Trust Policy	Worcestershire Acute Hospitals NHS Trust

Use of NHS Professionals Temporary & External Agency Staff – Nursing & Midwifery Policy

Department / Service:	Corporate Nursing	
Originator:	Louise Pearson	Lead Nurse for Nursing and Midwifery Workforce
Accountable Director:	Tina Ricketts	Director of People and Culture
Approved by:	On Behalf of the Joint Negotiating and Consultative Committee	Signature: Bev Edgar
Designation:	Director of Human Resources	
Date of Approval:	5th September 2014	
Extension approved:	22nd July 2021	
Review date: This is the most current document and should be used until a revised version is in place	1st September 2022	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All patient areas	
Target staff categories	Matrons, Ward Sisters/Charge Nurses/ Directorate Managers	

Purpose of this document:
The aim of this policy is to set out procedures and protocols for the use of temporary and agency Nursing Midwifery staff at Worcestershire Acute Hospitals NHS Trust.

Key amendments to this Document:

Date	Amendment	By:
08/03/2011	Policy approved	
28/11/2011	Addition of Appendix 1 - The process for authorisation and booking	Sonya Murray
April 2012	Minor amendments	Sonya Murray
27/04/2012	Amendments approved by JNCC	
April 2014	Review of Policy, amendments to section 6, Appendix 1	Sonya Murray
Sept 2014	Amendments at paragraph 6.1	Sonya Murray
December 2016	Documents extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
February 2017	Disability question added into equality impact assessment tool	

November 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	
February 2021	Document extended for 12 months whilst review process takes place	Louise Pearson
June 21	Document Reviewed Paragraph added to section 6.1	Louise Pearson/ Nursing Workforce Action Group
August 2021	Document extended until 1st September 2022	TME and JNCC

References

WAH Flexible Working Opportunities Policy - 2013
WAH Policy for the Management of Duty Rosters – Nursing & Midwifery - -2013
DH Code of Practice for Temporary Staffing (DH 2002)
NHS Employment Check Standards (2012)
WAH Recruitment & Selection Policy (2013)

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1. Introduction

1.1 The aim of this policy is to:

- Safeguard the quality of patient care when engaging temporary staff
- Minimise Agency costs ensuring value for money
- Ensure the health, safety and welfare of both patients and staff are not compromised
- Improve monitoring systems around temporary staffing
- Encourage the recruitment and retention of staff in substantive Trust posts
- Clarify roles and responsibilities of eligible staff in booking temporary staff
- Ensure a consistent approach which reduces risks arising from non-compliance
- Set out the framework for the management and performance of providers.

2. Scope of the Policy

2.1 This policy requires all bookings for temporary Nursing and Midwifery staff to be channelled through NHS Professionals who will fill shifts from their own pool or from approved secondary agencies.

2.2 There needs to be a justifiable reason for requesting a temporary member of staff which includes:

- There is a vacant post within funding available and the work cannot be covered from the existing workforce.
- Short notice sickness where cover is unavailable from elsewhere.
- The service to patients is at risk or targets for delivery of the access agenda are compromised
- There may be adverse effects on the health and safety of staff

2.3 Prior to deciding whether there is a need to book a temporary member of staff, individual managers should:

- Review rosters, including flexible working options to enable current staff to cover the shifts and offer additional work to part-time staff. Consider re-deploying staff form other areas.
- Consider all alternatives to expand the pool of local available staff e.g. zero-hour contracts, self- rostering.
- Consider whether the work can be reallocated/delayed.
- Consider overtime payments, time in lieu, or a combination of these to full-time staff without compromising working time regulations. Authorisation for overtime requires executive approval.
- Temporary staff should not automatically be booked to cover annual leave, short term leave or study leave.

3. Definitions

NHS Professionals – NHS organisation supplying temporary bank staff.

Approved Agency Staff –Individuals supplied to the Trust by specific employment agencies approved by the Trust.

These individuals' terms and conditions are provided by the employment agency. All payment for work completed is paid via the agency and the individual remains an employee of the Agency, not the Trust.

Temporary Staff – Individuals who are not permanently contracted to complete work for the Trust and can be utilised when a service needs interim support.

4. Responsibility and Duties

4.1 There needs to be clearly defined accountability for authorising and confirming bookings at an appropriate level within the Trust and within Divisions.

4.2 The process for authorisation and booking is outlined in Appendix 1

5. Equality requirements

The content of this policy has no adverse effect on equality and diversity

6. Policy Detail

6.1 There is an agreed workflow booking process agreed with NHSP. (Appendix 5)

NHSP will source the shifts in the order on the agreed workflow.

- Their own pool of staff.
- The preferred secondary third party provider.
- Other agreed secondary providers.

It is the responsibility of the clinical area to check that the shift has been filled and escalate as appropriate if shifts are not filled and patient safety or quality may be compromised.

The time frame for progressing down this list of options is agreed between WAH and NHSP.

No direct bookings should be made with any external agencies. To do so is outside this policy and the Trusts standard operating and procurement procedures and could result in disciplinary action.

Wherever possible shifts should be booked **no less** than 48 hours in advance, for **long term absences** including sickness and planned leave shifts should be booked **2-3 weeks** in advance where possible or alternatively a line of work requested to cover the absence

Permanent staff who also work for NHSP should not be booked to cover NHSP shifts within the Trust within two weeks of returning to work following sickness absence. This includes waiting list initiatives.

Staff working for NHSP or other agencies whilst on sick leave may be subject to disciplinary action

Staff who leave the organisation should not be offered work via a third party agency within the Trust within 6 months of leaving the organisation

All long term bookings must be approved by the Divisional Director of Nursing.

For specialist NHSP rates (operating theatres) staff leaving a substantive post cannot work within the trust at the specialist rate for 6 months.

No retrospective bookings will be made by Ward Staff all requests for retrospective bookings need to be agreed by Divisional Director of Nursing forwarded to the Associate CNO for Workforce and Education to process.

All requests for retrospective bookings should be accompanied by an explanation of why the booking is being made retrospectively.

6.2 Time Sheets

Electronically submitted timesheets are to be authorised and submitted to NHSP by midday each Monday to facilitate payment to temporary bank staff.

No claims for travel or training submitted by NHSP or agency staff are to be authorised by Ward Staff.

6.3 Employment Checks

Providers of staff to the Trust must undertake employment checks in accordance with NHS Employment Check Standards (2012). It is essential that those booking temporary/agency staff are authorised to do so and do so via the agreed processes.

Clinical areas should ensure that temporary staff/induction competency checklists are completed (Appendix 6) **including identity checks.**

In the case of Midwives the Provider should also gain evidence of notification of intention to practice with the Local Supervising Authority.

6.4 Concerns relating to capability/competence/fitness for practice

Where the Trust has any concerns relating to capability/competence/fitness for practice of a temporary worker these must be reported via NHSP Complaints and Incidents on Line Management System.

NHSP should be informed of the names of any members of staff who for any reason are not temporarily or permanently able to work on Trust premises/certain or all clinical areas so that such members of staff cannot be supplied to the Trust as a temporary worker.

Where an NHSP member of staff is the subject of an investigation into capability, disciplinary or performance resulting from outside the Trust they should not be offered shifts with the Trust.

6.5 Recruitment of Agency Staff to temporary/substantive posts

NHSP or agency staff should not be recruited to temporary or substantive post within the Trust without advice from Human Resources as recruitment of these staff may leave the Trust liable for certain charges by the Agency.

6.6 Auditing the Management and Performance of Providers

The performance of providers will be monitored regularly by Associate Chief Nurse (weekly and monthly) via the online management reporting system and via meetings with NHSP Regional Representatives.

Reports of temporary staffing use will be available weekly and monthly to Chief Nursing Officer, Deputy CNO, Director of Finance, Associate Chief Nursing Officer for Workforce, Divisional Directors of Nursing, Matrons, AHP Leads. HR Leads.

The Code of Practice for the supply of Temporary Staffing (DH 2012) will be used as a basis for audit. Providers should be able to provide the Trust with information on:

- Number of requests (and lead time to booking)
- Number of booking per ward or department
- Number and percentage of the providers' cover of requests
- Number of unfilled shift requests
- Numbers of cancellations by department
- Number of cancellations by staff booked
- Comparison of grade requested by grade provided
- Cost by grade by ward
- The provider's compliance with the agreed fill Rate
- Bookings by shift type/hours

In addition the Trust will audit on:

- Commission rates/Management fees
- Employment check standards
- Continuing Professional Development
- Equal Opportunities
- Induction
- Management of Service
- Occupational Health
- Pay and conditions

7. Consultation

7.1 This policy was circulated to Chief Nursing Officer, Deputy Chief Nursing Officer, Associate Chief Nursing Officers, Divisional Directors of Nursing, Therapy Heads. HR Leads, Nursing & Midwifery Workforce Group

8. Approval process

8.1 This policy will be submitted for approval at Senior Nurses /Matrons Group

9. Implementation arrangements

9.1 This policy will be circulated electronically to Director of Human Resources Chief Nursing Officer, Deputy Chief Nursing Officer, Associate Chief Nursing Officers, Divisional Directors of Nursing, Therapy Heads and Nursing & Midwifery Workforce Group

It will also be available on the intranet on The Nursing and Midwifery web pages.

10. Dissemination process

As above.

11. Training and awareness

11.1 It is the responsibility of the individual professional to ensure that they are aware of the contents of this policy. It is the responsibility of managers to identify any training needs.

12. Monitoring and compliance

12.1 Arrangements will be made for monitoring compliance with this policy through existing clinical governance structures and Workforce Forums

It is the responsibility of individuals involved in the ordering/ management/ supervision of temporary and agency staff to ensure that they comply with the policy.

13. Development of the Policy

13.1 The policy will be reviewed after one year

Appendix 1

Requests for NHSP Staff/Agency Staff

- For authorisation to go to NHSP must be given by Matrons. The requests for NHSP must be booked by a Trust approved authoriser at Band 7 or above unless previously agreed by Divisional Director of Nursing

Request for approved secondary agencies

- Authorisation for approved secondary agencies must be given at as per process outlined below.
- The requests must be booked by a Trust approved authoriser at Band 7 or above.
- The use of Thornbury can only ever be authorised by the Chief Nursing Officer or other Executive Director in their absence.

Escalation of shifts to third party agencies.

THIS IS THE PROCEDURE TO BE FOLLOWED WHEN NHSP ARE UNABLE TO FILL SHIFTS

IN OFFICE HOURS

all shifts for external agencies must be escalated to relevant matron for approval with reason for escalation

⇩

Matron to get approval from divisional director of nursing to escalate shift

OUT OF HOURS

All shifts to be escalated to external agencies must be escalated to **on call senior nurse** for approval with reason for escalation

⇩

Senior nurse to **phone** to get approval from **executive on call**

It is important that all shifts are coded correctly to capture workforce activity so please ensure codes are used as follows:
vacancy – where there is a vacancy that has an approved atr
sickness - where there is long term sickness which has been notified to hr or where there is short term sickness notified within last 24 hours
training – to be used only when backfill for training has been approved e.g. end of life training
unplanned leave – to be used when emergency leave has been granted in accordance with trust policy
planned leave –to be used only when leave is outside normal annual leave allocation e.g. maternity/paternity/adoption leave or where staff have excess annual leave to take e.g. when returning from maternity/sick leave
escalation – this should only be used when a major incident has been declared and staff are required over and above normal staffing levels for the period of the incident
seasonal pressures – to be used only when hospital is on level 3 0r 4 and extra staff are required to maintain patient flow
military – to be used when extra capacity areas not normally used for in patients has to be opened
specialing – to be used when an additional nurse is required following assessment to provide individual care to a patient**.**

Appendix 2 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability- learning disability, physical disability, sensory impairment and mental health problems		
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

Appendix 3 - Financial risk assessment tool

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	Yes
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments: There is a potential for a reduction in the cost of temporary staff	

Appendix 4

Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document, which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Policy for the use of NHSP temporary and external agency staff		
Date finalised:	2011	**Dissemination lead: Print name and contact details**	Sonya Murray Ext. 33922
Previous document already being used?	**Yes**		
If yes, in what format and where?	Policy in HR document library Dated 2009		
Proposed action to retrieve out-of-date copies of the document:	Remove previous document		
To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
Matrons/Managers	Electronically	Electronic	
Ward and department managers	Matrons/Managers after receipt of document	Electronic	

Appendix 5

NHS
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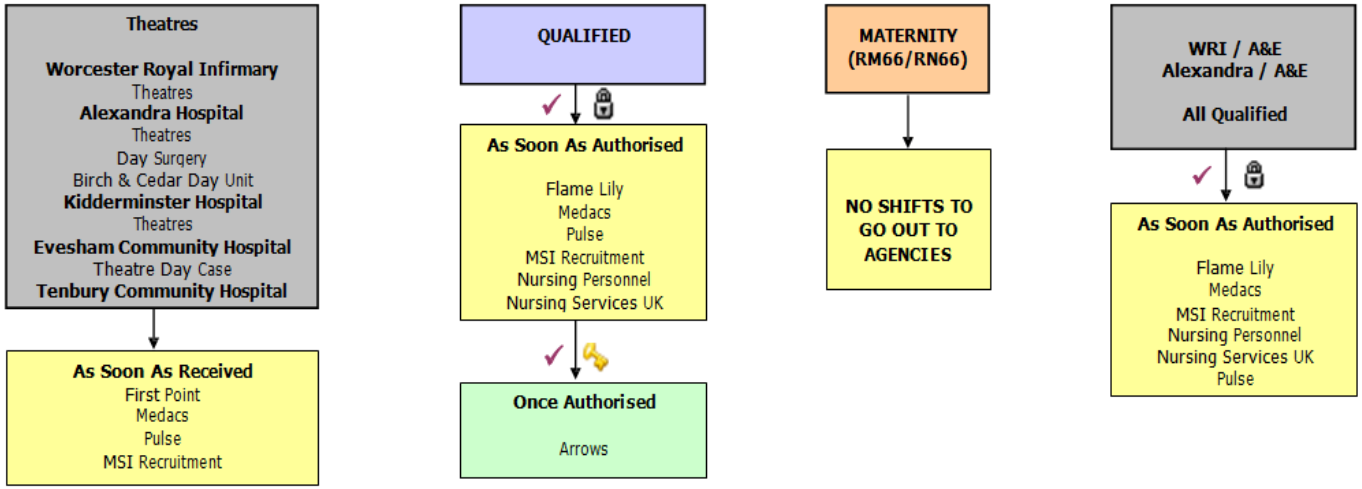
Key

Location/Ward Rule | Assignment Code Rule | Location/Ward & Assignment Code Rule | Padlock - Locked Shift(s) | Golden Key - Additional Agency Authorisation | Check list of Authorisers

2 HOUR CANCELLATION PERIOD FOR PASA AGENCIES & CANCELLATION FEES APPLIED FOR NON PASA APPROVED AGENCIES
DO NOT REPLACE THORNBURY ONCE BOOKED



NHS Professionals

Worcestershire Acute Hospitals NHS Trust

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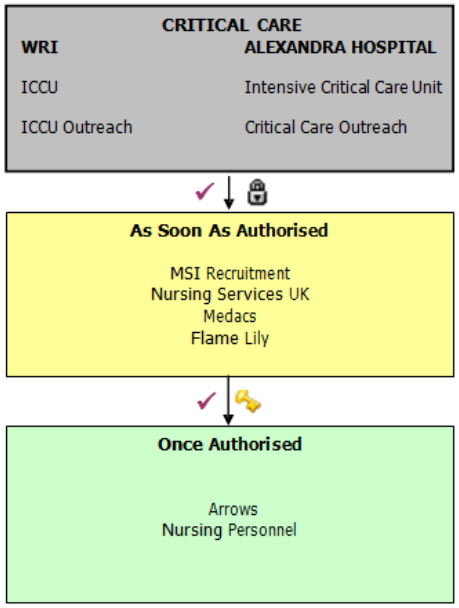

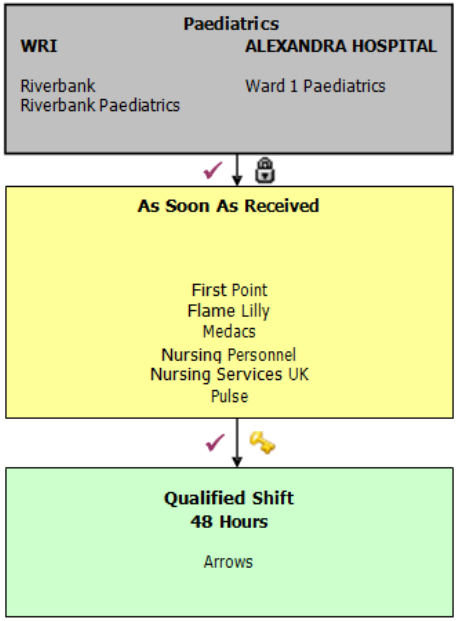

NHS Professionals

Worcestershire Acute Hospitals NHS Trust

Only Lyndsey Webb, Stewart Messer, Bev Edgar, Jane Smith, Haq Khan, Chris Fearns, Jane Schofield, Penny Venables, James Longmore, Cathy Garlick, Matthew Train, Paul Bytheway, David Burrell or Chris Tidman can approve the use of agency.

During usual working hours Divisional Directors of Nursing & Midwifery Ann Carey, Sarah King, Amanda Moore, Patti Paine can also authorise shifts to go to agency

Any New Shifts or Changes to shift must only be taken from a Band 7. This MUST be from the list 'List of auth bookers and modifiers' found N:\Operations\National Service Centre\Trusts\Worcestershire Acute Hospitals. Caller cannot be someone calling on behalf of an authoriser.... the CALLERS name must be on this LIST.

Agency Name	Contact Number	Oncall Number	Email Address
Nursing Personnel	08451220414		
Medacs	01785256434		
Allied Healthcare	01886884820		
Pulse	01992305700		
Windsor	08453710223		
Flame Lilly	01902573324		
Seven Solutions			
Abacus			
Montague			
Pulse Theatres			
Nobel Rec			
First Point			
Arrows			
Routes			
BNA	01905700135		
Blue Arrow	01905724549		

Appendix 6 - Induction Checklist

This schedule suggests orientation that NHS Professionals staff and all other Agency Staff members should receive when they attend a new ward / location / unit for the first time i.e. new starters to trust **and** new to the ward / location. It is in no way intended to be exhaustive and the responsibility is with the Trust to ensure flexible workers are aware of everything they need to know to perform the function for which they have been booked.

NHS PROFESSIONALS: ☐ ☑ **AGENCY**

NAME……..……..……..……..……..……..

RECOMMENDED ORIENTATION SCHEDULE			
ON ARRIVAL (Within the first 15 minutes) ☑		**DURING YOUR SHIFT** (Within 2 hours) ☑	
Who your supervisor/Nurse in Charge is?		Infection status of clinical setting e.g. is there any areas closed or MRSA controlled areas.	
Provide evidence to Nurse in Charge/ ward Manager: NHSP/Agency Identification Badge, NMC Registration if applicable. **[Nurse In Charge: Check against booking].**		Patient care details / reports / records	
Dress code		Medicine Safety procedures, pharmacy and local protocols including: prescription, administration. **(Please note NHSP/Agency Staff are NOT permitted to administer Warfarin)**	
Patient care details / handover		Medication common to the area and patient group.	
What your duties and responsibilities are?		Trust / local policies and procedures e.g: ▪ Patient admission and discharge procedures ▪ Early warning Scores/Hot Tools ▪ Infection Control ▪ Waste Disposal ▪ Blood transfusion ▪ Blood Sugar Monitoring	
Expectations and limitations of role?		Sources of help, advice, mentorship, and expectations from new starter	
Who is your team? and introduction to team.		Familiarisation of procedures and training on equipment	
Clinical Emergency procedures		Incident reporting	
Hand hygiene / Infection Control procedures		Health and Safety information	

Crash trolley location		Lifting equipment, manual handling	
Resuscitation procedures		Food handling	
How you would communicate in any emergency		COSHH details and Ionising Radiation areas	
Bleep system arrangements		Handling of violence and aggression	
Fire safety details, exits, fire equipment, fire alarms and evacuation procedures		Lone worker policy [if applicable]	
Orientation to work areas		Medical Devices Disclaimer Form	
Any other key specific information relating to area - e.g. discussion of departmental aims and objectives			