

Worcestershire Acute Hospitals Trust Temporary Staff Policy

Department/Service	Human Resources	
Accountable Director	Chief People Officer	
Date Approved by JNCC	22 nd May 2025	
First Revision Date	22 nd May 2028	
Changes since previous version	Date	Change
	May 2025	This was originally the Nursing Temporary Staffing Policy. It has now been updated to include all staff groups, so there is one Trust wide Policy.
	May 2025	The main changes are updates to T&Cs based on changes from NHS England i.e. updated AFC and pay rates.
	May 2025	Change to approval levels to match Trust SFI. Change to make it clearer that colleagues may work at standard bank rates for 6 months after leaving.
Queries about interpretation and application of policy	wah-tr.hrenquiries@nhs.net	
Target Organisation	Worcestershire Acute Hospitals Trust	

This is a controlled document. The electronic version on the intranet is the controlled version and any printed copies are not controlled.

As a controlled document, this document should not be saved onto local or network drives and should always be accessed from the intranet.

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Introduction

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.

Standard Operating Procedures for individual staff groups, process flowcharts, and system guidance is available alongside this Policy via the Trust intranet at the following link:

Temporary Staffing Hub

Please note: This Policy pertains to bank & agency temporary staffing, substantive WLI is contained within its own policy, available on the intranet via Trust Intranet: Key Documents

Scope of the Policy

This policy covers all staff groups including Nursing & Midwifery, AHPs, Medical & Dental, Admin & Clerical, and Estates & Facilities. This policy requires all bookings for temporary staff to be channelled through NHS Professionals who will fill shifts from the Trust Bank, NHSP national Bank, or from approved framework agencies.

Temporary staffing should only be requested when one or more of the following justifications are met:

1. Maintaining patient safety (validated through the SafeCare Live system for Nursing & Midwifery)
2. Funded vacancies where the work cannot be covered from the existing workforce.
3. Short notice sickness where cover is unavailable from elsewhere.
4. The service to patients is at risk or targets for delivery of the Access to Healthcare Agenda are compromised.
5. Potential adverse effects on the health and safety of staff
6. Short term funding for specific projects.

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 from other areas, as per the Trust Safer Staffing Policy (currently undergoing review for update) and by the use of SafeCare Live to gain an overview of the Trust wide staffing and safety position for Nursing & Midwifery
- Consider all alternatives to expand the pool of local available staff e.g. additional Bank assignments, or zero-hour contracts.
- Consider whether the work can be reallocated/delayed.
- Consider additional hours / use of internal incentive time in lieu, or a combination of these to full-time staff without compromising working time regulations.
 - Please note: Authorisation for payment of overtime requires budget manager or delegated authoriser approval in eRoster.
- Temporary staff should not automatically be booked to cover annual leave, short term leave or study leave.

For administrative roles requiring bank and/or agency cover, an approved ATR must be provided for the entire duration of the planned cover.

Definitions

NHS Professionals – A Department of Health & Social Care-owned organisation supplying temporary staff to the NHS

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.

SafeCare Live – The RLDatix system that forms part of the Optima Package, used by the Nursing & Midwifery team to monitor safer staffing levels & patient acuity and inform strategy for temporary staffing bookings.

Responsibility and Duties

Chief People Officer

The Chief People Officer has overall responsibility for ensuring that policies and procedures are in place for the use of temporary staff.

Divisional Medical Directors, Divisional Directors of Operations, Divisional Directors of Nursing, General Managers and Heads of Service

The Divisional Directors/General Managers and Heads of Service are responsible for ensuring that all managers within their areas are aware of the contents of this policy, and approvals within the Trust SFIs and available SOPs

Assistant Director HR (Corporate Services)

The Deputy Head of HR (Operations) has responsibility to ensure that the Temporary Staffing Department meets its objectives and complies with legislative requirements.

Divisional/Department Managers

Divisional/Department managers who use temporary medical staff are responsible for ensuring that the Trust Standard Operating Procedure (SOP) is implemented for their area (Appendix 3)

NHSP Team

NHSP are responsible for ensuring that their colleagues follow the guidelines and procedures laid down in the SOP (Appendix 3).

Budget Holders

Budget holders to ensure a robust financial approval process is followed, as laid out in the Standard Operating Procedure (Appendix 3)

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

Policy Detail

Booking Temporary Staff

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

NHSP will source appropriately trained staff for the shifts in the order on the agreed workflow.

1. Trust Bank
2. NHSP National Bank
3. Tier 1 Agencies
4. Other agreed secondary providers

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

This is subject to regular review based on agency review meeting and demand. Latest workflows will be available from Lead Nurse for Workforce.

For Agenda for Change roles, it is the responsibility of the area to check that the shift has been filled and escalate as appropriate via the daily staffing meeting or out of normal working hours via the senior nursing bleep holder (Bleep 0401 / 1903) or exec on call if shifts are not filled and patient safety or quality may be compromised. This process is outlined in Appendix 1.

For Medical & Dental staff, the shift will be automatically escalated by NHSP in accordance with the timescales outlined in Appendix 1.

Responsibilities and Restrictions

- It is the responsibility of the clinical area to monitor the eRostering system for cancellations by temporary workers. This can also be seen on SafeCare Live for Nursing & Midwifery. If it becomes necessary for the Trust to cancel a temporary worker this should be ideally at least 24 hours in advance of the shift commencing. It is the responsibility of the provider to monitor shift cancellation by temporary workers and report this through NWAG/other appropriate channels.
- No direct bookings should be made with any external agencies, all temporary workforce bookings should be carried out through NHSP. Direct bookings with external agencies are outside of this policy and the Trust's standard operating and procurement procedures (Appendix 3), and could result in disciplinary action.
- Wherever appropriate, shifts should be sent to NHSP 7 days after the roster has been fully approved. Wherever appropriate and possible shifts should be booked no less than 48 hours in advance.
- 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 as per the Sickness Absence Policy.
- 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
- Where there is an agreed specialist bank rate in effect, staff leaving a substantive post cannot work within the Trust at that specialist rate for 6 months.
- All long term/block bookings must be approved by the appropriate Divisional Director, where long term/block bookings are defined as longer than 2 weeks for Agenda for Change workers, and 12 weeks for Medical & Dental workers.
- No retrospective bookings will be made by Ward/departmental Staff. All requests for retrospective bookings need to be agreed by the appropriate Divisional Director forwarded to the Associate CNO for Workforce and Education for Nursing & Midwifery or CMO for Medical & Dental, or appropriate equivalent approver to process.
 - All requests for retrospective bookings should be accompanied by an explanation of why the booking is being made retrospectively.

Time Sheets

Electronically submitted timesheets are to be authorised and submitted to NHSP via the Allocate Rostering System by midnight each Sunday to facilitate payment to temporary bank and agency staff, in accordance with the Standard Operating Procedures linked in Appendix 3 of this policy.

It should be noted that the submission date may be subject to change to accommodate bank holidays. These dates will be communicated by NHSP. For shifts worked over the weekend timesheets should be authorised as per the Out of hours timesheet SOP.

No claims for travel or training submitted by NHSP or agency staff are to be authorised by Ward Staff. In extenuating circumstances any claims must be approved by Divisional Directors of Nursing or Divisional Directors of Operations.

Employment Checks

Providers of staff to the Trust must undertake employment checks in accordance with NHS Employment Check Standards (2023). 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 2), **including checking photo ID to confirm identity.**

In the case of midwives the Provider should also gain evidence of notification of intention to practice from the NMC.

Concerns relating to capability/ competence /fitness to practice

Where the Trust has any concerns relating to capability/competence/fitness to practice of a temporary worker these must be reported via NHSP Complaints and Incidents Online Management System, alongside referral to the appropriate regulating body where necessary (NMC, GMC, etc).

Where an investigation / response is required following a CIMS, it is the responsibility of the person submitting the CIMS and or the Ward Manager (as appropriate) to respond to any feedback in a timely way.

A CIMS must be raised to inform NHSP 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 known to be the subject of an investigation into capability, disciplinary or performance resulting from outside the Trust they should not be offered shifts with the Trust.

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.

Auditing the Management and Performance of Providers

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

Reports of temporary staffing use will be available monthly to relevant stakeholders and disseminated to the wider executive team for review.

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/Percentage of: requests (and lead time to booking); bookings per ward or department; providers' cover of requests; unfilled shift requests; cancellations by department; 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
- Commission rates/Management fees
- Employment check standards
- Continuing Professional Development
- Equal Opportunities
- Induction
- Occupational Health

In addition the Trust will audit on:

- Management of Service
- Pay and conditions

Consultation

This policy was circulated to Chief Nursing Officer, Deputy Chief Nursing Officers, Associate Director of Nursing, Divisional Directors of Nursing and Deputies, HR Leads, Nursing & Midwifery Workforce Group, Trust Executives, Director of Allied Health Professionals, Service Leads, Heads of Department, and the Chief Medical Officer.

Approval process

This policy will be submitted for approval at Trust Board, the Nursing and Midwifery Workforce action group and onwards to the Nursing, Midwifery and AHP Board, as well as via the Trust's JNCC Policy Review Board, and all other staff group management forums

Implementation arrangements

This policy will be circulated electronically to all workforce leads across the Trust. It will also be available on the intranet via the key document finder and the [Temporary Staffing Hub](#)

Training and awareness

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. This policy will be shared with NHSP.

Additional training can be requested from the Trust HR Supplier Relationship Manager - contact details can be found on the [Temporary Staffing Hub](#).

Monitoring and compliance

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.

Appendix 1 Process Flow for Staffing Requests Nursing Staff

Process Flow For Staffing Requests Nursing Staff

REQUESTS FOR NHSP BANK STAFF/AGENCY STAFF

Authorisation to go to NHSP must be given by Matrons/Budget holder. The requests for NHSP must be booked by a Trust approved authoriser at Band 7 or above unless previously agreed by the appropriate Divisional Director for the type of staffing

Once roster has been approved by the appropriate approver, all unfilled shifts requiring cover can be released to NHSP via eRostering automated system:

1. Roster partially approved by (Ward) Manager or above.
2. Roster fully approved by Matron/Budget Holder or above
3. As required, unfilled shifts released to NHSP via automated system by Trust approved authoriser at Band 7 or above, or nominated other.
4. "Padlocks" and "golden keys", i.e. restrictions on flow through agency cascade requested by the Trust, "are placed on shifts automatically by NHSP. (This is subject to review and change depending on demand).
5. Padlocks to cascade to Tier 1 agencies must be removed by (Ward) Managers level and above. Golden Keys, to cascade to tier 2 agencies and above must be removed manually by Matron/Budget Holder level and above.
6. Authorisation of timesheets, including escalated rates, Mon – Friday will be the responsibility of Managers or nominated deputies. In some instances, this role may be undertaken by more senior Divisional nurses.
7. Authorisation of timesheets must not be undertaken by the member of staff who has worked that shift, in accordance with the declaration agreement signed when logging onto the NHSP authorisation system.
8. Authorisation of shifts worked from Friday late shift to Sunday late shift will be the responsibility of the nurse/manager in charge of the shift if they have authorisation rights. When this is not possible, these shifts can be verified by the nurse/manager in charge and authorised by the senior nurse bleep holder (0401 or 1903) or divisional manager 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

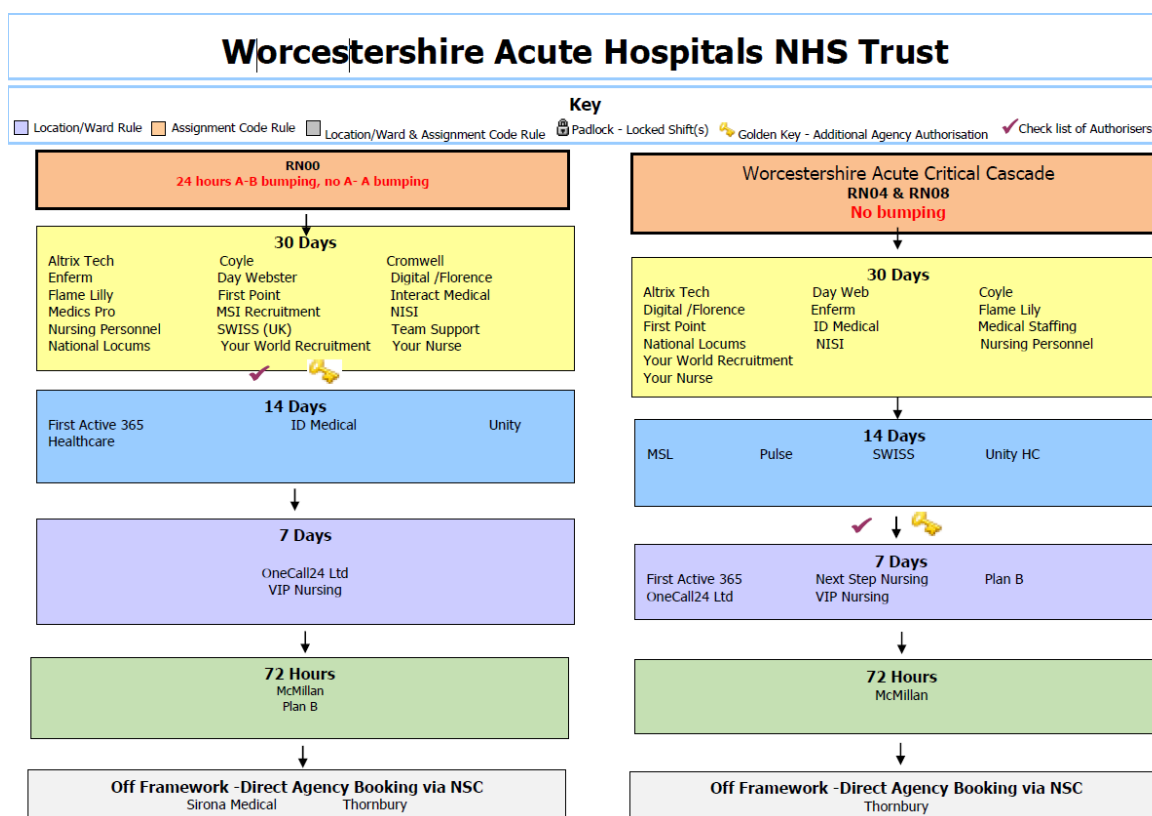
Seasonal pressures – to be used only when hospital is on level 3 or 4 and extra staff are required to maintain patient flow

Military – to be used when extra capacity areas not normally used for in patients has to be opened

Escalation Process For Nursing & Midwifery

REQUEST FOR APPROVED SECONDARY AGENCIES

- Cascade to approved agencies will be done via NHSP as per agreed cascade below.
- The requests must be booked by a Trust approved authoriser at Band 7 or above.



REQUESTS FOR ESCALATED RATES (i.e. Programmed Activity (PA))

- From Monday to Friday, requests will be managed through the daily staffing meeting; Lead Nurse for workforce to chair with nominated deputies during periods of absence.
- Outside of core working hours, request to be escalated via the Senior nurse on call to the Executive on call for authorisation.

OFF FRAMEWORK AGENCY UTILISATION

The use of off framework agency (Thornbury and Greenstaff) can only be authorised by the Chief Nursing Officer or other Executive Director in their absence. Escalation should be actioned through the daily staffing meeting (Monday- Friday) or out of hours through Senior Nurse on call and On call Executive.

Escalation Process For Medical Staffing

HANDOVER OF OUT OF HOURS VACANCY/NHSP TEAM UNABLE TO FILL

The directorate will be given regular updates on the progress of covering vacancies to enable forward planning and arrangement of contingency plans in the event a shift is unable to be covered by bank or agency doctors. At the point NHSP have exhausted all avenues to cover the vacancy by engaging with bank staff and Preferred Supplier Agencies, directorates should liaise with the relevant on call manager and initiate contingency plans e.g. enacting the Consultant acting down policy if necessary

PUBLISHING/CASCADE TIMES

The NHSP Trust Services Team will be targeted on completing publication/cascade actions (of the vacancy request with bank Doctors and agencies) upon receiving a request from the directorate.

The order of publication will be as follows:

- Bank
- Agency Tier 1
- Agency Tier 2

In exceptional circumstances (short notice before shift) the NHSP Trust Services Team may choose to publish to all tiers to increase the possibility of filling the requirement.

Publishing timescales are manually managed by the NHSP Trust Services Team until the shift is cascaded into 247 Time from Bank Staff. At this point an automatic electronic cascade will tier the requirement to the Agency Tier 1 to Agency Tier 2, 3 and 4 (if applicable) automatically in 247Time. Allocate are responsible for configuring this setting.

Publishing/Cascade Timescales

Agency Tier Release Timer	Tier Release Timer for Invites to Booking Request
Tier 1	Immediate
Tier 2	2 days
Tier 3	2 days
Tier 4	2 days

NON-STANDARD MEDICAL BANK & AGENCY AUTHORISATION FORM			
Vacancy Details			
Site Area		<input type="checkbox"/> Bank Requested <input type="checkbox"/> Request Agency if bank unfilled	
Grade(s)			
Reason			
Cover Arrangements			
Shifts Required		<input type="checkbox"/> Rota Lead Reviewed <input type="checkbox"/> Other Options Considered If not both marked, needs DD Approval	
Name of Clinician if applicable			
Grade(s) of Clinician(s)			
Justification For Booking			
Agency Name if applicable		<input type="checkbox"/> Framework If Not Framework, needs DD Approval	
Worker Name if applicable		<input type="checkbox"/> Direct Engagement If Non-DE, needs CMO Approval	
Approvals			
Financial Controls	<input type="checkbox"/> Non-Standard Booking (Any booking of an off framework agency, not reviewed by rota lead, or made without considering other options)	DD Approval	
		Name [Printed]: Date:	Signed:
	<input type="checkbox"/> Escalated Rate (Any rate above agreed, published rate card, Non-DE worker, shift not on	CMO Approval	
		Name [Printed]: Date:	Signed:

	the agreed roster or a booking longer than 3 months)		
	<input type="checkbox"/> Special Rate (Any rate in excess of £120ph for agency, OR in excess of £100 per hour, or above clinical risk rate+50% for bank)	CEO/MD Approval	
		Name [Printed]: Date:	Signed:
Once completed and signed off at appropriate level, please email to wahdoctors@nhsprofessionals.nhs.uk			

Appendix 2 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.

WORKER TYPE: NHS Professionals <input type="checkbox"/> Agency <input type="checkbox"/>	
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: <ul style="list-style-type: none"> • Patient admission and discharge procedures • Early warning Scores/Hot Tools • Infection Control • Waste Disposal • Blood transfusion • Blood Sugar Monitoring • Medicines Policies/procedures
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			

Appendix 3 Standard Operating Procedures and Guidance

All SOPs and Guidance documents are available via the WAHNT Intranet Bank & Agency Booking and eRostering pages.

Appendix 4 Plan for Dissemination of Key Documents

Title of document:	Temporary Staffing Policy		
Date finalised:	[Date of PWG]	Dissemination lead:	Clare Alexander Ext. 36764
Previous document already being used?	Yes		Beth Fraser-Swarbrick Temporary Staffing Hub
If yes, in what format and where?	Policy in HR Document Library available via Trust Intranet		
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
Matrons/Managers	Electronically		Electronic
Ward and department managers	Matrons/Managers after receipt of document		Electronic

Implementation Plan

This policy will be available on the Trust Intranet.

A policy briefing will be developed for Divisional Management Boards, Directorate Meetings.