.5 Normal practice rules

What are “normal practice rules”?

All staff should follow the rules set out below as normal practice.

“Normal practice” assumes that a ward or department has 70% of its posts filled by permanent appointments (whether or not they are present).

The Trust allocates 17% budget uplift to all wards, but not to any other budgets. The expectation is that arrangements are made within Directorates to manage cover. The Trust is reviewing the 17% uplift.

3.6 What to do if normal practice cannot be applied

Decisions on the use of temporary workers to cover where normal practice cannot be applied (eg: where it says “no” in the table below) must be agreed with Heads of Nursing and Governance or General Managers/Deputy Directors for nursing staff, General Managers/Deputy Directors for other Directorate staff

and Directors for corporate areas. The one exception concerns judgement over study leave cover for nurses as it is recognized the 17% uplift does not fully cover this.

3.7 Situations where temporary staffing need may arise

The table below summarises the normal practice usage of temporary workers and who has the authorisation responsibility.

Table: Normal practice - acceptable usage of temporary workers

In all cases the minimum level of authorisation is a Band 7 manager or ward manager - the Trust may increase the seniority of staff authorised to make these decisions.

| Staff Group | Annual Leave | Study Leave | Maternity Leave | Special leave | Specialist* service | Vacancy | | Sickness | | New Posts |
|------------------------------------|--------------|-------------|-----------------|---------------|---------------------|---------|--------|----------|--------|-----------|
| | | | | | | < 2 wks | >2 wks | < 1 wk | > 1 wk | |
| Nursing & midwifery | No | No# | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| A&C and Snr Mgrs | No | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Cleaners & key FM staff | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Other ancillary | No | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Sci & Tech | No | No | Yes | No | Yes | No | Yes | No | Yes | No |

* specialist means specific requirement for something permanent staff would not normally cover – eg: “specials” for nursing.

It is recognized that the current 17% uplift may not fully cover study leave for nursing staff – approving nursing staff should manage within resources available but can make this judgement themselves without the need to refer upwards.

Notes about acceptable usage:

- **Covering annual or study leave**

Annual and study leave is known about in advance and should be planned for.

Temporary workers should not be used to cover such leave. This includes all personal assistants and medical secretaries. If normal practice cannot be applied, decision making is as described above.

- **Vacancies of more than 2 weeks**

Does not apply to nursing staff or cleaners & key FM staff.

Recruitment does not always run smoothly, but managers and operational staff should ensure that employees leaving are serving their notice and action is taken quickly once a vacancy is known.

- **Sickness more than 1 week**

Does not apply to nursing staff or cleaners & key FM staff.

Sickness is not planned and therefore different rules apply. With the exceptions listed in the table, normal practice is that temporary workers should not be used to cover sickness that is less than 5 working days, but can be used from working day 6.

- **New Posts**

No 'newly funded' posts (eg: additions to the establishment from a business case or signed off in business planning) may be filled with non-permanent workers unless authorised by an Executive Director.

For areas using e-rostering template changes are made once a post is recruited to.

3.8 Ready reckoner – how many hours to book?

Agency and bank workers cost more than permanent staff and the normal practice ready reckoner for the conversion of hours is below.

The following Ready Reckoner is designed to give you a guide of how many hours of vacant duty your budget can afford to replace with bank or agency nurses.

Consideration must always be given to patient and staff safety and the feasibility of a bank or agency nurse leaving a shift part way through, particularly late at night

This table uses the following calculation to work out how many hours you can afford:

For each 1 hour of vacant duty you can afford approximately 45 minutes of a bank nurse or 30 minutes of an agency nurse.

| Vacant Hours | Affordable Bank Hours | Affordable Agency Hours |
|--------------|-----------------------|-------------------------|
| 1 | 0.75 | 0.50 |
| 2 | 1.50 | 1.00 |
| 3 | 2.50 | 1.50 |
| 4 | 3.25 | 2.00 |
| 5 | 4.00 | 2.50 |
| 6 | 4.75 | 3.00 |
| 7 | 5.50 | 3.50 |
| 8 | 6.50 | 4.00 |
| 9 | 7.25 | 4.50 |
| 10 | 8.00 | 5.00 |
| 11 | 8.75 | 5.50 |
| 12 | 9.50 | 6.00 |

The bank hours do not fit this format exactly so there has been some rounding up or down to the nearest 15 minutes.

For the most common vacant shifts this will mean the following:

| Shift length in Hours | Affordable Bank Hours | Affordable Agency Hours |
|-----------------------|-----------------------|-------------------------|
| 6 | 4.75 | 3.00 |
| 7.5 | 6.00 | 3.75 |
| 11 | 8.75 | 5.50 |
| 11.5 | 9.00 | 5.75 |
| 12 | 9.50 | 6.00 |
| 12.5 | 10.00 | 6.75 |

3.9 NHS Pension Scheme

All bank workers may be entered into the NHS Pension scheme. The NHS Pension Scheme is contracted out of the State Earnings Related Pension Scheme and members pay a lower contracted out of National Insurance.

3.10 Termination from the Bank

Any bank workers wishing to terminate from the Bank should do so in writing to the Resourcing Team.

Bank workers are expected to carry out at least 6 shifts in a 6-month period and any member of the bank who has not worked within six months will automatically be terminated from the bank.

3.11 Consultation and Communication with Stakeholders

This policy and procedure represents an extensive revision and collation of previous documentation to provide a clear approach to the use, management and booking of temporary workers that is fit for purpose.

Consultation has been with the HR Directorate, and in particular those staff involved in operating the procedures, and, recognising the main area of its impact, with nursing and midwifery staff. Various other stakeholders have been involved, including General Managers/Deputy Directors. The policy & procedure has then been reviewed by the Management Board.

Significant changes from previous documentation & practice are:

- The differentiation of booking into 4 categories with new or amended forms to complete (making short notice booking clearer)
- Greater emphasis on the safeguarding and legal aspects of temporary staff with greater direction on actions to take
- Inclusion of a “ready reckoner” and “normal practice rules” to allow greater consistency over numbers and when temporary workers are used
- The requirement for departments not using the Resourcing Team to have written permission to do so from the HR Director.

Many detail aspects (and these are important in a combined policy and procedure such as this) have been added and amended as a result of the consultation, particularly to develop the flow charts describing booking processes.

The requirements under the public bodies’ legislation in relation to equality and diversity are fulfilled by completion of an Equality Impact Assessment on the final draft policy prior to approval. It is essential that if any group could be disadvantaged due to a policy that the group is consulted in the development process. The completed EIA is appended to the policy at Appendix 10.

4 Responsibilities

4.1 Trust managers/clinicians

- **Reaching the decision to book temporary workers** – the principles in this policy must be followed.
- **Delegated authority** - you must have delegated authority to book temporary workers (please see Section 3).
- **Inducting temporary workers** - Please see later section (4.12 & 4.14) and the induction document and check-list (Appendix 5).
- **Review duration and cost effectiveness of temporary workers usage** – keep the Resourcing Team informed of any extension and flag any issue or concern over an individual or agency company to the Resourcing Team via the complaint / issue form (Appendix 7).
- **Financial responsibilities** - Cost centre budget manager's must ensure their cost centre does not overspend and managers/clinicians working to the budget manager and involved in any booking should agree anything that impacts on costs with the budget manager first.
Invoices must be checked and authorised promptly.
- **Administrative action** - time sheets should be completed promptly, correctly, authorised appropriately and filed correctly.

4.2 Trust Finance Team - It is the responsibility of Finance to:

- Process requisitions and invoices ensuring that discounts and VAT are recovered where possible
- Feedback in monthly financial reporting accurate costs incurred from temporary workers use in the previous period to relevant managers and clinicians.

4.3 Trust Resourcing Team - responsibility of the Resourcing Team is to:

- Undertake status checks of bank workers as described in Section 3.4.
- Ensure that all agency providers used by the Trust are on its approved list and/or that other assurance is obtained about safeguarding and other legal requirements
- Keep a record of all agency workers
- Complete and retain complaints/ issues forms appropriately
- In conjunction with the e-rostering team, provides regular reports of accurate data on the usage of temporary workers to relevant managers and clinicians.
- Be aware of all agency workers on site;

- Review contract arrangements with operational staff and the procurement team.

4.4 Procedure for nursing and midwifery temporary workers

Who books temporary workers?

With some specific exceptions for specialist workers, and wards booking their own staff as bank, temporary workers working for the Trust must be booked via the Resourcing Team.

Areas allowed to book their own temporary nursing workers are: Theatres, Maternity, Paediatrics/Neonates (these areas must have written permission to do so from the HR Director). These areas must have their own local procedures and what follows therefore does not apply to them entirely.

To book agency or bank workers directly and without using the Resourcing Team you must have confirmed (written) permission to do so signed off by the Director of HR, whether or not that area is named in this procedure.

Contacting the Resourcing Team

Free phone: 0800 328508 Email: nursebankimmediate@sash.nhs.uk

Direct line: 01737 768511

Resourcing Officers: exts. 1875; 6216; 6833; 6215; 6949.

Bank Recruitment: ext. 1829

Locum Doctors: ext 1842

Nurse Manager: ext. 1859

Resourcing Manager: ext.1835

Managers/clinician's delegated authority

Only staff with formal delegated authority for the recruitment of temporary workers can do so – please see section 3. To book using the Resourcing Team your name must be on the list they hold.

- Initial booking:

There are four types of requests:

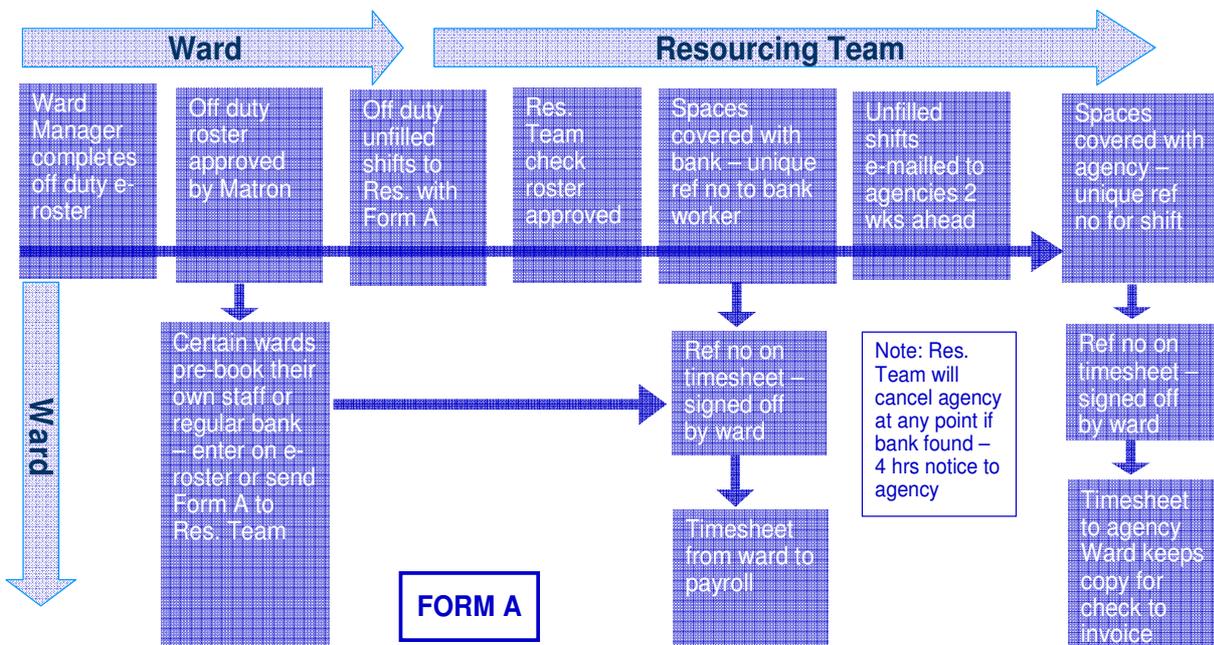
- i) **Advance requests – 4 weeks ahead:**
- ii) **Up to 24 hours notice:**
- iii) **Less than 24 Hours Notice:**
- iv) **Out of hours.**

The trust uses an electronic rostering system (e-roster) and this is aligned to this policy/procedure. The Resourcing Team will maintain files of booking forms as necessary for audit purposes.

4.5 Advance requests – 4 weeks ahead – FORM A

- The off-duty roster is completed by the Ward Manager on e-roster (6 weeks in advance) (or locally for areas not currently using e-rostering).
- Once approved by the relevant Matron, or in exceptional cases where an area is not covered by a matron whoever is authorized to do so, Ward Managers who book their own bank can cover shifts within their template. Specific (and specialist areas) are also permitted (subject to approval by the HR Director see 3.4 above) to book directly from the wider bank and agency pool. For those wards not using e-rostering **Form A (appendix 1)** should be completed to record the booking and decision to book.
- E-rostering areas not booking bank themselves should print the vacant duties report, crossing out any that are not going to be covered and deliver this to the Resourcing Team attached to a **Form A (appendix 1)** to record the reasons for the request.
- The Resourcing Team must not book without Form A having been completed and should not rely just on the off duty roster approval on e-roster.
- Where the off-duty roster has been approved by a Matron, forms A and B can be approved and signed by the relevant Ward Manager – otherwise the Matron should sign them.
- All remaining requests for temporary nursing workers must be submitted to the Resourcing Team at least 4 weeks before the date of the shift.

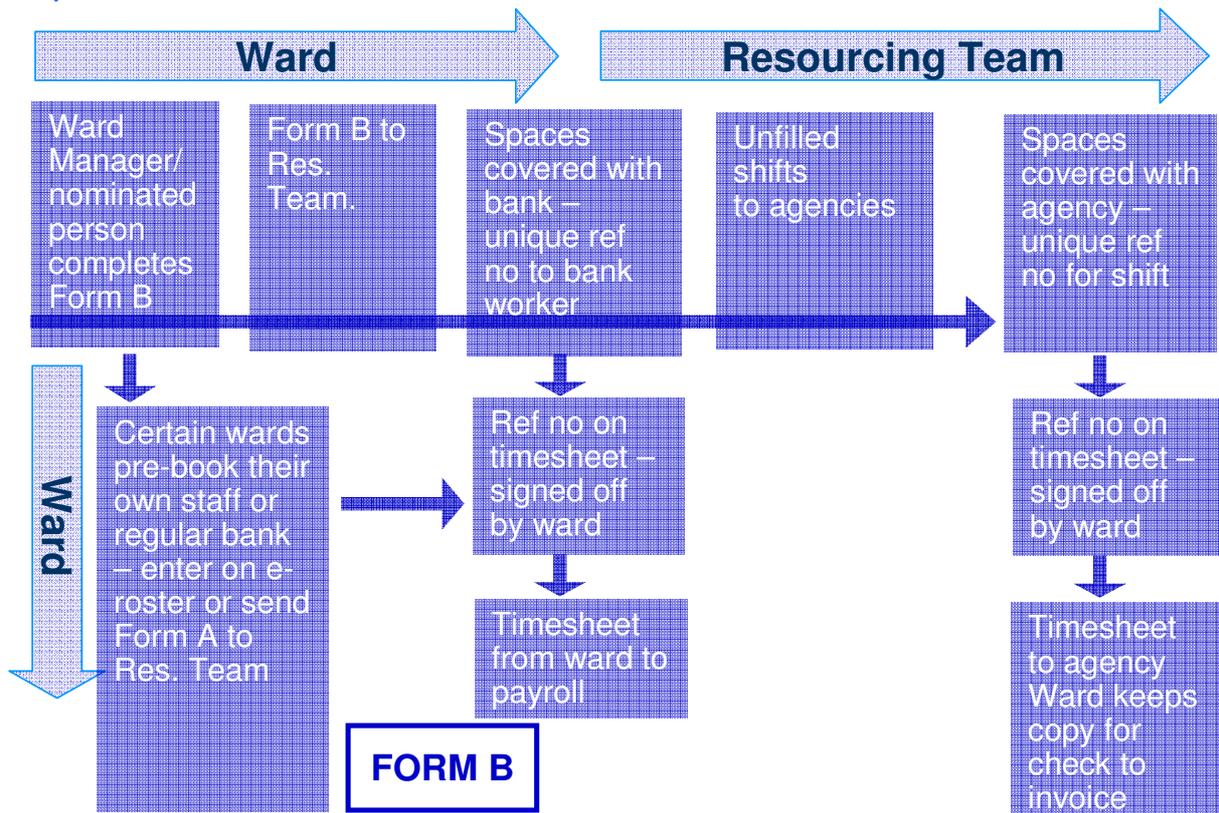
Flow-chart: Advanced requests – 4 weeks ahead:



4.6 Up to 24 hours notice – FORM B:

- These are short-notice requests to cover unplanned absence such as sickness and emergency leave. Such requests must be made using **Form B (appendix 2)**.
- The request form must be completed in full and signed by the relevant ward manager/matron or the nominated deputy - where the off-duty roster has been approved by a Matron, forms A and B can be approved and signed by the relevant Ward Manager – otherwise the Matron should sign them.
- Incomplete forms or forms not signed by the appropriate person will not be processed.
- Wards that book bank on e-rostering can send the shifts to bank on the system but this must be followed up by a Form B. If the ward has a nurse that can work the shift they can book them on e-rostering but must still send a signed Form B to the Resourcing Team.

Flow-chart: Up to 24 hours notice:



4.7 Less than 24 hours notice – in hours – FORM C:

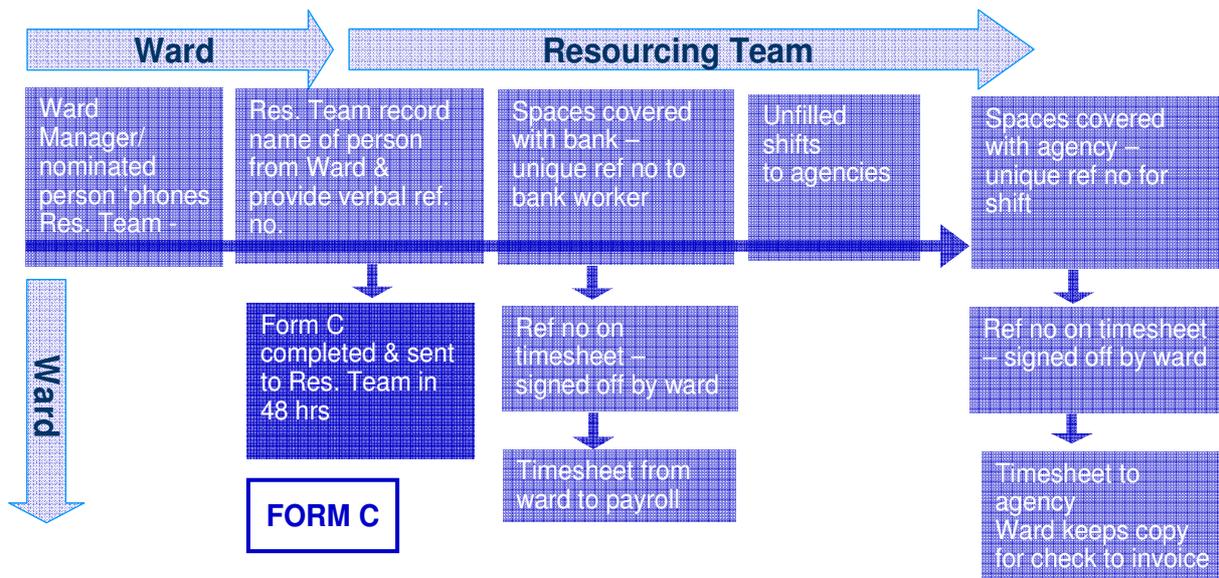
-In hours, and in extreme cases where an unplanned need for temporary workers arises, the ward should 'phone the Resourcing Team, who will action the request. **Form C (appendix 3)** should be completed and submitted to the Resourcing Team in 48 hours.

-Approval for agency with less than 24 hours notice must be given by the Head of Nursing & Governance or if they are not available the Matron. The person authorising the request should sign Form C when it is submitted.

- The Resourcing Team will keep a log of all calls/emails made noting the ward, date and time of shift, name of person making request and name of approver. They will cross reference this against forms received and chase those not received once the 48 hour deadline has passed.

- Failure to submit Form C within 48 hours is a breach of this procedure.

Flow-chart: Less than 24 hours notice:



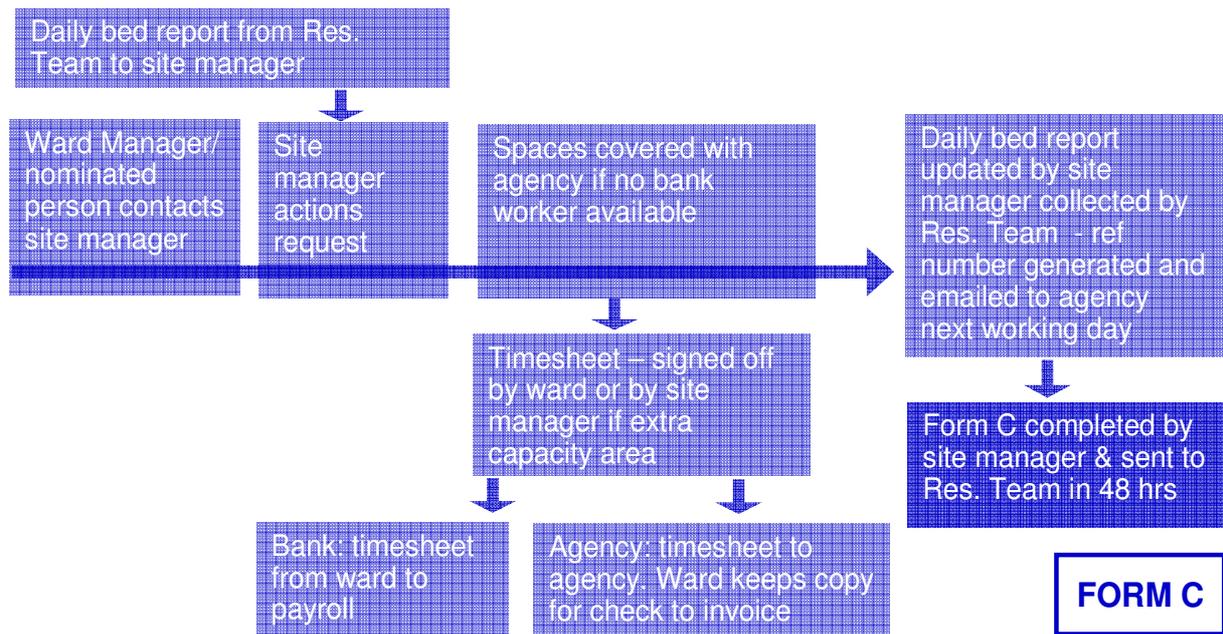
4.8 Out of hours – FORM C:

- Out of hours, site managers are provided with a report of all booked and outstanding shifts (daily bed report) and short notice requests or cancellations are actioned by the site managers (who contact agencies direct).

- Any movement of bank is recorded on the daily bed report and these are collected the next working day by the Resourcing Team who update e-roster accordingly.

- The Resourcing Team will email reference numbers for new shifts to the agencies the next working day.
- **Form C (appendix 3)** should be completed by the site manager and submitted to the Resourcing Team in 48 hours.
- Verbal approval for agency out of hours should be gained from the on call manager and the name of the person giving approval noted on the form.

Flow-chart: Out of hours:



4.9 Agency bookings

There are several approved agencies used by the Trust. Agencies are selected from the “Buying Solutions” accredited agencies schedules (a national procurement framework to ensure consistency over standards and avoid individual trusts repeating lengthy procurements).

The Trust should not use agency workers from unaccredited agencies unless circumstances are exceptional and the necessary assurance on standards, legal requirements and safeguarding is obtained. Such usage requires sign off by a senior member of the HR team.

Note: a procurement process should be completed by October 2010 – in the intervening period the Director of HR must confirm assurance in respect of agency companies used.

Before an agency worker is booked, the Resourcing Team requires:

- Current CV

- CRB – number and expiry date
- PIN number

These are checked by the Nurse Manager in the Resourcing Team or if she is not available a Matron before the Agency worker is booked. Common sense measures to make this less time consuming can be used for workers completing regular shifts as long as the assurance is provided.

4.10 Confirmation of booking and other action on site

Once a booking has been made the Resourcing Officer will confirm by phone the following to the person who made the request or to the person in charge of the ward at the time;

- The ward/department and date and time of the shift
- The temporary worker's name and their status (qualified/unqualified)
- Whether they are a bank or agency worker, and if the latter which agency they come from

A unique booking reference number is given verbally to individual bank workers at the time of booking or to agencies via e-mail.

4.11 Cancellations

Where possible if a shift is to be cancelled or withdrawn then sufficient notice should be given to the person who was booked for that shift.

If this is more than 4 hours before the start of the shift then no payment will be made in any case. If it is less than 4 hours before the start of the shift then the Trust will only consider payment in respect of the 4 hours to the bank/agency worker in exceptional circumstances.

Trust clinicians and managers should avoid the need for cancellations at such short notice, and this will be monitored.

Bank workers will not be cancelled for other bank workers unless there is a clinical need for this such as specific skills or the ability for a nurse to take charge of a shift.

Note: For advance booking for extra capacity areas the Resourcing Team will substitute bank workers as they become available.

4.12 Induction of temporary workers

Receiving temporary workers

When a temporary worker arrives to work in the department, the person in charge of the department at the time of their arrival must check the following:

- The person arriving for duty has been requested and authorized.
- The personal identity of the Bank worker matches their Trust identity badge
- The personal identity of the agency worker matches their employing agency's identity card and the booking reference number has been cross-referenced, whether or not the temporary worker has worked on the ward/department before and have previously received a local induction.

4.13 Time-sheets

Time sheets are specific and unique and must be completed and signed off strictly according to this procedure. This is to protect Trust managers and clinicians and the temporary worker - time sheet fraud remains the commonest fraud in the Trust.

It is recognised that wards are busy places and therefore practical steps should be taken to clarify procedures locally by each ward in advance to ensure that the rules here can be followed.

It is the responsibility of the temporary worker to ensure that their time-sheet is signed at the end of every shift worked and before leaving the Trust.

The Trust signatory should be an authorised signatory or the person in charge of the ward/department at the time. This delegation recognises that there may not be an authorised signatory on duty, particularly at weekends.

It is the responsibility of the person in charge of the ward/department to countersign the Bank/Agency worker's time-sheet **before** they leave. They **must** ensure that all the information contained on the time sheet is completed (in both numbers and words for agency workers).

For Bank workers it is the responsibility of the Ward Manager to send them in a timely manner for payment by Shared Business Services payroll.

Signed time-sheets must not be handed back to temporary workers.

Timesheets for all bank shifts are checked in retrospect against the e-rostering system for accuracy. In addition all time-sheets for agency workers are verified and checked by the ward managers against the e-rostering system.

4.14 Procedure for non-nursing temporary workers

Administrative and clerical

The Resourcing Team should book all administrative and clerical temporary workers, unless permission to do so has been delegated to a department by the Director of HR.

Bank: When an initial request is received requesting temporary bank administrative and clerical support, the administrative and clerical **Form D (appendix 4)** is emailed to the relevant Manager for completion and returned to the Resourcing Team for processing.

Once a suitable Bank person is identified to fill the vacancy an e-mail will be sent to the requesting Manager to confirm the booking.

Agency: For agency workers, an agency will be contacted to discuss the skills required for the vacancy. At time of booking the charge rate should be requested and noted on the booking form (see Form A). An e-mail will then be sent to the Line Manager to confirm the booking.

Only Buying Solutions approved agencies will be used.

Induction:

Each Department receiving a temporary worker must ensure that they are inducted according to the protocol at Section 4.12.

Timesheets:

The rules on timesheets at Section 4.13 must be followed and in most instances for non-nursing staff it is expected that an authorised signatory signs the timesheet.

Signed time-sheets must not be handed back to temporary workers.

When the invoice is received the charge rate should be reconciled with the booking form and verified by the authorised signatory/delegated deputy.

Other staff groups

Currently most other staff groups are booked directly by departments. Again this requires permission to do so signed off by the Director of HR.

Departments operating their own non-nursing bank

In those departments operating an internal bank for specialist roles not otherwise available in the Trust it is the responsibility of the Head of Department to undertake checks on the status of bank workers including:

- Professional registration
- CRB clearance
- Medical fitness to practice
- Eligibility to work in the UK
- References
- Up to date statutory and mandatory training

It is the responsibility of the Head of Department to ensure that the relevant checks have taken place when booking an individual via an agency by ensuring that Buying Solutions approved agencies are used first.

It is also the responsibility of the Head of Department to communicate the details of any temporary workers used within their department to the Resourcing Team.

Booking should be follow local formal procedures and the principles described in this policy. It is the responsibility of the Head of Department to ensure the correct governance is in place.

Departments using the Resourcing Team

Those departments using the Resourcing Team should follow the rules for administrative and clerical workers in the section above.

Action in the Department

Induction:

Each Department receiving a temporary worker must ensure that they are inducted according to the protocol at Section 4.12.

Timesheets:

The rules on timesheets at Section 4.14 must be followed and in most instances for non-nursing staff it is expected that an authorised signatory signs the timesheet.

Signed time-sheets must not be handed back to temporary workers.

When the invoice is received the charge rate should be reconciled with the booking form and verified by the authorised signatory/delegated deputy.

4.15 Terms and conditions of bank workers

Status

Bank workers are not employees of the Trust. The Trust has no obligation to provide bank workers with work and bank workers are not obliged to accept work offered by the Trust.

Pay

Temporary workers may be entitled to statutory sick pay (SSP) depending on their average earnings over a period of 8 weeks prior to their sickness absence.

European Working Directive Payments (see below and Section 3.4 for Working Time Regulations) are paid each time a bank employee works. The

payment is a percentage calculated by the payroll system and is payable for all bank hours (up to 37.5 per week) and enhancements. It is shown as a separate item (WTD Pay) on the payslip. The current rate is 12.5%.

Sickness

Any worker booked on a shift who then reports sick must inform the Resourcing Centre or if out of hours the Site Coordinators as soon as possible so that an alternative cover can be arranged.

Substantive employees who have returned from a period of sickness absence may not work on the bank for a period of one week (this was previously two weeks and was changed in July 2010).

Accommodation

Accommodation is available for key workers via A2 Dominion. It is the responsibility of the worker to book and pay for their own accommodation with the exception of Locum Agency Doctors for whom accommodation is arranged by the Resourcing team.

Working Time Regulations

Please also see Section 4.3.

Under the Working Time Regulations (1998) individuals should not work more than 48 hours a week on average - this is normally averaged over 17 weeks. An individual can work more than 48 hours in one week, as long as the average over 17 weeks is less than 48 hours per week. For those who work for more than one employer, the amount of combined hours you work shouldn't exceed the 48 hour average limit.

All workers have the right to a break of at least 11 hours between working days and have the right to either:

- an uninterrupted 24 hours clear of work each week
- an uninterrupted 48 hours clear each fortnight

Please refer to the Trust's Working Time Regulations policy which can be found on the Intranet.

5 Compliance Monitoring arrangements

This policy and procedure has been discussed and approved at the Trust's Management Board.

The monitoring of temporary staff usage is part of the Trust's monthly performance management, finance and HR processes, including:

- Financial and workforce reports – usually monthly and to cost centres, Divisions, Directorates and including reporting at monthly formal performance reviews, Management Board, Performance Committee, and the Trust Board
- Internal reporting by HR including reconciliation with payroll, bank data and agency bookings and regular audit of authorisation lists and sample test-checking of procedure compliance
- Bi-weekly (to start with – the frequency may alter) review meetings with senior nursing and midwifery staff and covering compliance with the policy (in terms of normal practice rules, induction and safeguarding rules)
- Annual compliance review by the HR Director of authorisation for areas not using the Resourcing Team to provide assurance that local procedures are being operated

Non-compliance will be advised through these processes and will escalate to formal performance review meetings.

Where potential Standing Order or Standing Financial Instruction breaches are recognised (eg: the Resourcing Team booking agency without auditable authorisation from the correct source) investigations may be carried out by management or internal audit. If fraud is possible or alleged (eg: involving timesheets or overcharging by agency companies) the Trust's Local Counter Fraud services will investigate as appropriate.

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management and Development of Procedural Documents.

This includes:

- posting on the dedicated Policies and Procedures page of the Intranet
- notification to all staff of the new policy on the next available E-Bulletin

In addition to the above, this policy and procedure will be introduced through workshops with relevant operational areas and specific advice to individual managers. There will be an ongoing fortnightly review with nursing staff as described below.

The implementation plan is at Appendix 9.

This policy and procedure will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents; the standard length of time for review is three years.

However, changes within the organisation affecting this process, together with any changes in legislation or the requirements of external regulators /accreditation organisations may prompt the need for revision before the 3 year natural expiry date.

The policy will be held in the Trust database, known as the library and archived in line with the arrangements in the Organisation wide Policy for the Management and Development of Procedural Documents.

Working copies will be available on request from the Policy Co-coordinator by contacting the dedicated mailbox trustpolicies@sash.nhs.uk

5.1 Professional Registration

Any temporary worker requiring professional registration must ensure their registration is up to date. Those whose registration has lapsed will not be used on the bank until evidence of current registration has been provided to the Resourcing Team.

5.2 Identification Cards

All temporary workers are required to wear the Trust Identification Badge/Agency identification Badge at all times whilst on Trust premises.

5.3 Misconduct and poor performance

Concerns regarding the conduct or performance of a temporary worker should be reported to the Resourcing Team's Nurse Manager immediately who will follow the Trusts procedure for complaints/ issues. This may lead to a temporary worker not being booked again.

6 Training to ensure compliance with this policy

6.1 Local induction

Each department must keep a pack of information for temporary workers which includes basic details of the work of the department, chain of command and location of key departments.

Following arrival to the appropriate ward/department temporary workers who have not previously worked in that area must be given a local induction of the area (see **appendix 6 for example induction document**) which includes;

- Emergency telephone numbers & bleep procedure
- Fire procedure and location of fire exits
- First Aid provisions
- Location of hard copies of Trust Policies and Procedures

- Name and contact number of the person in charge of the ward/department
- Risk Management / Health & Safety procedures appropriate to the department
- Location of equipment

The person responsible for the local induction must ensure that the relevant documentation is signed to provide evidence of an induction. A checklist is included in the example document in the appendix.

Every department should keep a record of identity checks & induction of temporary nursing and medical workers.

6.2 Training

All bank workers must attend the statutory and mandatory training before commencing work with the Trust. It is the responsibility of the Resourcing Team's Nurse Manager to liaise with the Education and Training Department regarding the booking of the training. For permanent employees the responsibility lies with their line manager.

It is the responsibility of the worker to keep regularly updated in the following areas;

- Manual Handling
- BLS / ILS
- Fire safety
- Infection Control

Bank workers can access all statutory and mandatory training. Any additional training must be authorized and paid for by the relevant Head of Department/Matron.

7 References and associated documents

This policy and procedure is based on a review of previous procedures, previous internal audit reports, a general review of procedures in place in other Trusts and the procedures operated by NHS Professionals.

Associated policies include that for Locum Medical Staff.

8 Glossary/ explanation of terms used in this document

| Acronym/ Abbreviation/ Term | Meaning |
|------------------------------------|----------------|
| | |
| | |

APPENDIX 1

FORM A – Booking 4 weeks in advance

Form MUST be completed by signatory, never by the Resourcing Team and where e-roster is used MUST be attached to the off duty roster provided.

| Week Beginning | Ward | Ward Manager | Signatory (print) | Date submitted to Matron |
|----------------|------|--------------|-------------------|--------------------------|
| | | | | |

Guidance Notes

- You MUST follow the rules in the trust **Use of Temporary Workers (Bank & Agency) policy & procedure**
- this request sheet can only be **authorised by a listed signatory**
- Any **incomplete request form will be returned** and the shift will not be covered
- **Telephone requests will not be accepted** for planned temporary staffing **Unplanned requests**, such as unexpected sickness, must use form B if greater than 24 hours or C if less than 24 hours from the date of the shift
- E-rostering areas must attach this form to their vacant duty report; non e-rostering areas must use this form.
- **Agency staff will only be booked as an exception.**

FORM A – Bank Shifts Confirmed at Time of Writing the Off Duty

NOTE: This section can be crossed through as long as e-roster off duty print describes all shifts.

| Date | Shift | Start Time | Finish Time | Band/ in Charge | Qty | Reason | O/Time | Bank | Name |
|------|-------|------------|-------------|-----------------|-----|--------|--------|------|------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Reason Codes (to be inserted for all requests)

| | | | |
|-----------------------|--|----------------------|---------------------|
| S - sickness | C - compassionate/special leave | M – maternity | V – vacancy |
| X – extra beds | HD – high dependency | O - other | SP - special |

Please note it is the ward’s responsibility to carry out “Local Inductions” for all temporary workers.

Authorisation

The authorised signatory must sign and date below that they approve the requests completed for both confirmed and unfilled requests.

I authorise the Resourcing Team to book agency, where the amount of time has been included, if they are unable to fill the shift with bank staff (please tick)

Band 5 **YES** Band 5 **NO**

Band 2 **YES** Band 2 **NO**

Signature of authorised signatory: _____ **Date:** _____ .

APPENDIX 2

FORM B – booking up to 24 hours in advance

Form MUST be completed by signatory, never by the Resourcing Team.

| Week Beginning | Ward | Ward Manager | Signatory (print) | Date submitted to Matron |
|----------------|------|--------------|-------------------|--------------------------|
| | | | | |

Guidance Notes

- You MUST follow the rules in the trust **Use of Temporary Workers (Bank & Agency) policy & procedure**
- this request sheet can only be **authorised by a listed signatory**
- **Incomplete forms will be returned** and shift will not be covered (wards will be made aware)
- Every effort must be made to have **flexible staffing across ward areas**
- Temporary staffing should **only be used for Bands 2 to 5** unless a special case has been agreed with the senior nurse and general manager
- Use the **ready reckoner** to calculate bank and agency time within budget
- Form C must be completed for **out of hours requests**.
- **Agency staff will only be booked as an exception.**

FORM B - Shifts to be filled up to 24 hours prior to the start of the shift

| Date | Shift | Start Time | Finish Time | Band/ in Charge | Qty | Reason | Bank | Name |
|------|-------|------------|-------------|-----------------|-----|--------|------|------|
| | | | | | | | | |
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Reason Codes (to be inserted for all requests)

| | | | |
|-----------------------|--|---------------------|--------------------|
| S - sickness | C - compassionate/special leave | SP - special | V – vacancy |
| X – extra beds | HD – high dependency | O - other | |

Please note it is the ward’s responsibility to carry out “Local Inductions” for all temporary workers.

Authorisation

The authorised signatory must sign and date below that they approve the requests completed for both confirmed and unfilled requests.

I authorise the Resourcing Team to book agency, where the amount of time has been included, if they are unable to fill the shift with bank staff (please tick)

Band 5 **YES** Band 5 **NO**

Band 2 **YES** Band 2 **NO**

Signature of authorised signatory: _____ **Date:** _____

APPENDIX 3

FORM C – Booking less than 24 hours notice (retrospective approval)

Form completed (it records a 'phone booking) by Resourcing Team for signature later by signatory or by site manager out of hours. Signatory MUST sign off in 48 hours.

| Date of call | Time of call | Ward | Name of person calling | Signatory (print) |
|--------------|--------------|------|------------------------|-------------------|
| | | | | |

Guidance Notes

- You MUST follow the rules in the trust **Use of Temporary Workers (Bank & Agency) policy & procedure**

In hours

- In hours, and in extreme cases the shift can be requested via the telephone – **this form should then be completed and MUST be submitted to the Resourcing Team in 48 hours**
- Approval for agency with less than 24 hours notice must be given by the Matron – the approver should sign this form.

Out of hours

- Out of hours this form is to be **completed by the site manager** and verbally approved by the on call manager
- The Resourcing Team will provide reference numbers to the relevant agency the next working day
- Form C should be completed & signed by the site manager and MUST be submitted to the Resourcing Team in 48 hours.

In all cases: Failure to submit Form C within 48 hours is a breach of the formal Trust procedure

FORM C – Shifts required with less than 24 hours notice or out of hours

| Date | Shift | Start Time | Finish Time | Band/ in Charge | Reason Code | Reference Number | Name of person in Resourcing Team taking request | Name of Temporary worker |
|------|-------|------------|-------------|-----------------|-------------|------------------|--|--------------------------|
| | | | | | | | | |
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Reason Codes (to be inserted for all requests)

| | | | |
|----------------|---------------------------------|---------------|--------------|
| S - sickness | C - compassionate/special leave | M – maternity | V – vacancy |
| X – extra beds | HD – high dependency | O - other | SP - special |

Please note it is the ward’s responsibility to carry out “Local Inductions” for all temporary workers.

Authorisation

The authorised signatory must sign and date below that they approve the requests completed for both confirmed and unfilled requests.

I authorise the Resourcing Team to book agency, where the amount of time has been included, if they are unable to fill the shift with bank staff (please tick)

Band 5 **YES** Band 5 **NO**

Band 2 **YES** Band 2 **NO**

Head of Nursing/Matron signature:

Out of hours – Site Manager signature:

Date:

FORM D – Admin & Clerical Agency Staff Request Form

1. Request being made

Department Manager name

Date temporary support required from: to:

Details of post being covered
.....
.....

| | |
|---------------------------------------|---|
| Post title | <u>Reason for request</u> |
| Pay band | Vacant: YES / NO |
| Name of current post holder: | Long term sick: YES / NO |
| | Other: (Please specify reason) |

2. Authorisation of request

I hereby authorise this request for temporary agency support as stated above.
Any extension to this must be resubmitted for authorisation

Signed: Date:
Name:

3. Booking information

Name of agency booking placed with:
Date confirmation received: Charge rate agreed:
(Attach email confirmation)
Name of temporary:
.....
Booked by:

Please return this completed form to the Resourcing Team

For office use only

Date details entered on system:
Signed:

Ward
Bank & Agency Staff Induction
2010

Nurse's Name: _____

Welcome

Welcome to XXXXXXXX Ward which provides acute care to patients with various medical conditions but predominately XXXXX conditions. This booklet provides you with information regarding XXXXXXXX ward and for bank workers is a supplement to the (doesn't just apply to HCA's) Handbook that you will have been given by the Resourcing Team when you joined the bank. The purpose of this booklet is to provide you with some basic information and ensure you have a brief introduction and orientation to the ward

XXXXXXX ward is a XX bedded unit. The ward is split into bays of patients and negative pressure side rooms. The ward staff allocation is split into two teams. The blue team looks after bay A, B and side room 1 and the red team look after bays C and D and side room 2.

The blue team has only female patients and the red team male patients.

The ward manager is XXXX and the Matron is XXXXX.

Please be aware that the staff room is not a completely secure area and valuables should either be locked away or kept on your person. Please remember you must not have your mobile phone switched on or on your person whilst you are in the clinical area.

XXXXXXX ward strives to provide patients in our care with the optimum level of care, in a supportive, caring and clean environment. We expect staff working on our unit to conduct themselves in a professional manner at all times and be polite and courteous when dealing with patients, relatives, visitors and staff. You are expected to be courteous and polite when answering the telephone, stating the ward name, your name and your designation every time you answer the telephone.

When you are working as part of our team we expect you to offer the same service to our patients as our substantive staff, and to work in the same professional manner.

If you have any concerns regarding working on the ward or have any concerns regarding anything you see please speak to the nurse in charge of the shift, the ward manager, the Matron or site manager. If you are involved in an incident please ensure it is reported to the nurse in charge in order to facilitate completion of an incident form.

All information relating to patient is strictly confidential and should not be disclosed to non relevant parties or discussed outside the care setting. If you are unsure if information should be passed on to some one then check with the nurse in charge. Please ensure you dispose of your handover sheet in the confidential waste prior to finishing your shift.

At the nursing handover you will be allocated to help care for a group of patients under the supervision of a trained nurse. You will however be expected to help with other patients on the ward if and when the need arises.

In order to promote best practice all beds should be kept at their lowest level when not providing direct care, call bells must be left within patient reach, and patients must be able to reach a drink at all times (if appropriate).

Remember observation equipment must be cleaned between each patient and urinary catheter bags should not touch the floor.

The timing of breaks is at the discretion of the nurse in charge of the shift and on a shift lasting 12.5 hours you are entitled to 60 minutes unpaid break. If your shift is 6 hours you are entitled to 15 minutes unpaid break.

Infection Prevention & Control & antibiotic stewardship (IPCAS) is integral to good clinical practice. Every healthcare worker has a professional responsibility to apply infection prevention & control principles & comply with the hospital IPCAS policies. Standard precautions must always be applied. Hands must be decontaminated before & after patient contact and in between different care activities for the same patient using the correct hand hygiene technique. All equipment must be decontaminated after every use (refer to cleaning frequencies) and Actichlor Plus must be used to decontaminate commodes. Be aware of all patients that are requiring barrier nursing and what isolation precautions are being applied and please communicate infection prevention & control concerns to the person in charge or one of the Infection Prevention & Control Nurses.

Please refer to IPC intranet for further details on IPCAS policies.

On your first shift working on XXXXXXXX ward you must complete the following checklist which should be signed by yourself and the person who has shown you around.

A copy of this completed induction checklist should be kept on XXXXXXXX ward, and the original should be kept by the nurse to whom it relates.

Ward Induction Check list

| | Date and Time | Bank Nurse Signature | Countersigned & Print Name |
|--|---------------|----------------------|----------------------------|
| Introduction to other members of staff on duty | | | |
| Identify nurse in charge of shift | | | |
| Tour of unit to include location of sluice, linen room, clinical room etc | | | |
| Location of staff room and staff toilet | | | |
| Ensure staff member is aware of emergency number - 2222 | | | |
| Location of cardiac arrest trolley and portable suction | | | |
| Location of fire points and exits | | | |
| Location in storage areas of: Oxygen equipment (masks & cylinders), suction equipment (liners, tubing, catheters) | | | |
| Location and use of panic alarms | | | |
| Location of manual handling equipment | | | |
| Demonstration of correct hand hygiene technique | | | |

GUIDANCE FOR RAISING CONCERNS RELATING TO CONDUCT AND CAPABILITY ALLTEMPORARY WORKERS (BANK & AGENCY)

[Updated August 2010]

1

This does not replace existing trust policies on managing poor performance. These can be found on the trust intranet under the HR & Policies & Procedures section.

Serious concerns as detailed in the Trust Disciplinary Policy standards and rules must be reported to the Resourcing Team in writing using the Complaints Form. All concerns need to be documented using the form attached. Copies of which will be kept in the personal records within the Resourcing Team. This applies to both Bank and Agency staff.

There are regulatory outcomes within the CQC Essential Standards of Quality and Safety, under the Health & Social Care Act 2008, which refer to the competency of all staff including agency and bank nurses. These are:

- Outcome 8: Cleanliness and infection control
- Outcome 11: Safety, availability and suitability of equipment.
- Outcome 9: Management of medicines
- Outcome 12: Requirements relating to workers
- Outcome 13: Staffing
- Outcome 14: Supporting workers

2

The Trust's commitment to addressing concerns as informally and locally as possible also applies to temporary workers. However, to ensure that temporary workers provides a high standard of service to the areas in which they are placed concerns about temporary workers need to be brought to the attention of the Trust Resourcing Team.

Generally, concerns will fall into three categories – minor, serious and ongoing, relating to either the nurses conduct or their capability. For all concerns the attached form should be completed.

Examples of minor matters of concern are timekeeping, appearance or some performance issues. These do not merit formal investigation but should be brought to the temporary worker's attention by the person they are managed by in the area of their booking – and a record of the discussion should be kept in their personal file.

Where, following discussion, minor matters of concern or capability are not rectified or addressed and are therefore subject to ongoing consideration then it is essential that the Resourcing Team are informed in writing using the Complaints Form. It may be that you have complaints from several areas about the same person and you should not assume they will know about each others problems – that is why it is important for all documentation to go into personal file and complaints be coordinated by Resourcing Team. The staff member will in turn be informed in writing and be asked to attend a meeting to discuss the complaint. Staff will be informed that they have a right of representation by their Trade Union rep or if not a union member they can be accompanied to the meeting by a workplace colleague.

In all instances on receipt of a Complaints Form the appropriate member of the Resourcing Team will contact the originator of the complaint to confirm receipt.

3

Agency Staff

The Resourcing Team will ensure that concerns are addressed and the appropriate action will be taken by the nurse's agency. Suspension from working within the Trust will be considered and discussed with the staff member's agency in these cases. The investigation should be conducted by the agency with the Resourcing Team acting in a liaison capacity.

FORM FOR RAISING CONCERNS RELATING TO CONDUCT AND CAPABILITY OF BANK AND AGENCY STAFF

| |
|---|
| Name of Agency or Bank member of staff: |
| Role/grade (e.g. Staff Nurse band 5): |
| Ward Department/Name: |
| Shift worked: |
| Bank/Agency (please advise name of Agency if known): |
| Does this complaint concern: Conduct <input type="checkbox"/> Capability <input type="checkbox"/> Is the concern: Minor <input type="checkbox"/> Serious <input type="checkbox"/> Ongoing <input type="checkbox"/> |
| Details of concerns. Please give as much relevant information as possible (e.g. date and time of concern, nature of concern). Please also attach any relevant supporting information/statements and say if the issue was discussed with the worker and what was discussed. |

| | | |
|---|------------|-----------|
| Action taken by person completing this form: | | |
| | | |
| Do you wish this temporary booking to continue? | YES | NO |
| For serious concerns, have these been reported to an appropriate senior manager? | YES | NO |
| If yes who? | | |

| | |
|--|--------------------|
| SIGNATURE: | PRINT NAME: |
| POSITION: | DATE: |
| Seen by Ward Manager Yes <input type="checkbox"/> No <input type="checkbox"/> | DATE: |

Please fax this form to the Bank Office East Surrey Hospital 01737 231828, or deliver by hand

| | |
|---|---------------------------------|
| Bank Office Use only: Date Received: | Received By: Print Name: |
| Originator of complaint spoken to: | |

NOTE: All above issues must be discussed with the Bank/Agency staff member concerned by the Manager/person in Charge of the ward/department or unit prior to sending this form to the Trust Staff Bank

June 2008

Appendix 8

Complaints Procedure for Agency and Bank Nurses

| Agency Nurses | Bank Nurses |
|---|---|
| Nurse Bank Manger receives complaint and reviews the complaint document | Nurse Bank Manger receives complaint and reviews the complaint document |
| Follow the criteria either to bar working in the trust or allow to work in the Trust but bar from area where complaint was issued. Cancel shift if appropriate. Update information on the system | Follow the criteria either to bar working in the trust or allow to work in the Trust but bar from area where complaint was issued. Cancel shift if appropriate. Update information on the system |
| Fax/Email complaint to the agency and receive confirmation | Nurse bank Manager contacts the bank worker of the decision and requests a statement as soon as possible. |
| Receive Statement form the Agency nurse | Received statement from bank worker and review the complaint with the staff where the complaint was made. |
| Assess statement with staff where the complaint was made. | Nurse Bank Manager sees the bank worker to review the statement and discuss the outcome. |
| Agency Nurse can continue to work in the Trust or bar from Trust. The agency informed of outcome. | Implement restriction that was decided at the meeting. If a serious issues or continual complaint this might result in barring the bank worker from working in the Trust |
| Information added to system and the complaint filed in agency complaint folder as reference | Confirmation letter sent to the bank worker if required. Information added to system and the complaint in filed in their personal file in the resource office. |

NB Permanent members of staff in the Trust who also work on the bank will have will have their complaints dealt with by their Ward Manager.

Implementation plan

| | | End date | Status |
|-----------|---|-----------------------------|---------------|
| 1 | Consultation, discussion and involvement with key stakeholders | 31.7.10 | complete |
| 2 | Ratification of policy | 4.8.10 | complete |
| 3 | Introductory workshop with Matrons | 27.8.10 | complete |
| 4 | Promulgation for nursing staff | 14.9.10 | |
| 5 | Promulgation and notification for other staff groups (nb: policy does not introduce significant changes to extant procedures) | 14.9.10 | |
| 6 | Resourcing Team Preparation (internal training & new pro-formas) | 23.8.10 | |
| 7 | Formal go-live date of new procedures | 14.9.10 | |
| 8 | Bi-weekly nursing reviews and ongoing training for nursing staff | Starts – Sept 10 | |
| 9 | Implementation and impact (financial and procedural, including safeguarding) review through Agency workstream - monthly | Starts – 10.9.10 | |
| 10 | Complete procurement process for accredited agency providers (nb: subject to South East Coast agency Board) | 31.10.10 | |
| 11 | Review of processes and procedures by internal audit (reporting to Audit & Assurance Committee) | 3.12.10 | |