

Temporary Nurse Operational Staffing Policy (Bank & Agency)

Approved By:	Policy and Guideline Committee
Date of Original Approval:	3 June 2016
Trust Reference:	B35/2016
Version:	2
Supersedes:	1 – June 2016
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Date of Latest Approval	15 February 2019 – Policy and Guideline Committee
Next Review Date:	September 2023 9 Month extension granted at PGC on 16/12/22

CONTENTS

Section		Page
1	Introduction and Overview	4
2	Policy Scope	4
3	Definitions and Abbreviations	5
4	Roles	5
5	Policy Implementation and Associated Documents	7
6	Education and Training Requirements	19
7	Process for Monitoring Compliance	19
8	Equality Impact Assessment	20
9	Supporting References, Evidence Base and Related Policies	21
10	Process for Version Control, Document Archiving and Review	21

Appendices		Page
1	Form 6 – Request for a substantive member of staff to join the Staff Bank	22
2	Form 7 – Request to temporarily deactivate a Bank booking for a substantive worker	24
3	Temporary Staffing Local Induction record log book	25
4	Agency escalation process	29
5	Agency authorization Risk Assessment form	30
6	Form 5a – Bank request / direct booking form for areas not live with Health Roster	31
7	Bank staff evaluation form	32
8	Staff Bank complaint form	36

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- Version 3.0 – reviewed June 2018 & January 2019 and amendments to V 2.0

- Main updates to the policy are sections 5.1.5, 5.1.10, 5.1.19, 5.2.3, 5.2.4, 5.2.6, 5.4.5, 5.9.4
- New addendums are 5.8.6, 5.10.4, 5.10.6 & 5.10.7
- Updated appendices are 1, 4 & 5
- General format amendments made in line with UHL Policy for Policies

KEY WORDS

Bank	Agency	Temporary Staffing	Staff Bank
Nursing	Recruitment	Manager	Ward
NHSi	Rostering	Workforce	SafeCare
Audit	Duty	Requests	Complaints
Training	Booking	Payroll	Employee on Line

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Operational Policy for the engagement and utilisation of internal & external temporary **nursing** staff to ensure operational effectiveness. Separate Operational Policies are available to support engaging locum medical staff, administrative and clerical staff and Allied Health Professional (AHP) staff.
- 1.2 This document must be read in conjunction with the Trust Temporary Staffing policy which provides generic information about the management of temporary staff within Leicester's Hospitals that supports a reduction upon the reliance on agency staff and thus reduce financial impact.
- 1.3 This operational policy has been developed from previous guidance documents that were in use within the Trust to support managing temporary nursing staff; the Ward Managers Handbook and the Duty Managers Handbook.
- 1.4 This policy has been designed to support the understanding of processes in relation to supply and management of temporary nursing staff and to ensure that best practice is followed at Leicester's Hospitals in line with the NHS Employers guidance 'Five High Impact Actions' and NHS Improvement guidance 'Agency Rules' that provides recommended actions for effective management of temporary staffing within the NHS.

2 POLICY SCOPE

- 2.1 This guidance is intended to clarify roles and responsibilities for managers and delegated deputies in booking, training, and payment of temporary nursing staff. In doing so, this policy will apply to all users of temporary nursing staff working within Leicester's hospitals.
- 2.2 The guidance covers all sites and services delivered within Leicester's hospitals (UHL & Alliance currently).
- 2.3 All Managers who utilise temporary nursing staff must read and adhere to this guidance, and to other related Trust Policies.
- 2.4 For the purpose of this policy any reference to Bank nurses can include qualified and non-qualified nurses unless specified. Bank nurses can be 'Bank only' staff or 'additional post Bank' staff, the latter being dual substantive and Bank post holders at Leicester's Hospitals.

3 DEFINITIONS AND ABBREVIATIONS

Agency Shift

A Bank shift that has remains unfilled and is deemed as service critical can be approved for escalation to agency for the Staff Bank team to liaise with agreed framework agencies to arrange cover and negotiate with.

Bank Shift

Refers to an identified gap in a contracted work roster that is approved and escalated to be suitable for Bank staff to work.

Bank Staff

'BankStaff' is the name of the booking & payment product that is part of the Allocate Suite and links with Electronic Rostering System and Employee Online to support an efficient and safe process to monitor and fill vacant shifts within the organisation.

Staff Bank

Refers to the central Staff Bank team who are responsible for the recruitment, booking and payment of temporary nursing, medical and administrative staffing to areas within the Trust. This policy is related to the operational management of temporary nursing staff only.

Temporary Staffing

Term used to describe staff that are recruited for temporary placement on a 'no mutuality of obligation' basis and can be related to internal Bank or agency staff.

4 ROLES

- 4.1 **Executive Lead – Chief Nurse** is accountable to the Trust Board for ensuring Trust wide compliance with the policy. Monitoring and actions for compliance are reviewed by the Assistant Chief Nurse and the Workforce Board and reported to the Executive Lead.
- 4.2 **Nurse Bank manager** is responsible for the day to day management of the Staff Bank service. Ensuring service users can access Bank work and manage the team and the systems available to them. Completes monitoring and review of temporary staff utilisation across the organisation and identification of initiatives to reduce reliance and costs for agency nurses.
- 4.3 **Staff Bank Team** is responsible for the recruitment and retention of bank nursing staff and ensuring recruitment key performance indicators (KPIs) are achieved. The Bank team support Bank staff through from recruitment to training & induction, placement and payment for Bank work undertaken.

Regular audits are completed in relation to recruitment, training & induction and payment of bank nursing staff.

The Staff Bank team is based on the ground floor, Knighton Street OPD, Leicester Royal Infirmary.

Opening times for the Nursing team is:

Monday – Friday 08.30 – 20.00 hours

Saturday & Sunday 08.30 – 16.00 hours

The Staff Bank office is open every day except for public holidays.

Contact can be made by phone on 01162 587700 and choosing option 2 to speak to the Nurse staffing team, or by email to UHLagency@uhl-tr.nhs.uk

- 4.4 **Heads of Nursing** are responsible for adhering to and promoting the aims and objectives of this policy. Ensuring the requesting and accurate recording of shifts for payment to temporary staff is managed in line with departmental vacancies and workforce planning.
- 4.5 **Matrons & Ward/ Departmental Managers** are responsible for implementing this policy and ensuring that all staff are aware of this policy and adhere to its requirements, ensuring the requesting and accurate recording of shifts for payment to all temporary staff is within the required payment period.
- 4.6 **Temporary Nursing staff** are responsible for following this policy and are expected to fulfil the requirements specified for the role and shifts they have been engaged for.
- All Temporary staff are appointed using a zero hour's agreement so have no contracted hours that the Trust expects them to commit to work. Due to the 'no mutuality of obligation' nature of zero hours working, those who sign to this agreement are not classed as employees but are 'workers' under employment law. All Temporary staff are covered by the European Working Time Regulations (EWTR) and are governed by the organisation's policies and procedures.
- 4.7 Staff Bank Manager shall be responsible for ensuring **Agency providers** are supplying appropriately skilled and trained staff for the available shifts at the agreed rate in line with the NHS Improvement (NHSi) capped rates ceiling.
- 4.8 It is the responsibility of the **worker** to ensure all core competency training is updated as required and that plans are in place to attend before expiry. Bank staff that hold expired training will be deactivated from working and will not be available to book for Bank work on the electronic rostering system.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 RECRUITMENT OF TEMPORARY NURSING STAFF

- 5.1.1 The Staff Bank recruits nursing staff in the same way as substantive staff. Job adverts are listed through TRAC & the NHS jobs website and interviews are arranged in conjunction with CMG recruitment leads. Full NHS employment checks will be completed and approved before a Bank worker can be appointed.
- 5.1.2 All new Bank workers will attend Trust Corporate Induction and complete supernumerary shifts prior to working Bank shifts at Leicester's Hospitals.
- 5.1.3 Permanent staff can be recommended to join the Nurse Bank by their substantive manager without the need for the applicant to be interviewed. This is because they are being given a duplicate (Bank post) for which they have been interviewed for in their current position.
- 5.1.4 The manager must however consider the suitability of the applicant before recommending them to the Staff Bank. e.g. Staff who have a high level of sickness/absence will not be suitable, in the same way as a newly qualified nurse who is not yet competent in drug administration will also not be a suitable candidate for the Staff Bank. If there are concerns about the suitability of staff then the substantive manager must discuss these with the Nurse Bank manager before completing a recommendation form.
- 5.1.5 Recommendations for newly qualified staff to join Bank cannot be accepted until their preceptorship period has been successfully completed. The Trust expects that all new starters are automatically referred for a bank position by the time they have been in post for at least 6 months.
- 5.1.6 To recommend a member of substantive staff for a position on the Staff Bank the manager must complete a recommendation form known as a *Form 6*, (Appendix 1). The completed form must be sent to the Bank Recruitment team by e-mail from the referring manager's email address as evidence of their authorisation. Alternatively, this form can be handed in to the office as a hard copy, but must be signed by the referring manager. Recommendations from junior managers (Band 6 or below) or colleagues will be rejected.
- 5.1.7 Nursing students at the local university are encouraged to join the Bank as a Healthcare assistant to support their learning and development. De Montfort University nursing students can apply for Bank work through the UHL Clinical Practice Facilitator (CPF) team once they have completed a minimum of two acute/hospital based placements or if they have a care experience background prior to commencing their nursing degree programme.
- 5.1.8 De Montfort University nursing students will have a Care Certificate and application processed through the CPF team and then forwarded to the Staff Bank Recruitment team for Bank posts to be processed and confirmed.
- 5.1.9 Applicants who are interviewed for substantive posts and are appointable but are unsuccessful due to the number of applicants should be encouraged to

consider Bank work as an alternative. Details of suitable applicants must be forwarded to the Nurse Bank manager for consideration.

- 51.10 The Trust operates a 'job swap' scheme which Bank staff can be considered for. The bank worker should complete the swap request and discuss with the local manager before the form is forwarded to the Nurse Bank manager to confirm eligibility against the criteria set out within the *Guidelines for RN & HCA Internal Job Transfers*.
- 51.11 If concerns or complaints are received involving additional post Bank staff then the substantive manager will be informed by the Nurse Bank manager so that investigation and actions can be completed by the substantive manager. Outcomes must be reported back to the Nurse Bank manager to ensure complaints are updated and that complainants can be provided with feedback.
- 51.12 In the case of concerns about sickness levels, capability or performance in relation to additional Bank staff through their substantive post, it is the responsibility of the line manager to inform the Nurse Bank manager and discuss the suitability of the worker to remain active on the Nurse Bank register. In cases of sickness an automatic 14 day restriction for Bank work is applied through the roster and only the line manager can remove this. For other concerns a manager can request temporary deactivation of a bank post for their staff by completing a form 7 (Appendix 2) and forwarding to the Staff Bank manager. The manager must inform the Nurse Bank manager of the outcome of any investigations so that restrictions are managed accordingly.
- 51.13 Once appointed to the Staff Bank, substantive staff can undertake additional Bank work with the knowledge of their line manager provided they comply with Working Time Regulations (WTR). Although not recommended Bank staff can choose to exempt themselves from this restriction by signing a WTR Opt Out form, available on the Trust Intranet, that is authorised by the substantive line manager for additional post Bank staff or the Nurse Bank manager for Bank only staff. The approved WTR Opt Out will allow Bank nurses to work over the recommended limit of 48 hours per week but staff cannot work more than 60 hours per week even with the signed opt out form. The form does not allow staff to opt out of rest periods and these must be taken in line with the rostering policy.
- 51.14 Working hours are calculated by the electronic roster and booking system and any breaches in working hours will be reported and discussed with the individual staff and work restrictions may be placed against staff that breach working hours.
- 51.15 Any additional hours that are worked outside of the Trust will also need to be taken into account so Bank staff are legally required to declare any other additional posts held with their substantive line manager and/or the Nurse Bank manager.
- 51.16 Additional Bank post holders that choose to leave their substantive post must inform the Staff Bank team so their status is amended accordingly.
- 51.17 In the case of UHL staff that have left the Trust over two months or more previously and wish to join the Staff Bank, they must complete the full recruitment process as described earlier.

- 51.18 Additional post holders with the Bank that leave their substantive post will be rebanded to top incremental point of Band 5 unless their manager indicates they will be working in line with the job description of their previous substantive post or they have a skill set to work in higher band posts. Evidence to support this will be required from the referring manager and this will be considered by the Bank management team.
- 51.19 Bank staff are expected to complete a **minimum of one shift every three months** to maintain their Bank post. Bank staff posts that are inactive for 12 months will be removed after this period so it is important that staff are booked in advance and through Health Roster to ensure their Bank post is still active.

5.2 EDUCATION AND ESSENTIAL SKILLS TRAINING

- 521 All new Bank workers will attend Trust Corporate Induction and complete supernumerary shifts prior to working Bank shifts at Leicester's Hospitals.
- 522 All Bank nurses are required to complete Local Induction on their first shift in an area and thereafter every 12 weeks. This must be recorded in the ward or department's Local Induction log book and it is the responsibility of the CMG matron and senior nursing team to ensure that this process is happening within their departments. The Bank office team will complete a sample audit monthly for assurance purposes.
- 523 Nurses that hold a Bank only position at Leicester's Hospitals will be paid for their mandatory training known as 'Core Competency Training'. Payment is divided into 2 levels and can be claimed through the Staff Bank team when all elements have been completed. The process for this is explained to nursing staff within the Staff Bank Handbook.
- 524 'Essential to Role' training is a requirement for the individual to meet their professional practice requirements and can vary between staff. This training is not funded for payment through Staff Bank.
- 525 Nurses that hold a Bank only position at Leicester's Hospitals are eligible to attend relevant Trust training and development programmes if they have support from a clinical area that will act as a mentor and resource for course assessment and completion AND this is confirmed to the Nurse Bank manager. Attendance would be in the individual staff's own time and without reimbursement from Staff Bank.
- Wards and departments may want to consider whether they can provide payment for this skills training if the Bank nurse is a regular worker in their area as reward for commitment shown.
- 526 Staff that book training with the Clinical Skills department must have agreement with the Nurse Bank manager to attend and the support of a clinical area who can confirm practice hours and consumables to allow the Bank staff to practice and be deemed competent in the skill. For Bank staff that fail to attend any booked course a charge will be applied by the clinical

Skills department to the individual to reimburse and the Staff Bank will NOT cover this payment.

- 527 If Bank staff have concerns about training issues they must be advised to discuss these with the Nurse Bank manager.

5.3 APPRAISAL

531 Bank staff that hold substantive posts at Leicester's Hospitals will have an annual appraisal completed in their contracted area. Any issues that relate to the performance and capability of the individual to perform Bank shifts should be addressed with the Nurse Bank manager by the substantive line manager at the earliest opportunity.

532 Bank staff that do not hold any other posts at Leicester's Hospitals but work regularly within a clinical department or ward should have their appraisal undertaken within that area.

533 Bank staff that do not hold any other posts at Leicester's Hospitals but work within all different clinical departments or wards should contact the Nurse Bank manager for further advice regarding appraisal.

5.4 CONDITIONS FOR THE USE OF TEMPORARY NURSING STAFF

541 Each ward/department has an obligation in terms of workforce planning to take into account planned absence such as annual leave, as well as a certain amount of unexpected leave such as sickness, compassionate leave, or carers' leave. Temporary staff must only be engaged as a last resort after considering other staffing alternatives.

542 It is essential that bank and agency staff are informed about policies and procedures and bank and agency nursing staff must receive a full local induction on arrival to the ward/department if it is their first shift or it has been 12 weeks or more since their last local induction in the area. Local induction is required for additional post Bank nurses if the assignment is not their usual place of work.

543 It is the responsibility of each ward/department to ensure they have a Trust Local Induction log book available to record when and who has completed local induction with temporary staff. New log books must be ordered from print room as the Staff Bank team cannot supply these books.

544 It is essential that substantive UHL staff complete the local induction and they must sign to indicate that all induction sections have been discussed and completed with the temporary staff prior to commencement of the shift.

545 The Local Induction log should be completed for the purpose of confirming that a substantive member of the department has greeted and orientated the temporary worker to the area to ensure understanding of expectations & promote high standards of patient care. It is NOT an attendance log and must not be used as evidence of attendance for a shift alone; this can only be managed and confirmed through Safe Care Live.

- 546 All Bank staff will be provided with a green pocket size Induction guide card and agency staff will receive an electronic version of this card. All agency staff will also receive an electronic guide, 'Trust Local Induction for Temporary Staff' as well as clinical education information. All electronic documents are supplied to agencies through the checklist system in place for all agency nurses working at Leicester's Hospitals and it is the agency's responsibility to ensure this information is forwarded to their workers in advance of their first shift at Leicester's Hospitals. Compliance of this will be evidenced through ward Local Induction logs and monthly audit by the Staff Bank management and audit team.
- 547 To ensure Bank and agency nurses are supported they must be welcomed and made to feel part of the ward/department team. Bank staff feedback indicates this will encourage them to work on specific wards again in the future when they are available to work.
- 548 Please ensure that expectations of any member of staff who is unfamiliar with the Trust and wards/ departments are realistic and that support is provided to temporary nurses working in the clinical area.

5.5 REQUESTING TEMPORARY NURSING STAFF

- 551 Each clinical area is responsible for completing and publishing their off duty roster 6 weeks prior to being worked using the Trust's electronic rostering system and every effort needs to be made to ensure that substantive staff are allocated appropriately across every shift. Completion of staffing rosters will identify gaps in service provision and the requirement for Bank nurses and requests for Bank nurses must be made at least 6 weeks in advance of the required shift date in line with the Rostering policy.
- 552 Electronic Rostering at Leicester's Hospitals is directly linked to the Staff Bank booking system so any staffing gaps that are escalated and authorized to Bank requirement on a ward roster will be visible in the Staff Bank booking system.
- 553 All Bank staff requests will also be visible to Bank staff through Employee on Line (EoL) so Bank staff can directly book into shifts remotely outside of the Trust.
- 554 The Staff Bank team will review availability and utilise booking system tools to ensure every effort is made to fill shifts with suitable Bank nurses.
- 555 All filled Bank shifts will be visible on the ward roster and it is essential for security reasons that the ward team have viewing access to the live roster and know the names of all temporary staff that are expected to attend for work. Paper copies should not be relied on as they can become outdated very quickly.
- 556 If Bank staff are no longer required please ensure cancellation is managed through the ward roster so it is visible in the Staff Bank booking system and EoL. If the cancellation is within 24 hours of the booked shift then the ward or

departmental manager must inform the Staff Bank team by telephone to ensure the Bank staff is made aware and so that alternative work can be found for them.

- 557 For Bank staff that cancel their shift with the Staff Bank team this amendment will be made on the booking system and will show on the ward roster. If the cancellation is within 24 hours of the shift date then the Bank team will contact the area to inform them of the cancellation. It is the responsibility of the ward or department to regularly check their roster for any updates or amendments that are made in advance of this time period.
- 558 There will be very few circumstances where a substantive member of staff cannot be allocated to 'take charge' of a shift. If you require a bank nurse to take charge you must clearly state this on your request AND personally discuss your reasons for making such a request with the Staff Bank team so that arrangements can be made for a member of the Corporate Nursing team to review your recruitment and retention plan, off duty planning and sickness absence management procedures. Agency nurses must never be requested to be in charge and there should be no incidences of wards being staffed by a mix of bank and agency nurses only.
- 559 The Staff Bank Co-ordinator will be able to advise the likelihood of fill and recommended review time scales with the area. Late requests are very difficult to cover as available bank and agency nurses have almost always booked work elsewhere in advance so shifts that remain unfilled but are viewed as essential for staffing must be discussed with their ward or departmental senior nursing team to request escalation to agency. Please refer to Management and Escalation of Temporary Staffing process (Appendix 4) for more detailed guidance and the authorisation form for a shift transfer to agencies is attached (Appendix 5).
- 55.10 It is not appropriate to be using bank staff on a very regular basis e.g. to cover shifts in excess of three months. For staffing gaps that are expected to be over three months in requirement then these positions need to be discussed with Human Resources and a fixed term contract offered. Bank staff may be considered for these fixed term contracts and if mutually agreed between staff and area then this must be notified to the Nurse Bank manager.
- 55.11 Offering overtime can be a quick simple method of covering unfilled shifts. It can be a more costly method of providing additional cover, however this has to be considered against the benefits of continuity of care, quality of care, reduced risk as your own staff are more aware of clinical procedures, documentation and policy for your ward and it is usually far more cost effective than the use of agency nursing staff.

- 55.12 For areas that are not live with electronic rostering, requests must be made by completing a UHL Bank Nurse request form. This form can be found on Insite and is within this policy as Appendix 6.

Each form must be completed clearly in BLACK INK with the following information:

- Hospital site
- Clinical Management Group (CMG)
- Ward name
- Ward telephone number
- Shifts, bands and numbers of staff required
- Printed name and signature of person making the requests
- Date of request
- Reason for the requests

Forms that are incomplete or illegible on receipt will be rejected.

- 55.13 Standard requests are made by approved rostering staff for the area and this will require authorisation by the area manager i.e. ward sister. This responsibility may be delegated to other staff with the agreement from your Head of Nursing.
- 55.14 Staffing requests must not be telephoned through to the Staff Bank Office as the team cannot manage and insert shifts on individual rosters. For emergency requests that are made due to UNPLANNED absence, for example, short term sickness etc. these must be escalated through the electronic rostering system as per the standard request process but the area should telephone the Staff Bank Office to highlight the late request to the Staff Bank co-ordinator on duty. The Staff Bank team are NOT able to add shifts to an electronic roster; this needs to be arranged between the area and their senior management team or out of hours, the Duty manager in conjunction with the CMG bleep holder.
- 55.15 If an area has discussed and arranged a 'direct booking' with an individual Bank nurse then this must be added to the electronic roster for the area. If the staff name cannot be added to the roster please contact the Staff Bank team for advice. Bank staff will not be paid for shifts worked but not entered on the electronic roster so it is the responsibility of managers in the area to ensure their rosters are updated with staff changes and additions.

5.6 AGENCY ESCALATION FOR NURSING

- 56.1 Unfilled shift requests need to be reviewed and considered for escalation to an agency only after all bank availability has been exhausted and not more than two weeks in advance of the shift.
- 56.2 Only authorised staff can approve the escalation of shift requests to agencies. This process is explained within the Management and Escalation of

Temporary Staffing process (Appendix 4) and the authorisation form must be completed and emailed from the approving authorised signatory (Appendix 5).

- 563 Direct requests to agencies or agency nurses **MUST NOT** be made from wards. The Staff Bank team are the only authorised officers for passing requests to nursing agencies. There are no exceptions to this rule as the Staff Bank team are responsible for completing full employment and governance checks for all agency nurses working at Leicester's Hospitals every six months.
- 564 Out of hours emergency requests to agencies must be made via the Duty Manager team who will verify that agency staff have approval checks in place before arranging bookings. All out of hours or emergency requests must be added to the ward or department electronic roster by the duty manager or senior nurse on-call.

5.7 SECURITY & VERIFICATION OF IDENTITY

- 571 All bank and agency nurses must wear an appropriate identification badge, which includes their full name and photograph. It is the responsibility of the nurse in charge of the ward or department to check this when temporary nursing staff report for duty. Agency staff photographs will be available through Health Roster to be checked against ID badges.
- 572 All bank and agency staff reporting for duty must be expected by the nurse in charge. It is therefore essential that the nurse in charge of the ward has access to information about confirmed bookings on the electronic roster system and verifies the identity of the temporary worker.
- 573 If the nurse in charge cannot confirm the identity of a bank or agency nurse and/or is unaware of the booking they must contact the Staff Bank team immediately for advice. Out of hours the unit Bleep Holder and/or Duty Manager must be informed for advice.
- 574 Unfamiliar bank or agency staff, which do not have appropriate identification, must be sent away if you are unsure (bank and agency staff are aware of their responsibility to carry identification).
- 575 If there is any suspicion that a person may be posing as a bank or agency nurse to gain unauthorised access, this must be reported immediately to security and the duty manager team immediately. The Nurse Bank manager must also be informed as soon as possible.

5.8 MOVEMENT OF BANK & AGENCY STAFF

- 581 Sometimes it is not possible to inform Bank and agency staff that they may be required to move before a shift commences due to the unpredictability of the bed state and the late notification of staff absence. However bank nurses are expected to work within their professional sphere of competency.

- 582 Where shift changes are known in advance the Staff Bank team should be advised so they can inform the bank / agency nurses. The nurse or agency will be offered the following options:
- Be considered for a shift elsewhere in the Trust (depending on shift availability).
 - Come into work and report to the Duty Manager who will send them to an area that is short-staffed because of short notice sickness absence.
- 583 If the nurse decides that they do not want to work elsewhere, this must be recorded on the Staff Bank electronic system by the Staff Bank team.
- 584 Bank and Agency staff are only obliged to work on a request basis and as such are **not** obliged to move if their original assignment is cancelled prior to the shift start time. Bank and Agency staff are however expected to comply with reasonable requests to move areas or transfer between wards due to changing staffing needs or service demands and any refusal must be reported to the Nurse Bank manager.
- 585 Out of hours, the CMG bleep holder or Duty Manager on each site should be responsible for informing staff that they need to be moved to another area. If nurses are moving 'cross-site', transport should be provided and security staff should be available to escort the nurse to the ward if they are unfamiliar with the hospital layout, and the movement of staff is taking place at night.
- 586 The movement of bank and agency nursing staff must be recorded through Safe Staffing in accordance with Trust policy and national guidelines. Timely shift amendments are essential to ensure timely payment of staff. Delays in completing this can have significant financial impact on the Bank nurse and provide a negative impression of the area.
- 587 If a nurse refuses to move to another area, the Duty Manager must clarify with the nurse their reasons for refusing to move. If a nurse states that their refusal is based on the grounds that they are unfamiliar with the ward / speciality, they need to be reassured that they will not be expected to perform any duties outside the level of competence expected from their current banding. If the nurse is requested to move during the night, the duty manager may need to explore the possibility of cross ward cover and support also.
- 588 If the nurse still refuses to move, they will be informed that the issue will be reported to their Head of Nursing and formally investigated by their line manager if they hold a substantive post or the Nurse Bank Manager for bank / agency nurses.
- 589 As a Registered Nurse, the staff need to be reminded that they are personally accountable for their practice and must act at all times in such a manner as to safeguard and promote the interests of patients and co-operate with others in the team (NMC Code of Professional Conduct).

- 5810 Nurses who have refused to be moved and are working on an area that is closing, should be sent home by the Duty Manager. Payment should only be authorised for the hours that the nurse has worked.
- 5811 The Duty Manager must document all actions taken and inform the Nurse Bank Manager and update the on-call Manager of events.
- 5812 The Nurse Bank manager must ensure that any incidences of refusal to move wards by additional post Bank staff are reported to substantive line managers so an investigation by the line manager is completed in a timely manner. This must include an assessment of the nurses' current competencies and recommendations to meet identified training needs. This report must be shared with the Nurse Bank manager so it can be included within the worker's Staff Bank personal file and outcomes fed back to the senior management team.
- 5813 All movement or cancellation of a bank or agency nurse, MUST be updated on the electronic roster to record the event and reduce the risk of fraudulent payments to temporary staff.
- 5814 Refusal by staff to move wards may lead to disciplinary action and removal from the Staff Bank register.

5.9 STAFF FEEDBACK & COMPLAINTS

- 591 Bank and agency staff need to be given appropriate and constructive feedback by the nurse in charge of the ward. Timely feedback is always more effective and many issues can be resolved locally. Most issues can be addressed by the nurse in charge of the ward and if an issue is satisfactorily resolved it is not always necessary to inform the Nurse Bank Manager.
- 592 Wards and departments are encouraged to provide the Staff Bank team with feedback on a nurse's performance to improve quality and give staff more accurate appraisals. For ease of providing feedback on individual performance you may wish to complete a Bank/ agency nurse evaluation form (Appendix 7).
- 593 All feedback will be discussed with individual nurses or passed to agencies where appropriate so it is essential that all information and feedback is factually accurate and correct.
- 594 Clinical issues such as medication errors or omissions of care must be managed by the clinical area with support from the Staff Bank team to ensure equity and timely clinical reflection.
- 595 Complaints that require escalation and/or action must be made in writing to the Nurse Bank manager by completing a Bank/Agency Complaint/Incident Form (appendix 8). Please also forward any completed UHL Datix Incident report forms that relate to the complaint.

- 5.96 Serious complaints (gross misconduct) must be reported to the Staff Bank manager immediately by telephone and backed up in writing as soon as possible.
- 5.97 'Out of hours' serious complaints (gross misconduct) must be reported to the unit bleep holder and the Duty Manager and the Staff Bank manager must be informed of such complaints as soon as possible.
- 5.98 Complaints will be investigated fully and where possible the ward will be informed of the outcome, however due to confidentiality this may not be possible.
- 5.99 The nurse or healthcare assistant will be provided with a copy of the written complaint. It is therefore essential that the complaint is factually accurate, does not obtain opinions and contains enough detail to enable a positive outcome. For example, phrases such as 'poor attitude', or 'insufficient knowledge' or 'poor clinical skills' all need explaining in very specific detail.

5.10 STAFF PAYMENTS - ELECTRONIC SUBMISSION

- 5.101 Bank nurse time sheets are generated as an electronic report sent to payroll services every Monday morning after 9.30am.
- 5.102 All completed shifts must be authorised and 'locked' by the Nurse in Charge at the end of each shift through *Safe Care* and the total hours & breaks claimed must be verified by the Nurse in Charge as accurate.
- 5.103 Ward staff must only finalise a workers hours when the shift has been completed and the start, finish and break times are accurate.
- 5.104 Bank staff are advised to request that their shift is amended or locked prior to leaving the ward at the end of the shift so ward staff may be challenged if this is not completed.
- 5.105 Under no circumstances must a shift be authorised and locked before the end of a shift and they should not be signed retrospectively by anyone who cannot verify that the hours claimed have been worked.
- 5.106 Once the shift has been confirmed and finalized for payment through *Safe Care*, it will be automatically included within the weekly or monthly electronic payroll submission to facilitate payment.
- 5.107 A report of areas that have failed to finalize Bank shifts following payroll submission is completed and forwarded to Heads of Nursing for awareness and actions.

5.11 STAFF PAYMENTS - PAPER TIMESHEET SUBMISSION

- 511.1 For areas that are not yet on the electronic rostering system then paper timesheets need to be completed to process payments. Ward Managers need to ensure that they have an adequate amount of weekly and monthly time sheets if they do not roster electronically. Each ward/department must order them through their usual stationery ordering process.
- 511.2 Paper timesheets for weekly paid staff are yellow and monthly paid staff have blue timesheets. The order codes are: Weekly (Yellow) = W706 Monthly (Blue) = W707 and it is the responsibility of the department to order these.
- 511.3 Bank Time Sheets must be sent to the Nurse Bank office for authorisation at the end of a pay period and this is the responsibility of the individual Bank nurse. **TIME SHEETS MUST NOT BE SENT DIRECTLY TO PAYROLL.** Ward/ department staff must not sign the authorisation section at the bottom right hand corner of the time sheet (Yellow or Blue).
- 511.4 Failure to finalise shifts or send completed time sheets to the Staff Bank Office will result in a delay in the nurse being paid. Payroll cut-off dates are available on all timesheet collection boxes and are published online. The Staff Bank team can advise in case of queries.
- 511.5 Payroll can only accept original timesheets and any claims older than two months or photocopies will NOT be processed. The Nurse Bank and Payroll will only accept the coloured (blue or yellow) timesheets.
- 511.6 Ward staff must only sign the 'certified by column' once a shift has been completed and the correct start, finish and break times have been entered. Timesheets must never be signed in advance of the end of a shift and must not be submitted to the Bank team prior to the end of any documented shifts being claimed for. This will be managed as a fraudulent claim.
- 511.7 Agency nurse payments are not managed through the Staff Bank office but through Finance. All confirmed agency nurse bookings will be notified to agencies with a booking reference number per shift provided by the Staff Bank team. Agencies can then invoice the Trust against this reference number and Ward managers and department managers are responsible for maintaining copies of paper timesheets authorising agency staff payments and to review and assist the Accounts Payable team in processing agency nurse invoices in a timely manner.

5.12 AUDIT

- 512.1 The Staff Bank audit clerk will review approved electronic shifts sent for post payment audit checks to reduce any possibility of fraudulent claims being made. It is therefore imperative that Ward Managers ensure there is a robust system on each ward/department for managing rosters.
- 512.2 The Staff Bank audit clerk will complete authorised signatory sample audits for paper timesheets monthly and verify authorised signatory staff quarterly. It is the responsibility of the department to inform of any new authorised

signatory staff and provide a sample signature for that individual to be held on file for verification against payment claims received by the Staff Bank team.

- 5.123 The Staff Bank audit clerk will visit wards and departments monthly to review correct completion of Temporary Staff Local Induction requirements within the department log book. It is the responsibility of the ward/department manager to ensure that the log book is readily available for checking and to discuss any concerns found.
- 5.124 Audit information collated by the Staff Bank team will be reported through to relevant Heads of Nursing and Human Resource managers.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 Training for ward/departmental users to manage the Electronic Rostering System software which hosts the Staff Bank booking system and SafeCare will be delivered by the Electronic Rostering Team. This training will be for all ward/Department managers and their line managers, roster creators and those staff who will maintain the electronic roster throughout the roster period.
- 6.2 All staff will receive training on systems and processes related to Bank work at their local induction.
- 6.3 Further support and training guidance is available directly from the Bank booking team or Staff Bank management team on request.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 There are a number of current reviews and legislation being implemented nationally to support best practice for Temporary Staffing. This policy and/ or appendices may be reviewed or amended prior to the published review date if this is indicated.
- 7.2 The monitoring and audit of the processes outlined in this policy are described in the table overleaf.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible Individuals/ Groups	Frequency of monitoring/ audit	Responsible Individual/ group for review of results
Verification of NHS Employers recruitment checks for UHL bank	Audit of Staff Bank Recruitment records for temporary staff	Staff Bank Service manager (SM)	Every 2 months	Nurse Bank manager (SBM), and Assistant Chief Nurse (ACN)
Agency worker booking checks compliance	Check and verify booking checklist details Audit of booked agency staff checklist	Staff Bank team leaders (TL)/ Locum Booker team (LB) TL & SM	Every booking Monthly	Nurse Bank Manager, Head of Nursing (HoN) SBM, ACN
Local induction in the ward or department	Audit of completed induction against confirmed bookings	Audit Clerk (AC) CMG matron teams	Every month - sample of minimum 10% temporary staff Monthly review for compliance in their responsible areas	TL & SM SBM, HoN
Timesheets	Audit of 20% of processed timesheets to confirm bookings and authorised staff signatures.	Audit Clerk (AC)	Every month	SM
Bank post inactive for 12 months	Verification through ESR and termination lists	Staff Bank team leaders (TL)/ Locum Booker team (LB) ESR Project Lead	Annual	Nurse Bank manager (SBM), and Assistant Chief Nurse (ACN)

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

B58/2011	Temporary Staffing Policy & Procedure
B5/2013	Electronic Rostering Policy
B43/2017	Nurse Safe Staffing Policy
B43/2009	Recruitment & Selection Policy
B3/2016	Guidelines for RN & HCA Internal Job Transfers
External	NHS Improvement; <i>Reducing expenditure on NHS agency staff: rules and price caps (updated November 2018)</i>
External	NHS Improvement; <i>Toolkits for making Effective Use of Temporary Staff</i>

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The policy will be reviewed by the Nurse Bank manager at the times detailed on the front page.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Appendix 1:

Form 6 Recommendation for a substantive member of Staff to join Staff Bank

Both sides of this form are to be completed by the applicants *direct* line manager (Band 7 or above) and forwarded to the Staff Bank office, Knighton Street Outpatients, Leicester Royal Infirmary

A
 Full name of applicant

Assignment No.....Substantive Post Start Date.....

B The person named in section A is currently employed as a..... (Job Title) at.....(Band) and I wish to recommend them for an additional Bank post in line with their substantive post

OR

The person named in section A is currently employed as a (Job Title) at (Band) and I wish to recommend them for an additional Bank post for the same role but to be paid at the following Band

OR

The person named in section A is currently employed as a..... (Job Title) at (Band) but is leaving the Trust. ***Complete Section D***
 I wish to recommend them for an additional Bank post in line with their current post & band to commence after they have terminated their substantive post
Bank posts banding MUST be the same or lower than the substantive post held. This form is to request 'like for like' roles only i.e. non clinical staff cannot be recommended for clinical roles and vice versa

C I am confirming that the person named in section A is fully qualified and experienced in their role described in section B. They will have no difficulty in performing to the same capacity in a different clinical area.

D *Please complete if the person named in section A will NOT continue to work substantively at UHL in their role described in section B.*

For staff that are leaving the Trust please provide the date of their planned last day of work*.....

Reason why the post is being terminated*.....

NB. Bank work should not be undertaken until the post is confirmed with staff AND the referring manager

I am the applicants Line Manager (band 7 or above) and I agree with the statements overleaf about the individual named above (please tick to confirm):

I understand that Staff Bank will forward recruitment paperwork to me and the nominated staff in order to complete their application to join UHL Staff Bank. If any recruitment checks are missing from the staff's ESR record I will supply evidence from the personal file held by me for the staff member.

- Y I am aware that if the applicant does not work through Staff Bank for a period of 12 months or more then they may be removed from the Bank register without further notification. This information is provided to all Bank staff in their Staff Bank handbook and Letter of Appointment.
- Y I am aware that if the applicant has previously held a Bank post within the Trust that has been deactivated due to inactivity this application needs to be discussed with the Nurse Bank manager.
- Y I do **not** know of any performance issues which will prevent the applicant performing the same role competently for the Staff Bank (please discuss with the Nurse Bank manager if you are unsure)
- Y I do **not** have any concerns about the applicant's sickness or absence levels which may conflict with bank work (please discuss with the Nurse Bank manager if you are unsure).
- Y I will ensure the applicant complies with the European Working Time regulations, and I understand that I will remain responsible for ensuring the applicant does not work excessive combined hours (Bank and contracted hours combined).
- Y I understand it is my responsibility to ensure that the applicant is kept up to date with their statutory and mandatory training, and that the applicant is made aware of their responsibility to provide evidence of such training to the Staff Bank when necessary. The applicant is aware that failure to provide evidence of up to date training will result in the Staff Bank being unable to offer work.
- Y I understand that I will be required to take formal management action in line with the UHL Disciplinary procedure if the applicant fails to maintain the standard of conduct and performance required by the Trust whilst working through Staff Bank.
- Y I have explained to the applicant that any work permit (where appropriate) will allow them to work on the Staff Bank, but a work permit will be invalid if there are any changes in their substantive contract. The applicant and I will inform the Staff Bank of any such changes to their substantive post.
- Y I understand it is my responsibility to inform Staff Bank if the applicant terminates their substantive post. I will discuss the option of keeping their Bank post live if they wish to terminate their substantive post only and I will inform Staff Bank of this decision.
- Y I understand it is my responsibility to inform Staff Bank if the individual's substantive contract of employment is terminated due to misconduct. In these circumstances the individual will not be permitted to continue to work in any capacity. If an individual is terminated on the grounds of capability then consideration may be given for the individual to continue to work on the bank in a role at a lower band. They would need to be assessed and the case discussed with the Staff Bank manager before this could be approved.

Full Name (Please Print)

Signed.....Position.....

CMG SB signatory.....
(Staff Bank Office use only)

Managers must forward this form, from their personal email account as evidence of electronic signature, to the Staff Bank Recruitment team mailbox for action.

Email: StaffBank.Recruitment@uhl-tr.nhs.uk

Appendix 2:

FORM 7 - Request to temporarily de-activate bank bookings for a substantive worker.

This form is to be completed by the applicants direct line manager and forwarded to the Staff Bank Manager.

A	Full Name of Bank worker
	Assignment No.

I am the applicant’s line manager and all the following statements all apply to the person named in column A.

- The above named worker has a substantive post and a bank post
- The above named substantive employee should not be permitted to work bank shifts from the following date.....
- The above named substantive employee should not be permitted to work bank shifts as follows; (tick appropriate box)

✓

- Until further notice by myself
- Until the following date

- I have discussed this form with the person named in section A and they are fully aware of the reasons for this decision
- I have the appropriate level of authority to make this decision

Name (print).....

Signature

Contact No. Date.....

Managers must forward this form to the Staff Bank manager from their personal email account as evidence of electronic signature

Appendix 3:

TEMPORARY STAFFING LOCAL INDUCTION RECORD LOG BOOK

For all Temporary Nursing, A&C, AHP and Medical Locum staff

WARD/DEPARTMENT _____ CMG _____
LRI/LGH/GH (delete as appropriate)

- This book must be completed at the **start of the shift** with all bank/agency/temporary workers who have not worked a shift in the clinical area previously, or if it is **12 weeks** or more since their last local orientation and induction to the area.
- It is essential that a substantive UHL employee completes this induction with the temporary worker and that both temporary staff and inductor sign and date this book.
- Please indicate the local orientation & induction given to the Temporary member of staff clearly by ticking each section.
- Each section outlines key actions for local induction; however not all actions will be relevant to all staff groups.

- This record book will be audited every month against confirmed Bank and agency bookings. Areas of non-compliance (i.e. where evidence has not been completed or is of insufficient quality) will be highlighted on a monthly basis at the UHL Executive Team and CMGs will be responsible for identifying and resolving any issues within their control that are causing the non-compliance.

Mandatory Elements of Local Induction for Temporary Staff working in UHL NHS Trust

Section 1: Welcome and staff checks			
Check ID badge to verify identity	Temporary staff photo & name verified and checked against rota	Introduced to colleagues and shift leader	Informed of the on call medical and CMG management team
Confirm staff have read Green Induction card *	Confirm staff have read Trust Local Induction pack for Temporary Staff *	Duties & responsibilities during the shift outlined	Discuss Trust values and behaviours
Section 2: Workplace orientation			
Fire alarm points & appliances	Emergency exits	Smart card & computer log in access/ICM & Pt Centre	Location of key departments & wards
Staff room & toilet facilities	Staff canteen & rest areas	Door codes & security	Shift times & break allowance
Section 3: Safe Working procedures			
Reporting cardiac arrest/emergency	Emergency call bell system	Discovery of a fire/fire alarm	Evacuation procedure & assembly points
Bleeping medical team	Line & Duty management contacts	Management of keys & their security	Staff Concerns reporting line (x3636)
Contacting security	Infection prevention & PPE	Clinical waste management	General Housekeeping procedures
Shown ward equipment & any concerns identified with worker	Incident reporting & Datix system	Manual Handling Training	
Section 4: Policies – awareness of location and access (Insite, ward folders etc.)			
Temporary Staffing policy	Uniform & Dress code	Infection Prevention	Medication Management
Information Governance	Smoking policy	Caring at its Best	Local guidelines relevant to area

* All bank staff are provided with this information on appointment to UHL Staff Bank and all agency staff should have received this information via email from their agency

Local Induction record log & verification										
Date completed	Staff group Eg.SN, HCA, A&C, Dr,OT	Tick all sections completed as part of Temporary Staff Local induction				By completing and signing this section I am confirming that a full Local Induction has been provided in accordance with the UHL Temporary Staffing policy and the UHL Corporate & Local Induction policy				Comments
		1	2	3	4	Temporary Staff Name	Temporary Staff signature	UHL Inductor Staff Name	UHL Inductor Staff signature	
Example		√	√	√	√					

Agency Nurse Escalation Process v3

Actions by Matron or Service Manager before escalation to agency
where clinical risk identified due to staff shortage, planned increase in service

- Rosters have been reviewed for staff swaps and changes can anyone go home and return to support shortfall later, have staff on non-clinical commitments been utilised?
- Have substantive staff been offered overtime? Can you increase hours of part time staff to cover the shortfall?
- Were shifts escalated to Staff Bank 6 weeks in advance for known vacancies and additional planned activity?
- Can senior staff from any CMG cover the shortfall? Can staff from another CMG support or cover?
- Agency escalation required for safety

Additional support not found and escalation to agency required for safety

TIER 1 ESCALATION – NO MORE THAN 14 DAYS IN ADVANCE	Action by Band 8b or above: Approve escalation of Bank shifts to agency following matron review																			
	Action by Bank team: Forward escalated shifts to T1 (system & phone)																			
	<ul style="list-style-type: none"> • Tier 1 agencies have agreed UHL rates and are below NHSI capped rates • Tier 1 agencies have direct view and book access for all Nursing shifts sent to agency • Comparison of Bank, Overtime & Tier 1 maximum rates as below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Staff band</th> <th>Bank staff rate</th> <th>Overtime rate</th> <th>Tier 1 Agency rate (day/night/Sun & BH)</th> </tr> </thead> <tbody> <tr> <td>B2 HCA</td> <td>£9.10</td> <td>£13.65</td> <td>£13.00/17.00/20.00</td> </tr> <tr> <td>B5 RN</td> <td>£14.41</td> <td>£21.62</td> <td>£22.00/28.50/32.00</td> </tr> <tr> <td>B6 RN</td> <td>£17.84</td> <td>£26.76</td> <td>£27.00/34.00/40.00</td> </tr> <tr> <td>B7 RN</td> <td>£20.95</td> <td>£31.43</td> <td>£32.00/40.00/48.00</td> </tr> </tbody> </table>	Staff band	Bank staff rate	Overtime rate	Tier 1 Agency rate (day/night/Sun & BH)	B2 HCA	£9.10	£13.65	£13.00/17.00/20.00	B5 RN	£14.41	£21.62	£22.00/28.50/32.00	B6 RN	£17.84	£26.76	£27.00/34.00/40.00	B7 RN	£20.95	£31.43
Staff band	Bank staff rate	Overtime rate	Tier 1 Agency rate (day/night/Sun & BH)																	
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B6 RN	£17.84	£26.76	£27.00/34.00/40.00																	
B7 RN	£20.95	£31.43	£32.00/40.00/48.00																	
	If shift unfilled then Bank will escalate to Tier 2 agencies as below ↓																			
TIER 2 ESCALATION – NO MORE THAN 7 DAYS IN ADVANCE	Action by Band 8b or above: Nil as above escalation will cover Tier 2 also																			
	Action by Bank team: Forward escalated shifts to T2 if T1 unfilled within 7 days of start date (system & phone)																			
	<ul style="list-style-type: none"> • Tier 2 agencies supply workers at the maximum NHSI capped rates • Tier 2 agencies receive system emails to notify all Nursing shifts sent to T2 agency • Comparison of Bank, Overtime & Tier 2 maximum hourly rates as below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Staff band</th> <th>Bank staff rate</th> <th>Overtime rate</th> <th>Tier 2 Agency rate (day/night/Sun & BH)</th> </tr> </thead> <tbody> <tr> <td>B2 HCA</td> <td>£9.10</td> <td>£13.65</td> <td>£14.43/20.78/27.13</td> </tr> <tr> <td>B5 RN</td> <td>£14.41</td> <td>£21.62</td> <td>£22.85/29.70/36.56</td> </tr> <tr> <td>B6 RN</td> <td>£17.84</td> <td>£26.76</td> <td>£28.28/36.76/45.25</td> </tr> <tr> <td>B7 RN</td> <td>£20.95</td> <td>£31.43</td> <td>£33.22/43.18/53.14</td> </tr> </tbody> </table>	Staff band	Bank staff rate	Overtime rate	Tier 2 Agency rate (day/night/Sun & BH)	B2 HCA	£9.10	£13.65	£14.43/20.78/27.13	B5 RN	£14.41	£21.62	£22.85/29.70/36.56	B6 RN	£17.84	£26.76	£28.28/36.76/45.25	B7 RN	£20.95	£31.43
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B6 RN	£17.84	£26.76	£28.28/36.76/45.25																	
B7 RN	£20.95	£31.43	£33.22/43.18/53.14																	
	Shift unfilled and escalation to 'Break Glass' required for safety																			

BREAK GLASS NO MORE THAN 2 DAYS IN ADVANCE	Action by Heads of Nursing or above: Review all actions undertaken with Deputy Head of Nursing and if staff still required then Break Glass (BG) request form submitted to Chief Nurse, D/Chief Nurse and A/Chief Nurse for Temporary Staffing for authorisation and forwarding to Staff Bank for NHSI reporting. The form MUST detail the exceptional circumstances and the mitigation undertaken by the CMG. GOLD Director to authorise at weekends for Break Glass, form must still be sent to the Corporate Nursing Team by GOLD Director as detailed above.																			
	Action by Bank team: Break Glass authorisation recorded and 'break glass' negotiations commenced as below:																			
	<ol style="list-style-type: none"> 1. All Tier 1 agencies contacted and offered authorised BG shifts 2. Any BG shifts unfilled then transferred to Tier 2 agencies 3. Any shifts unfilled then transferred to Break Glass only agencies 4. All bookings negotiated to lowest rates across all agencies <p>Timescales for Break Glass escalation below *may vary for very short notice escalation *</p>																			
	Tier 1 and Tier 2 Break Glass																			
	<p>Informed no more than 2 days in advance of shift date Contact by email and phone by Bank team</p> <p style="background-color: #e91e63; color: white; padding: 2px;">Break Glass only</p> <p>Informed when all T1 and T2 agencies have confirmed nil fill/staff available Contact by email and phone by Bank team Not usually more than 12 hours in advance unless safety critical</p>																			
	Break Glass Rates																			
<ul style="list-style-type: none"> • UHL have set a ceiling for maximum Break Glass rates in line with NHSI Break Glass guidance. • Break Glass escalation must be approved by the Trust board as part of the NHS Improvement recommendations • All Break Glass rates are reportable weekly to NHSI and are expected to be used only in exceptional patient safety circumstances. • All agency use should be managed through the Staff Bank team to avoid off framework use that also requires reporting to NHSI. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Band</th> <th>Day</th> <th>Night/Sat</th> <th>Sun/BH</th> </tr> </thead> <tbody> <tr> <td>B2 HCA</td> <td></td> <td></td> <td>Not applicable</td> </tr> <tr> <td>B5 RN</td> <td>£34.25</td> <td>£40.00</td> <td>£44.00</td> </tr> <tr> <td>B6 RN</td> <td>£42.00</td> <td>£45.00</td> <td>£50.00</td> </tr> <tr> <td>B7 RN</td> <td>£45.00</td> <td>£50.00</td> <td>£55.00</td> </tr> </tbody> </table>	Band	Day	Night/Sat	Sun/BH	B2 HCA			Not applicable	B5 RN	£34.25	£40.00	£44.00	B6 RN	£42.00	£45.00	£50.00	B7 RN	£45.00	£50.00	£55.00
Band	Day	Night/Sat	Sun/BH																	
B2 HCA			Not applicable																	
B5 RN	£34.25	£40.00	£44.00																	
B6 RN	£42.00	£45.00	£50.00																	
B7 RN	£45.00	£50.00	£55.00																	

NHSi Breach Request & Risk Assessment Form					
To be completed by CMG Heads of Operation, Heads of Nursing, CMG Clinical Director and their deputies for agency break glass rate breaches					
Name of Agency Worker CMG wishes to request		Name of Person completing form		Role	
CMG			Department		
Location					
Request Details					
Roster request ID		Cost Centre		Requested Grade	
Bank Request Date		Date Transferred		Shift Pattern	
Alternative staffing Review completed by CMG?		Name of CMG requesting Manager		Contact Number	
Hourly Total Charge £		NHSi Capped rate applicable to planned work £		Cost difference between NHSi Capped rate & proposed hourly rate	
If the temporary staffing request is not for ad-hoc shifts please complete next line					
Specify period of booking - <i>cannot be more than 12 weeks</i>		Total Charge over period (up to 12 weeks) if worker is booked		Total Charge Difference if NHSi rates were applied for the period of booking	
What is the exceptional risk for requesting break glass? Detail below					
Have the CMG rejected other agency workers that were compliant with NHSi Agency Rules and could have covered this assignment in favour of this worker? If yes, please provide rationale below					
Mitigation Undertaken					
Please detail all CMG actions taken to avoid NHSi Agency Rules breach below:					
Were shifts escalated to framework agency providers at least 21 days in advance for locums/ 14 days for nursing?					
If Not, please provide rationale below:					
CMG Workforce Review Check List					
Has the CMG got a detailed workforce management plan to cover activity?					
If the cover is for a vacant post, has the substantive post been advertised?					
Expected date when substantive recruitment will be completed					
CMG Management Review Complete ?					
CMG Management Authorisation By:					
Name		Job Title			
Date					
Clinical CMG Authorisation By:					
Name		Job Title			
Date					
NHSi Agency Rules Enforcement 2018 - if this request breaches NHSi Rules the following section must be completed and case of need presented to the Chief Nurse for agency nursing staff, Medical Director for agency locums with a total charge that is more than 50% higher than the NHSi cap OR Chief Executive (CEO) for agency nurses & locums with a total charge of £100 or more per hour					
The Executive team are required to assure NHSi regarding all non compliance to the Agency Rules and the CMG must provide this information within their Case of Need.					
The CMG must provide clear explanation for this NHSi Agency Rules rate breach request including:					
* Evidence of considering alternative options					
Evidenc					
* Recruitment management strategy to reduce reliance on agency staff that is linked to CMG Financial targets.					
CMG must develop and present an evidence based plan to return to compliance that will reference processes that both control costs and preserv					
Detail any complex staffing issues driving agency spend and what workforce diagnostic work is being undertaken within the CMG to develop recov					
Outcome Decision - to be completed by CMG before forwarding to Staff Bank					
Chief Nurse or Medical Director Approval confirming that the CMG Case of Need has been considered and approved for this agency locum request because the total charge is more than 50% higher than the NHSi cap					
Chief Executive Approval confirming that the CMG Case of Need has been considered and approved for this agency worker request because the total charge is £100 or more					
Date					
All approved forms must be forwarded to the Staff Bank: Nursing staff approvals should be sent to UHAgency@uhl-tr.nhs.uk & medical staff approvals should be sent to locum.bookers@uhl-tr.nhs.uk to confirm bookings					

Appendix 6

Bank Request/Direct booking form (for areas NOT live on Health Roster) Form 5 a

LRI/LGH/GH (please delete) **CMG** _____

Ward/Dept _____ **Cost code (essential)** _____ **Tel No** _____

Request						Booked	ref No. (Bank use only)
Date	Shift start times	Shift end times	Band	Special requirements	Reason Code	Full Name	ref No.

Requested by: (print name)

 Position

 Signature
 _____ Date: _____

Reason Code

A- Absence	Ma- Maternity leave
AL - Annual Leave	O- One to One cover
C - Compassionate Leave	Si- Sickness
CL- Carers Leave	SL- Study Leave
ED- Escort Duties	Tr - Training
IW-Increased workload	VA-Vacancy
EC-Extra Capacity	SPL-Special Leave
	ID- Increased dependency/acuity

Office use only

Signature

Date of input

Special Requirement Codes (or free text may be used)

IV - IV drug administration	Chemo - Chemotherapy Trained
IVC - Cannulation	
P - Phlebotomy	
ECG -ECG recording	

Appendix 7

Staff Bank Nursing Staff Evaluation Form

Guidance notes:

In order for the Staff Bank to provide a high standard of service, it is necessary for us to review the performance of our nursing staff. Please use this form to feedback staff performance during their time in the clinical area so that an appropriate development plan can be arranged, if required. It is good practice for verbal feedback to be given directly to the bank worker. This form should be completed by the qualified nurse supervising the worker, gaining feedback from other colleagues as necessary.

Once completed please return to Staff Bank manager, Staff Bank Office, Knighton Street Outpatients Building, LRI within 1 week of the supernumerary shift. The bank worker will not be authorised to work without seeing this completed evaluation form.

Name of Bank staff:			Ward / Department:		
Role:			LRI / GH / LGH (please circle)		
ID Badge seen: Yes / No			Local Induction completed & signed: Yes / No		
	Not Acceptable	Just Acceptable	Acceptable	Good	Excellent
Standard 1: Privacy & Dignity					
Respect patient's views, opinions, values & beliefs	1	2	3	4	5
Promote privacy & dignity when performing personal care to patients	1	2	3	4	5
Maintain confidentiality of all patient information	1	2	3	4	5
Standard 2: Communication					
Maintain effective communication with staff to ensure continuity of care	1	2	3	4	5
Introduce self to patient and family at first meeting	1	2	3	4	5
Ability to identify patients with specific communication needs	1	2	3	4	5
Standard 3: Documentation					
All written communication is provided in a legible & appropriate format	1	2	3	4	5
All written entries will be in black ink & signed and dated	1	2	3	4	5
Displays knowledge & competence in use of documentation methods used in clinical area	1	2	3	4	5
Standard 4: Infection Control					
Displays knowledge & appropriate use of PPE	1	2	3	4	5

Demonstrates effective hand hygiene	1	2	3	4	5
Show knowledge of the risk of cross infection to themselves & others	1	2	3	4	5
Standard 5: Caring for Patients' Emotional Well-Being					
Values emotional well-being as much as physical well-being	1	2	3	4	5
Provides information to patients appropriate to their emotional status	1	2	3	4	5
Awareness of emotional & spiritual support available within UHL	1	2	3	4	5
Standard 6: Pressure area care & Mobility					
Displays knowledge of the importance of Waterlow & Manual Handling assessment	1	2	3	4	5
Can safely encourage & assist patient mobility, and patient position changes	1	2	3	4	5
Aware of potential causes of pressure sore development & reports concerns appropriately	1	2	3	4	5
Standard 7: Continence, Bladder and Bowel Care					
Demonstrates ability to safely toilet patients & report concerns	1	2	3	4	5
Can safely complete & calculate monitoring charts	1	2	3	4	5
Can provide advice to patients on fluid & dietary intake specific to their needs	1	2	3	4	5
Standard 8: Nutrition					
Provide assistance to patients to maintain nutrition & hydration needs	1	2	3	4	5
Assist patient to make appropriate meal choices from menu cards or trolley	1	2	3	4	5
Complete fluid & diet charts appropriately, reporting any concerns	1	2	3	4	5
Standard 9: Principles of self-care following discharge					
Encourages patients to request assistance & NOT assume that help is not required	1	2	3	4	5
Effective teamwork & communication to support discharge process	1	2	3	4	5

Standard 10: Personal & Oral hygiene					
Assist patient with their hygiene needs by utilising appropriate washing facilities	1	2	3	4	5
Safely performs full body wash & personal care to include hair, teeth, eyes, shave, hands & feet care	1	2	3	4	5
Provide patient with clean clothes & bed linen as per individual needs	1	2	3	4	5
Standard 11: Administration of Medicines (Registered Nurses only)					
Under supervision, safely administer medication as per prescription, & monitor effectiveness and/or side effects	1	2	3	4	5
Safe knowledge of discharge procedure of medications, including 'Green bag' & patient information about TTO's	1	2	3	4	5
Will recognise verbal and non-verbal signs of pain & provide appropriate medication in a timely manner	1	2	3	4	5
Standard 12: Health Promotion (as appropriate to role)					
Assist patients to identify areas of their life that may affect their future health	1	2	3	4	5
Identify health promotion & support agencies specific to individual needs	1	2	3	4	5
Professionalism:					
Clean, smart & professional in appearance, adhering to UHL uniform policy	1	2	3	4	5
Displays courteous & pleasant manner with patients & their families	1	2	3	4	5
Obtains patient consent before providing any treatment or care	1	2	3	4	5
Demonstrates effective team working & communication skills	1	2	3	4	5
Knowledge of current issues & research related to nursing	1	2	3	4	5
Effective time keeping & planning in relation to patient workload	1	2	3	4	5
Clinical Skills:					
	Not Acceptable	Just Acceptable	Acceptable	Good	Excellent

Safe procedure for taking & recording temperature	1	2	3	4	5
Safe procedure for taking & recording pulse	1	2	3	4	5
Safe procedure for taking & recording respirations	1	2	3	4	5
Safe procedure for taking & recording blood pressure	1	2	3	4	5
Safe procedure for taking & recording blood glucose	1	2	3	4	5
Can recognise abnormal observation readings & take appropriate action.	1	2	3	4	5
Strengths & positive features (Please complete to support personal development plan)					
Areas for improvement (Please complete to support personal development plan)					

Name of nurse completing form _____

Position _____ Date: _____

Appendix 8

Staff Bank Complaint Form

Name of member of staff involved:	
Role and banding:	
Ward/Department name & site:	Shift worked:
Datix Form completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reference No:
Bank nurse <input type="checkbox"/>	Agency nurse <input type="checkbox"/> Name of agency (if known):
Does the complaint concern: Conduct <input type="checkbox"/> Capability <input type="checkbox"/> Other <input type="checkbox"/>	
Details of concerns Include as much factual information as possible but do not identify patients by name)	
Was any other staff involved in the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide statements taken	
What immediate actions were taken?	
What actions have been taken to resolve the complaint since?	
If this worker has future bookings in your area are you happy for these to continue? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please contact Bank team directly to request shift is prioritised to avoid delay	
NOTE: the above issue MUST have been discussed with the Bank/Agency worker concerned by the manager/person in charge prior to sending this form to the Staff Bank manager	
Signature:	Print Name:
Position:	Date:
Complaint seen by Ward manager: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<i>Bank Office Use: Date received:</i>	<i>Received by:</i>