County Durham and Darlington NHS Foundation Trust

POLICY DOCUMENT CONTROL SHEET

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Signature of Chairman of Ratifying Body	
Name / Job Title of Chairman of Ratifying Body:	Chris Gray Executive Medical Director
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VERSION CONTROL TABLE

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Oct 2015	1.0	Draft
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TABLE OF REVISIONS

Date	Section	Revision	Author

CONTENTS

1   INTRODUCTION

County Durham & Darlington NHS Foundation Trust recognises that from time to time operational services may experience staffing difficulties and in order to maintain service provision and ensure the safety of patients and staff there will be a need to secure temporary staffing arrangements.

This guidance has been developed to reflect the Department of Health and National Audit Office guidelines on the best practice for the use of temporary staff.

It is designed for the users of temporary staff within County Durham & Darlington NHS Foundation Trust, to assist in ensuring best practice is followed.

2   PURPOSE

The purpose of this policy is to ensure that all wards and departments within the Trust who use temporary staff are aware of the correct process to book temporary staff and that temporary staffing is managed appropriately and effectively.

2.1   Policy Objectives

This policy will:

- Outline to all Managers the need for seeking internal alternatives to staffing issues.
- Provide standards and guidance under which temporary staffing placements may occur to cover shortfalls within the Trust.
- Ensure that temporary staffing placements are standardised, coordinated, appropriate and managed within budget, without detriment to service.
- Provide procedures and guidelines for the management of temporary staff.

3   SCOPE

This policy applies to all users of temporary staff working within the Trust.

4   DUTIES

All staff have a responsibility for ensuring that the principles outlined within this document are universally applied.

Key organisational duties are identified as follows:

4.1   Chief Executive

The Chief Executive has overarching responsibility for the Trust's Temporary Staffing Policy. Operational responsibility has been delegated to the Director of Nursing.

4.2 Director of Nursing

The Director of Nursing is responsible for safe levels of nurse staffing across the Trust and has overall responsibility for ensuring that policies and procedures are in place for the use of temporary staff.

4.3 Director of Workforce and OD

The Director of Workforce and OD has responsibility to ensure that the Staff Bank & Agency Service meets its objectives and complies with legislative requirements.

4.4 Staff Bank & Agency Service

The Staff Bank & Agency Service is responsible for the administration of temporary staff bookings and to ensure that all controls and procedures are in place for this department.

4.5 Associate Director of Operations/Nursing

The Associate Director of Operations/Nursing is responsible for ensuring compliance within their Care Group, i.e. that controls in place are adhered to at all times regarding the authorisation of temporary staff and recruitment of temporary staff is within the total staffing budget allocated.

4.6 Heads of Service

Heads of Service are responsible for ensuring this policy is implemented across their wards and departments and that this is monitored on a monthly basis.

4.7 Matrons

Matrons are responsible for overseeing the implementation and monitoring compliance with this policy within their clinical areas.

4.8 Ward and Deprtment Managers

Ward and Department Managers are responsible for ensuring that this policy is implemented for their area. Band 7 staff, or nominate deputy, are identified in advance that can authorize bank for their area. They are also responsible for the management of temporary staff in their area whilst on duty.

4.9 All Staff

All staff groups are responsible for complying with this policy

5 POLICY

5.1 General Principles

1. Managers are responsible for ensuring that staffing arrangements for the service they are responsible for delivering are planned in advance.
2. Managers are responsible for ensuring that all spend on staffing (both on substantive posts and for any use of temporary staff) is within their agreed budget.
3. Requesting a temporary member of staff for any post should only take place after the manager has reviewed all other options, including reviewing existing staff rotas and moving any existing staff.
4. Request to cover staffing with a temporary member of staff should be at the lowest possible grade and for the minimum number of hours to still provide a safe and effective service.
5. In the event that a temporary staffing request is deemed to be necessary it is essential that the correct booking process is followed (see below) and that wherever possible, for cost-effectiveness and to reduce risk, that this is covered by a bank staff member (as opposed to agency)
6. Substantive staff can only work temporary shifts in CDDFT through the bank, and are not permitted to work back at the Trust if they leave their substantive post in the form of agency staffing for a period of 12 months from their last day of work. They will also need to complete a re-registration to the bank if they wish to continue to work at the Trust.
7. Substantive staff who have been off work with sickness should not work future bank shifts within an agreed period with their line manager, dependent on the nature of the original sickness.
8. Substantive staff who wish to work through the bank must ensure they are not in breach of the 48 hour working week as per the European Working Time Directive 1998, unless they have signed an opt out agreement.
9. All requests must be made through the agreed bookings channel / system and any that are to start in less than 24 hours must also be flagged separately to the Staff Bank & Agency Service team via a phone call.
10. Overtime will be decided at local department level.
11. No Trust staff are to directly contact any agencies for temporary cover. All agencies must be contacted by the Senior Nurse Patient Flow (out of hours) in accordance with the protocols agreed with the Trust

5.2 Summary of Service Provision – Staff Bank & Agency Service

The Staff Bank & Agency Service operates five days a week between 8am and 5pm. Outside of these hours management of bookings is via the Senior Nurse Patient Flow.

5.3 Considerations prior to ordering temporary staff

Planned Absence

If a unit is considering using a member of temporary staff, the following should be considered prior to making a request:

- That requests should not be made unless the costs can be accommodated within the budget
- That annual leave and a level of sickness are included in establishment figures therefore if the establishment does not have any vacancies, temporary staff should

not be used to cover either of these. The only exception may be for an unprecedented level of permanent staff sickness.

Unplanned Absence

If there is a potential requirement for temporary staff cover for an unplanned absence, managers should consider the following:

- Can the rota be altered and the shift covered without needing a bank or agency staff member?
- Can the rota of another unit within the Care Group / Trust be altered and the requirement covered without needing a bank or agency staff member?
- Are there any part time staff willing to do extra hours to cover the shift?

If the manager is confident that the requirement is still necessary then they should proceed to making a request for a temporary member of staff.

5.4 Acceptable reasons for using temporary staff

There should be a justifiable reason for requesting a temporary member of staff which includes:

- When there is a vacant post with funding available and the work cannot be covered from within the existing workforce
- When the service will be at risk, including patient safety, or targets for delivery are compromised
- An unexpected increase in the volume of work (i.e. due to a flu crisis or heat-wave)
- When there are adverse effects on the health and safety of staff

The following reasons are considered acceptable for using temporary staff:

- Trust initiative/waiting list (use in Theatres, OPD service, etc.)
- Maternity or Paternity Leave cover (preferably this should be covered with short term contracts unless turnover allows for substantive recruitment without financial risk)
- Unplanned leave/Special Needs Leave – compassionate, etc.
- Unprecedented Levels of Staff Sickness
- Increased Workload/Increased Dependency
- Vacancy
- Winter pressures/Seasonal Pressures & Additional Capacity
- Specialing 1-1 Supervision/Enhanced Observation/Cohorting
- Influenza Pandemic Staffing to support the Trust Contingency (not staff sickness)

Note: temporary staff should not be booked to cover planned annual leave, long-term sick leave or study leave. This leave should be managed to ensure adequate cover from existing staff.

5.5   Who is authorised to order temporary staff

Trust staff at Band 7 or above or anyone nominated by the ward manager to perform this task may at some point need to make a decision as to the use of a temporary member of staff are authorized to make a request.

5.6   How to make a request

To minimise the risk to the Trust, the procedure detailed in Appendix 1 should be adhered to at all times.

Instructions or training are available from the Staff Bank & Agency Service.

5.7   If a request is no longer required

If a request is no longer required and no temporary cover has yet been identified, the manager may cancel the request if there is no person booked into the shift.

If the request is no longer required and temporary cover has already been identified, the manager must contact the Staff Bank & Agency Service at the earliest opportunity to notify them so they can seek to redeploy an individual elsewhere (if they are bank staff) or notify the agency of the cancellation.

If the request is cancelled at two hours or less before the duty is due to start and the bank or agency worker cannot be redeployed elsewhere, a two hour fee to cover time and expenses is applicable, charged back to the relevant department.

5.8   Who is authorised to instruct that a request is to go out to agencies

Other than when there is a fixed agreement already in place, authorisation to approach an agency with a temporary requirement can only be received from a Matron, Care Group Associate Director of Nursing or Senior Nurse Patient Flow. Notification will be recorded in writing for an audit trail. The process is outlined at Appendices 2, 3 and 4.

The authorisation of requirements to go to agencies will be reviewed on an on-going basis

5.9   Expected standards of temporary workers

Managers should expect temporary staff from either the bank or the agency to adhere to the following behaviours. This list is not exhaustive:

1. Shifts / assignments should only be accepted if the individual can be confident they can honour the booking.
2. Short notice cancellations (less than 48 hours) are not acceptable other than in exceptional circumstances and restrictions may be applied to those who fail to follow this instruction.
3. No bank or agency staff should breach the European Working Time Directive regulation regarding the 48 hour working week.
4. Any bank or agency worker requested to make a reasonable move to another unit in order to maintain safe levels of staffing is expected to cooperate with this request.
5. All bank and agency staff should comply with Trust requirements relating to uniforms and dress codes.
6. All agency staff should submit to ID and registration checks at time of their first assignment on any ward, unless a framework agreement with certain agencies capture this information through contracting. The Staff Bank and Agency service will

advise (see section on Agency Induction - Agency Worker Notification Process below).

7. All bank and agency staff should ensure that they complete and submit their timesheets in a timely manner
8. All payroll queries should be directed to the bank or the agency as appropriate.
9. Mobile phones are not permitted to be used during working hours. In the event of needing to receive an urgent phone call, bank or agency staff should seek permission from the senior nurse in charge of the area.
10. Bank and agency staff are expected to arrive in good time for their shift and to return promptly from breaks
11. Bank and agency staff are not permitted to sleep while on paid duty under any circumstances
12. If a bank or agency worker wishes to raise a complaint, concern or incident relating to temporary working at County Durham and Darlington NHS Foundation Trust they should do so through a senior member of the bank team or through the Trust's whistle blowing policy, or in the case of agency staff, through their agency and their agency's whistle blowing policy.

5.10 Temporary worker performance management

Bank staff may be subject to disciplinary action in the event of any of the following:
- Repeated short notice cancellations
- Non-attendance for booked shifts
- Any reported conduct issues

Agency workers are subject to the performance management processes of their agency.

If there are concerns about bank or agency workers the Staff Bank and Agency Service should to be informed immediately.

5.11 Temporary worker capability management

Any concerns regarding a bank or agency worker's capability for the role they have been placed in to should be immediately reported to the Staff Bank and Agency team so that this can be monitored centrally. The Staff Bank and Agency team will escalate any problems to the agencies where necessary.

Concerns will be reviewed on a case by case basis.

Agency workers are subject to the capability management processes of their agency.

5.12 Sickness management of temporary staff

1. Bank staff who hold a substantive post with CDDFT– if a substantive member of staff cancels a bank shift due to the sickness the bank team will inform the relevant department to ensure this is recorded and to take advice on any restriction to be applied to future bank working. The bank will then endeavour to cover the shift that has had to be cancelled. For those areas who are not paperless the ward area needs to inform the bank about the temporary workers sickness absence. For those areas who manage a paperless system this will be addressed immediately by the staff bank and agency team.
2. Bank only staff – if a non-substantive bank member of staff cancels a bank shift due to sickness then subsequent shifts may also be cancelled dependent on the nature of

the condition and a record will be held of the number of episodes of sickness. The bank will then endeavour to cover the shift that has had to be cancelled

3. Agency staff – if an agency member of staff cancels a shift due to sickness then it will be the responsibility of the agency to advise whether future shifts need to be cancelled.

In the event of an outbreak in a clinical area of norovirus or other infection control incident the Staff Bank and Agency team need to be informed at the earliest opportunity so they can inform all staff that have worked a temporary shift there in the previous period to ensure they do not work **elsewhere** and that they are given instruction regarding showing any symptoms.

Any staff who have had symptoms will be expected to be symptom free for a minimum of 48 hours before undertaking any work at the Trust.

5.13 Agency Induction

Ward and Department staff are responsible for checking agency worker ID and completing local induction when the agency worker presents for duty. This is outlined in the Agency Worker Notification guidance which is available via the trust intranet. Agency workers who work continuously for a period of 6 weeks should complete trust induction.

All agency staff should be booked via a framework agency and eventually will be through a neutral vendor. For those agency staff who are not booked through the aforementioned the agency staff PIN number needs to be check on the NMC web site to ensure it is active with no restrictions.

For further guidance please see The Agency Worker Notification Process at: http://intranet/communities/FormsMgt/Guidance%20and%20Assistance/Agency%20Worker%20Notification%20Guidance.doc

5.14 Agency invoice clearance

It is the responsibility of the departmental lead to check and authorise and agency invoices.

5.15 Bank database management

Bank only staff who do not work for a period of 12 months will have their bank assignment disabled. They may re-join the bank at any time if they wish to undertake bank work.

6 DEFINITIONS

6.1 Glossary of Terms Used

Agency staff – temporary or interim staff provided through an external organisation for an agreed rate where the contract of employment lies with the providing company rather than the end user.

Bank staff – staff registered to provide work on an ad hoc basis, with no obligation for regular work. Administered by the Trust, these staff are workers not employees.

Substantive staff – staff employed by the organisation on an ongoing contract of employment, usually referred to as permanent staff.

Temporary staff – staff employed by the Trust on a fixed term contract of employment for an event or period that is of limited duration. Their employment is on NHS terms and conditions of employment and their service can be counted for continuity of employment.

Government Procurement Service – formally known as Buying Solutions. Government Procurement Service is an executive agency of the Cabinet Office. Their overall priority is to provide procurement savings for the UK public sector as a whole and specifically to deliver centralised procurement for central government departments.

7   DISSEMINATION ARRANGEMENTS

This policy will be available to staff via the Trust's intranet. Notification will be sent to staff via the All User Bulletin.

Please note that the intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

Copies of this guidance should not be printed unless absolutely necessary as this could pose a risk of out of date copies in circulation within the Trust.

8   MONITORING

8.1   Key Performance Indicators

The Staff Bank & Agency Service will aim to achieve the following performance indicators:

- 85% bank fill rate for planned requests and unplanned requests which are submitted.
- Provide monthly fill figures for registered nurses and health care assistance.
- The Staff Bank & Agency Service will provide on an ad hoc basis figures as requested by wards and departments in the areas who have a paperless system.

8.2   Compliance and Effectiveness Monitoring

Monitoring Criterion	
Who will perform the monitoring?	Staff Bank & Agency Service Manager will monitor fill rates.
What are you monitoring?	The effectiveness of this policy to provide assurance to the Trust that the Staff Bank & Agency Service is following legislation and applies best practice guidelines in the use of temporary staff.
When will the monitoring be performed?	Monthly trend analysis. Annual audit.
How are you going to monitor?	Monthly trend analysis: • Bank & agency spend and fill rate report • Tracking of performance against agreed KPIs Annual audit will measure compliance against the following areas: • Booking process • Authorisation process • Completion of induction forms • Timesheet authorisation
What will happen if any shortfalls are identified?	An action plan for improvement will be developed
Where will the results of the monitoring be reported?	The monthly/quarterly tracking of performance against agreed KPIs will be shared at the Nurse Recruitment Campaign group/workforce planning group. Quarterly board reports.

9   REFERENCES

List any relevant legislation, and other sources referred to.

10 ASSOCIATED DOCUMENTATION

This Temporary Staffing Policy refers to the following CDDFT Trust policies and procedures:

- PROC/PD/0003 - Recruitment & Selection Procedure
- PROC/PD/0025 - Employment Checks Procedure
- POL/PD/0019   -   Working Time Regulations Policy
- POL/PD/0051   -   Staff Induction Policy
- PROC/PD/0006 - Capability Procedure
- POL/PD/0039   -   Raising Concerns Policy

This policy refers to the following guidance, including national and international standards:

- <list all external (to this Trust) policies, national and international standards>

11 APPENDICES

Appendix 1 – Guidance on bank/agency authorisation booking process

Appendix 2 – Process for seeking approval to book bank staff (in hours)

Appendix 3 – Process for seeking approval to book bank staff (out of hours)

Appendix 4 - Escalation pathway for booking Bank & Agency

Appendix 5 – Equality Impact Assessment Tool

11.1 Appendix 1: Guidance on bank/agency authorisation booking process

In 2013/14 pay budgets received an uplift increase to 21% to cover annual leave, training and sickness. Increasing pay costs have resulted in closer scrutiny of bank and agency use.

Booking Bank Staff

Must be authorised at Matron level or equivalent. The use of agency staff will only be approved in exceptional circumstances when a risk assessment dictates this. Agency staff will only be sourced from framework agencies. The use of non-framework approved agency staff will only be granted in the most exceptional circumstances and must be authorised by an Executive Director

In Hours.

The process for bank/agency authorisation is via the Band 6 or above (or nominated deputy) on MAPS, E-Mail or via the phone within the opening hours of (Mon – Fri 8am to 5pm). For all areas utilising paperless rostering requests will only be accepted via MAPS.

Out of Hours

The responsibility for booking bank staff will be the responsibility of Senior Nurse Patient Flow

The responsibility for booking agency staff out of hours will be the responsibility of the Senior Nurse Patient Flow.

The booking of bank staff out of hours will normally only be for short term absences. It is expected that all longer term absences such as vacancy will have been actioned using the in hours process.

The use of agency staff will only be approved in exceptional circumstances when the clinical risk dictates necessity. Agency staff will only be sourced from via framework agencies. Only Associate Directors of Nursing and Gold command are empowered to overrule this directive.

11.2 Appendix 2: Process for seeking approval to book bank staff (in hours)

For advice on any aspect of this process, please contact your department manager.

Step 1	Shift requested via e-rostering (MAPS), E-Mail or telephone the bank at short notice.	The ward manager or authorised deputy authorises to need to raise the shift on e-rostering. The ward manager is responsible for ensuring that: · The off duty is reviewed to confirm that 'bank' is required. · Can annual leave booked be cancelled or moved? · Can any non-essential training be cancelled? · Can staff be reallocated from future shifts?
Step 2	The Staff Bank & Agency Service	The Staff Bank & Agency Service on receipt of a E-rostering or E-Mail authorisation request is responsible for: • Allocating staff if available • Texting staff to obtain cover for the request If bank staff are not available to cover the request The Staff Bank & Agency Service will gain approval for agency stating the reasons for not filling. If Bank Staff are not available then the process for booking Agency Staff should be followed.

11.3 Appendix 3 : Process for seeking approval to book bank staff (out of hours)

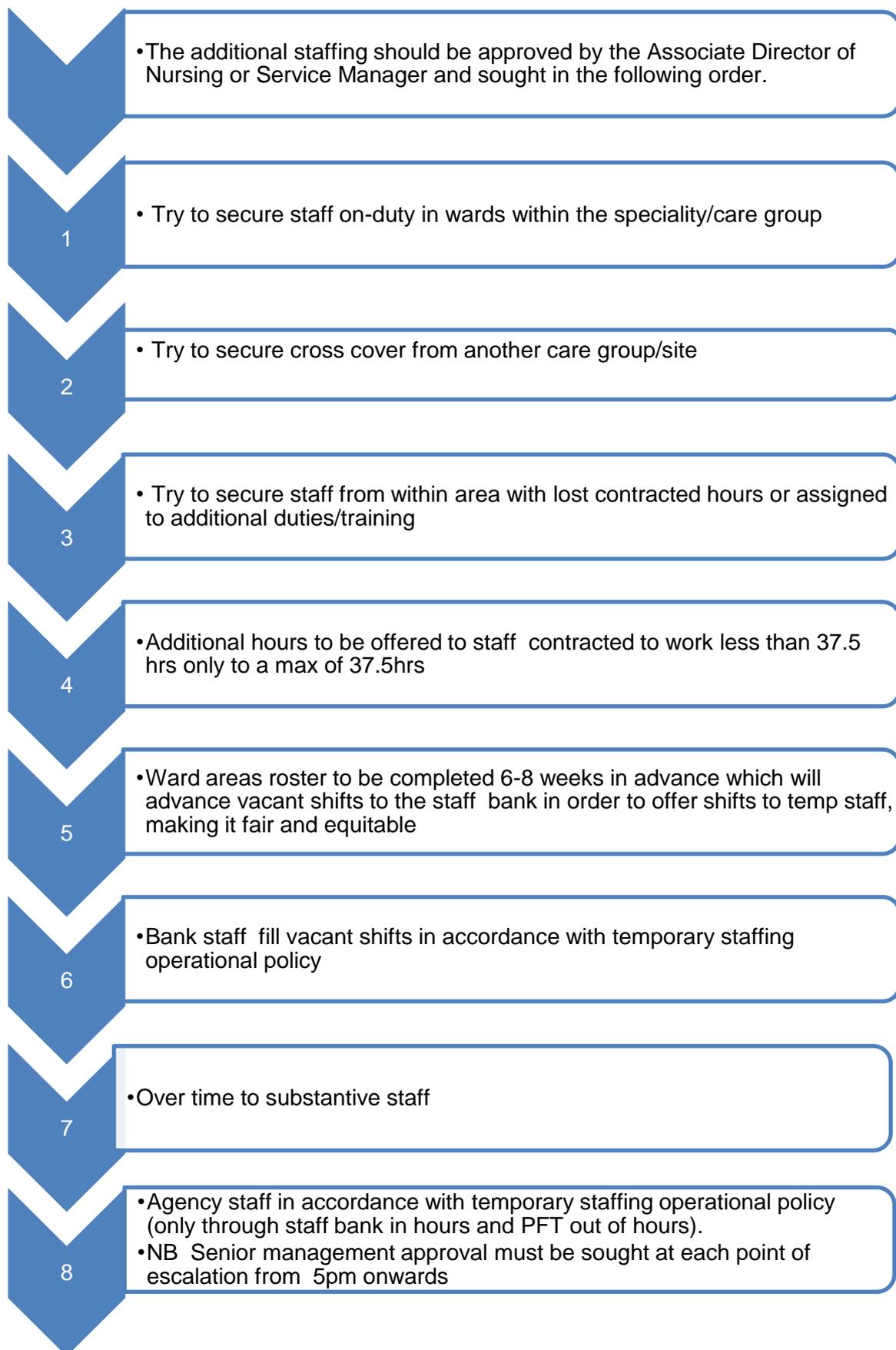For advice on any aspect of this process, please contact your department manager.

Step 1	Ward/Department request bank staff	The department manager or authorised deputy contacts the Senior Nurse Patient Flow and requests bank staff stating the shift times and reason for request. The department is responsible for ensuring that: • The off duty is reviewed to confirm that 'bank' is required. • Can annual leave booked be cancelled or moved? • Can any non-essential training be cancelled? • Can staff be reallocated from future shifts?
Step 2	Senior Nurse Patient Flow	The Senior Nurse Patient Flow to decide whether there is a requirement for bank staff. If approval is not supported, the Senior Nurse Patient Flow should discuss and explain the reasons for refusal to the department. The Senior Nurse Patient Flow is responsible for ensuring that: • Cross- cover cannot be provided. • Ward is not able to cover internally and bed state support the requirement for bank staff • Text message showing shift site, area and times is sent to appropriate level of staff. If no bank staff are available and the cover is required then the Senior Nurse Patient Flow should contact the Manager on Call to discuss framework agency booking.

11.4 Appendix 4: Escalation pathway for booking Bank & Agency

- The additional staffing should be approved by the Associate Director of Nursing or Service Manager and sought in the following order.

1
- Try to secure staff on-duty in wards within the speciality/care group

2
- Try to secure cross cover from another care group/site

3
- Try to secure staff from within area with lost contracted hours or assigned to additional duties/training

4
- Additional hours to be offered to staff contracted to work less than 37.5 hrs only to a max of 37.5hrs

5
- Ward areas roster to be completed 6-8 weeks in advance which will advance vacant shifts to the staff bank in order to offer shifts to temp staff, making it fair and equitable

6
- Bank staff fill vacant shifts in accordance with temporary staffing operational policy

7
- Over time to substantive staff

8
- Agency staff in accordance with temporary staffing operational policy (only through staff bank in hours and PFT out of hours).
- NB Senior management approval must be sought at each point of escalation from 5pm onwards

- Ward Sister / Charge nurse approval required for Bank requests v approved roster.
- Matron approval required for Agency (on framework within Monitor price caps) requests v approved roster.
- If CDDFT substantive staff have a flexible Working Agreement in place they cannot work Bank, Agency, Additional or overtime shifts that convene their agreement.
- Associate Director of Nursing approval required for off framework Agency requests.
- Director of Nursing/Director of Performance and Operations, CEO approval required for very High cost Agency e.g. Thornbury.

11.5 Appendix 5: Equality impact assessement tool

Equality Analysis / Impact Assessment

EAIA Assessment Form	**v3/2013**

Division/Department:

Medical Director

Title of policy, procedure, decision,

project, function or service:

Temporary Staffing Policy

Lead person responsible:

Executive Director of Nursing

People involved with completing

this:

Type of policy, procedure, decision, project, function or service:

Existing ☐

New/proposed ☐x

Changed ☐

Date Completed:

14/12/2015

Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

This policy is for use by all clinical areas. It will assist with the production of rosters based on funded establishments as agreed in budget setting. It should be used by Associate Directors / Matrons / Ward Managers in conjunction with local policies/protocols on safe staffing and temporary staffing. This policy and procedure applies to all rostered clinical staff across the trust and not just those working a variable shift pattern.

The purpose of this policy is to provide the principles upon which all working patterns must be based.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

What barriers are there to achieving these outcomes?

How will you put your policy, procedure, project, decision, function or service into practice?

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Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

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Step 2 – Collecting your information

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What existing information / data do you have?

Peer review

Who have you consulted with?

Ward managers

What are the gaps and how do you plan to collect what is missing?

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Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

No

Sex/Gender

No

Age

No

Disability

No

Religion or Belief

No

Sexual Orientation

No

Marriage and Civil Partnership (applies to workforce issues only)

Pregnancy and Maternity

No

Gender Reassignment

No

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

No

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

No

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes ☐   **No** ☐X

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.