University Hospitals of Leicester **NHS**
NHS Trust

Temporary Staffing Policy & Procedure
Engagement and Utilisation of Temporary, Agency and Consultancy Staff

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Review dates and details of Changes made during the review

Issue	Date	Reason
Version 4.0	August 2017	- NHSI rules added - IR35 legislation included - Recruitment section removed as covered elsewhere - CMG management responsibility for audit of local induction & People Partners monitoring - Updated A&C process - Updated Locum process - Updated Monitoring for Finance governance
Version 5.0	September 2024	- Interim amended version due to service and national guidance changes - Added Budget Holder financial responsibilities - Link to Standing Financial Instructions and Scheme of Delegation added to ensure that sign-off processes for temporary workers within this policy are aligned to that Scheme - Added agency escalation information - Clarification of banding for substantive staff with a Bank post moving to a Bank post - Clarification of pension implications with a Bank post

Key Words

Bank	Locum	Administrative	Allied Health Professionals (AHP)
Nursing	Medical		

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1 INTRODUCTION AND OVERVIEW

The purpose of this policy is to ensure that the Trust provides clear, consistent information and procedures for the engagement and use of temporary, agency and consultancy staff.

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the engagement and utilisation of temporary, agency and consultancy staff.

1.2 The Trust acknowledges that departments may experience staffing difficulties and in order to maintain service provision, may need to secure temporary staffing arrangements. Due consideration must be given to viable alternative options before temporary staff are engaged to minimise the high cost of using temporary staff. Furthermore, the Trust recognises that for enhanced service user experience and continuity of care it is preferable to use current Trust employees, who bring the added benefit of local knowledge and experience.

1.3 This policy applies to all temporary staff working at the Trust, with the process and responsibility of engaging temporary nursing staff found in the Temporary Nurse Staffing Operational Policy

1.4 This policy includes appendices for the engagement and utilisation of temporary Bank and agency Admin and Clinical (appendix 1), locum medical staff (appendix 2) and allied health professionals (AHPs) (appendix 3)

2 POLICY SCOPE

2.1 This policy is intended to clarify roles and responsibilities of eligible managers and delegated employees in booking temporary staff. In doing so, it will establish a line of clear responsibility for management of temporary staff and accountability for budget control.

2.2 The aim of this policy is to provide clear information and procedures for the engagement and use of temporary, agency and consultancy staff at the Trust. The policy is intended to:

- Minimise agency costs ensuring value for money whilst adhering to the NHSI agency capping guidance.

- Improve monitoring systems within the organisation.

- Ensure that appropriate pre and post-employment checks (such as DBS, ID checks) have been undertaken (refer to – NHS employment check standards Employment standards and regulation | NHS Employers).

- Ensure that the Trust is compliant with current employment law.

- Ensure temporary staff are supported to fulfill the requirements of the role within UHL.

2.3 The policy covers all sites and services delivered within University Hospitals of Leicester NHS Trust (UHL) inclusive of Alliance and tertiary services such as renal satellite units and applies to all temporary, agency, bank and locum workers engaged by the Trust.

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2.4 Managers who utilise temporary staff must read and adhere to this policy and procedure, and to other related Trust Policies; Operational Policy for the Utilisation of Bank & Agency nurses, the Staff Rostering Policy and associated Peoples Services policies.

2.5 The Staff Bank team manages the supply of temporary staffing for Nursing, Administrative, Clerical (bands 1-4) and Medical staff groups, all other staff groups are locally managed within their service

3 DEFINITIONS AND ABBREVIATIONS

3.1 **Temporary staff/Bank Workers** - are defined as individuals who are registered with UHL on a zero hours contract and who work within the Trust as and when the service requires it. These individuals work on the basis that the Trust is not obliged to offer them any work assignments and in return the individuals are not obliged to accept any work assignments offered to them by the Trust.

3.2 **Claims only locum doctors/Internal locums** - are medical staff employed at the Trust on the claims only payroll on a zero hours contract and who work within the Trust as and when the service requires it.

3.3 **Agency Workers** - are defined as individuals supplied to the Trust by employment or temporary staffing agencies.

3.4 **Self-employed Consultants** – individuals or a company who are brought in to deliver a particular piece of work or project. They are usually contracted to provide services on an agreed daily rate and are neither classed as workers nor employees.

4 ROLES & RESPONSIBILITIES

4.1 The Chief People Officer is the executive lead for this policy and is responsible for all temporary staffing managed through the Staff Bank team, alongside the Medical Director team who is responsible for medical locums. CMG Heads of Operations are responsible for temporary staffing in the services which have local arrangements.

4.2 The Clinical Management Group's (CMGs) are responsible for adhering and promoting the aims and objectives of this policy. Ensuring the requesting and accurate recording of shifts for payment to temporary staff is in the required payment period.

4.3 The UHL Staff Bank Team is responsible for the recruitment and retention of bank staff for all Nursing staff and Administrative / Clerical staff from bands 1-4. Ensuring regular audits are completed in relation to recruitment of bank only staff in these staff groups, with training and payroll audits completed.

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4.4   The UHL Staff Bank Team is responsible for the review, approval and negotiating pay rates of agency staff for all levels of Nursing staff, and Administrative / Clerical roles from bands 1-4, supplied by an external agency. The checks carried out for all external agency workers are detailed in Section 12.4.

4.5   The Centralised Locum Booking Office has responsibility for booking appropriately authorised locum bank and agency doctors and managing compliance with employment checks and negotiating rate compliance in line with national and local guidance.

4.6   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.

4.7   Budget holders are responsible for ensuring that, where exceptional circumstances arise and there is a need for external agency or contract workers, the following must be adhered to:

- the contract may only be entered into by a budget holder having sufficient resources within the limit of their budget and who is authorised for that purpose by the Chief Executive or his delegated officer

- the agency or contractor must be on a current framework list of authorised suppliers and if unsure, advice can be sought from Procurement

- contractual provisions shall be put in place which allow the Trust to seek assurance regarding the income tax and national insurance contribution obligations of the person engaged and the ability to terminate the contract if that assurance is not provided

- the worker status shall be reviewed in consultation with People Services prior to the commencement of their engagement to ensure that income tax deductions and national insurance contributions for both the Trust and worker are properly made and paid to HM Revenue & Customs in line with current legal and regulatory requirements

- national guidance is followed as outlined by NHS England in relation to the use of agency and contract workers and executive authorisation is in place and confirmed before requesting support with progressing the worker(s) request

- Full details of financial processes for agency workers can be found in the Standing Financial Instructions and Scheme of Delegation (Trust Reference A1/2022) and the sign off processes outlined in this policy are aligned to that Scheme.

4.8   Temporary 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.

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4.9 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 Working Time Regulations and are governed by the organisation's policies and procedures.

5.0 Agency providers are responsible for supplying appropriately skilled and trained staff for the available shifts at the agreed rate in line with the NHSI capped rates ceiling.

5. POLICY IMPLEMENTATION AND PROCEDURES

5.1 RECRUITMENT OF TEMPORARY STAFF / BANK WORKERS

5.1.1 Recruitment processes for temporary workers will be the same as for substantive recruitment in relation to timescales and employment checks.

5.1.2 Recruitment of temporary nursing staff will be managed through the central Staff Bank.

5.1.3 For other temporary staff groups, including Allied Health Professional (AHP) their recruitment is undertaken by the Peoples Services Recruitment Team and the local manager in the CMG has responsibility for booking appropriately authorised temporary bank and Agency staff.

5.1.4 All recruitment checks must be completed before a temporary worker can commence work.

5.1.5 All bank workers who apply to work for the organisation are subject to the same pre- employment checks as those recruited to substantive posts prior to placing a worker on the bank register.

5.1.6 The minimum recruitment checks as specified on NHS employment.org are:

> Identity Checks
>
> Employment History
>
> Occupational Health Screening
>
> Professional Registration
>
> Right to work
>
> Disclosure and Barring Service (DBS) check

5.1.7 A satisfactory Disclosure and Barring Service (DBS) check must be undertaken prior to the Temporary staff commencing their induction for the organisation. Any fees applicable to this check will be paid in advance by the applicant.

5.1.8 New applicants must not start work until disclosure information has been received back clear from the DBS. If there is an urgent need for staff in an area and it is an

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internal recruit then the CMG Lead or manager must discuss this with the Staff Bank management team. If they still wish to continue the manager will take the responsibility, following a risk assessment, for the Temporary staff to commence work under supervision, but there must be no unsupervised access to patients. More information on this can be found in the Trust's DBS policy (B2/2006).

5.1.9 Temporary staff that require professional registration will have this information recorded on the Electronic Staff record (ESR) and status will be reported monthly to managers through existing processes.

5.1.10 Revalidation dates for nurses and medical staff will also be recorded and where these expire the worker will be stopped from working until their registration is live again.

5.2 CONDITIONS FOR THE USE OF TEMPORARY STAFF / BANK WORKERS

5.2.1 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. Temporary staff must never be used as an ongoing staffing solution; 'temporary' refers to a period of a few days or weeks and only in exceptional circumstances must it be for a period of months. Evidence maybe requested by NHS England to confirm compliance before a temporary shift is approved.

5.2.2 For work placements that are expected to be for more than three months it is not appropriate to request Temporary staff. The requesting area must arrange fixed term contracts for recruiting staff to provide cover and temporary staff can be considered for these contracts.

5.2.3 The introduction of the Agency Workers Directive in October 2011 allows equal treatment to apply after a temporary worker has been in a given job for 12 weeks or more. This includes equal pay, pension enrolment and paid annual leave.

5.2.4 Bank workers that hold a substantive post within the organisation can undertake bank work in line with the European Working Time Directive (WTD) i.e. maximum average of 48 hours per week over a 17 week period for all workers apart from medical staff who can complete up to maximum average of 56 hours per week over a 17 week period.

5.2.5 If bank workers wish to work in excess of this limit then an 'opt out' form must be completed and submitted to the Staff Bank manager for all nursing, locum and administrative bank workers. All other staff groups must submit forms via their local departmental manager to be forwarded to ESR. For bank staff with a substantive post in the organisation their line manager must confirm agreement to the staff decision to 'opt out'. The maximum amount of hours that any 'opted out' staff can work is an average of 60 hours in a week over a 17 week period. Rest periods

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cannot be opted out of and must be adhered to as specified in the Staff Rostering Policy (B5/2013) and the WTD Policy (B19/2014).

5.2.6 Bank workers are responsible for informing the Staff Bank manager of any additional work completed outside of the organisation that could result in breaching the WTD. Hours worked within the organisation will be monitored and individuals are responsible for ensuring the total of their working hours are within the specified limits.

5.3 UTILISATION OF TEMPORARY STAFFING

5.3.1 The process for engaging temporary nursing staff workers is described within the Operational policy for Temporary Nursing Staff (B35/2016). The processes for engaging with all other staff are described within the appendices.

5.3.2 Requests for locum doctors, temporary nursing and administrative & clerical staff for areas live on Electronic Rostering must be recorded and approved on the system by the requesting area. All other temporary staff must be arranged with the local CMG manager and Peoples Services Recruitment manager.

5.3.3 Request for temporary staff will only be accepted with the correct level of authorisation agreed within the individual CMGs: usually ward managers & matrons for nursing Bank requests and Heads of Nursing/ Deputy Head of Nursing for nursing agency requests, Head of Operations or Deputy Head of Operations and Heads of Service for medical bank & agency requests, and Service managers and above for admin bank staff. These levels may vary based on organisational controls related to governance and finance

5.3.4 The use of temporary staff must be treated as a last resort when all other internal options to manage staffing have been exhausted.

5.3.5 It is essential that any temporary staff that are utilised are recorded on the Electronic Rostering system to ensure accurate staffing records for reporting and correct payment of temporary staff.

5.4 MANAGEMENT OF TEMPORARY STAFF

5.4.1 Local managers are expected to support temporary staff whilst working in their area; this includes local induction and demonstration of the roles and responsibilities to be undertaken in that area.

5.4.2 Managers must monitor temporary staff performance and in the first instance address any performance issues with the individual. Where matters cannot be resolved for nursing, medical and administrative staff the UHL Staff Bank must be informed. For all other staff groups CMG managers or the relevant agency must be

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notified. Managers have a responsibility and duty of care to ensure that concerns are raised and addressed where appropriate.

5.4.3   If a member of staff terminates their temporary post then the Staff Bank Manager / Senior Manager must be informed in writing, ensuring the return of equipment e.g. Uniform, ID badge, etc.

5.4.4   If a member of staff terminates their substantive post but wishes to keep their bank post this must be clearly identified on the termination form and the Staff Bank manager / senior manager informed so that the staff record shows the change in their status within the organisation.

5.4.5   Bank only roles are matched to a set rate card so any staff leaving a substantive role will be automatically regraded to the bank only position and rate card for that staff group, unless their line manager confirms their Bank work will continue in line with the substantive post JD & requirements and the post needs to match their substantive banding

5.4.6   If a member of UHL Bank staff for Nursing / admin and clerical does not work for the Trust on the Bank in a 6 month period, they will be automatically removed from the Bank register. Workers are advised that holding a Bank post that they are not actively working in may impact on their reckonable service for pension purposes

5.4.7   Existing Temporary staff cannot book to work at UHL through an agency, or if they have held a substantive contract and decide to leave to join an agency, they will not be permitted to return to the Trust to work via that agency within a 12 month period of their termination date.

5.4.8   The Staff Bank must be informed of any member of UHL nursing, medical or administrative staff that is dismissed or terminated from their substantive post by the Peoples Services panel member.

5.5   CORPORATE INDUCTION OF TEMPORARY STAFF

5.5.1   All Bank temporary staff will attend a Corporate Trust Induction before commencing work within the Trust if they have not worked at the Trust previously or if it is more than 12 months since they last worked at the Trust. Bank staff returning to work at the Trust within 12 months of their last day of work are not required to attend a Corporate Induction programme.

5.5.2   The Trust will use the New Starters report to identify all temporary workers that must attend Corporate Induction and where there is reported non-attendance the worker will be contacted and a second course rebooked. If non-attendance is reported for this second course then the worker will be terminated from the Staff Bank.

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5.6   LOCAL INDUCTION OF TEMPORARY STAFF

5.6.1   A local induction is essential to ensure all temporary staff become quickly familiarised with their work environment, and to ensure that they understand their role and boundaries and are aware of the Trust policies and procedures.

5.6.2   A local induction must be completed if the worker is new to the area or a local induction has not been completed for the worker in the area within the previous twelve weeks

5.6.3   A Local Induction is required for substantive staff working outside of their main work base even if it is within the same CMG.

5.6.4   A green Local Induction record book can be found in all wards and clinical areas and identifies all essential information that must be provided to temporary staff prior to starting their shift. The record log must be signed by the temporary worker and the substantive UHL employee that has oriented the temporary worker before the shift starts.

5.6.5   This induction is mandatory and a random audit review of a sample must be completed every month by the CMG area/ward manager. If temporary staff have failed to demonstrate that a local induction has been completed then payment for the work may be delayed or withheld.

5.6.6   Where areas are found to have failed to complete a local induction this will be identified to the staff in charge at the time of audit and reported to the CMG Lead manager / Peoples Service People Partner

5.6.7   Reporting of non-compliance for Local induction will be completed monthly to the Director of Workforce and Organisational Development by the Peoples Service People Partner.

5.7   TRAINING & DEVELOPMENT OF TEMPORARY STAFFING

5.7.1   All internally recruited temporary staff must attend statutory and mandatory training, and essential to job role training in line with the UHL Core Training policy for Statutory, Mandatory and Essential to Job Role Training (B21/2005) and this will be provided by the Trust.

5.7.2   It is the responsibility of the training provider to record attendance and competence of all training undertaken by internal temporary workers on the Trusts electronic training register.

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5.7.3 It is the responsibility of the temporary worker to book and attend any statutory and mandatory training, and essential to job role training courses that are required for their role. This will involve face-to-face learning and independent eLearning and is clearly indicated on the temporary workers eUHL account. For qualified nurses, this also includes a triennial medication management refresher. The temporary worker must not book work if they are aware that they are non-complaint with their required training and remain bound by their Code of Conduct, as applicable.

5.7.4 Non-compliance in maintaining any aspect of training will result in work not being offered to the temporary worker.

5.7.5 Failure to attend any training programmes without prior cancellation may incur non-attendance costs that will be applied directly to the temporary worker.

5.7.6 Training records will be updated on the Trusts internal Staff Bank booking system by the Electronic Rostering & Staff Bank team. Other temporary staff must have their training managed and updated by their CMG.

5.7.7 All external temporary workers must be fully compliant with mandatory training specific to the role they are engaged to fulfill. This will be confirmed by the completion of an agency checklist.

5.7.8 The Trusts agency booking checklist form must be used to confirm that the agency worker or contractor has completed their required mandatory training requirements prior to commencing assignment at the Trust and this will be updated every twelve months. Where this assurance is not provided the agency worker will be deactivated from working at the Trust.

5.8 AGENCY TEMPORARY WORKERS

5.8.1 The introduction of the Agency Workers Directive allows equal treatment to apply for a temporary worker from their first working day of a 12 week qualifying period. This means equal access to all training opportunities and notice of permanent vacancies without obligation for the Trust to recruit agency workers.

5.8.2 The Crown Commercial Service (CCS) has developed a number of framework agreements for supply of temporary staff, to ensure that the NHS makes the most effective use of its resources and gets the best possible value for money.

5.8.3 Agency temporary workers can only be requested and procured through agreed frameworks and within budget, following all budget holder and manager responsibilities outlined in section 4.

5.8.4 Contact and engagement with agencies can only be through procurement and/or the temporary staffing service, 'Staff Bank' and there should be no direct contact between departments & agencies.

5.8.5 In line with NHS England directives, only Framework approved agencies can be used where agency staff are required and this will be managed through the Staff Bank team for nursing and medical staff groups. Phishing emails sent to individuals from unknown agencies should be forwarded to the Staff Bank Management team to review their suitability and ensure their framework governance with NHS England.

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5.9   NHS IMPROVEMENT & NHS ENGLAND

5.9.1   NHS England (NHSE) is responsible for overseeing foundation trusts, NHS trusts and independent providers taking over from NHS Improvement. Since November 2015 they have set out rules for trusts on agency expenditure, which are collectively known as the 'agency rules'.

5.9.2 From 1st April 2016 the agency rules requirements have included the following:

- All Trusts must comply with a ceiling for Trust total agency expenditure
- Trusts must procure all agency staff at or below the agency price caps set out by NHS England.
- Trusts must only use approved framework agreements to procure agency staff (applicable to nurses, doctors, other clinical and non-clinical staff).

5.9.3   The agency rules are designed to reduce agency spend, improve transparency on quality & finance targets and encourage staff to return to permanent and bank working. Trust performance against the agency rules will form part of the criteria for releasing funding from the Sustainability and Transformation Fund.

5.9.4   Central control for agency nursing, admin & clerical and medical locum workers is managed through the Staff Bank team to ensure adherence to framework and agency controls. Individual departments must ensure staffing requirements for these staff groups is evident on their CMG rosters a minimum of 6 weeks in advance to support planned and cost effective management of the use of agency staff by the central Staff Bank team.

5.9.5 All other staff groups will be managed through the CMG management team in conjunction with Procurement.

5.9.6   A full list of the approved NHSE framework agreements and Agencies can be obtained from the UHL Procurement Team.

5.9.7   Only framework compliant agencies will be used and the benefits of this for the Trust are:
   • The agencies have all gone through a rigorous selection process to get onto the relevant framework
   • The agencies are audited on a regular basis by the framework provider
   • The risks of employing agency staff lie with the framework provider
   • The maximum hourly charge rates are governed through the framework

5.10   AGENCY WORKER CHECKS

5.10.1 The Agency Temporary Staff booking checklist form (appendix 1) is used for all Agency bookings through the Staff Bank to provide complete agency staff details to verify prior to confirming agency workers assignments at UHL. This checklist

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includes the Local induction material that the agency worker must read prior to commencing work in the Trust and this must be verified on arrival through the Local induction procedure described in section 10.

5.10.2 It is the responsibility of the agency to provide the worker with Local Induction information and the responsibility of the worker to ensure it is read. Where this has not been completed then the worker must be provided with a copy of the information and it must be read before starting duty. This non-compliance in relation to the Local induction standards described within this policy must be reported to the Staff Bank manager for Nursing and admin and clerical areas or to the relevant Head of Service for all other staff groups.

5.10.3 If the agency worker has not worked within the Trust in the preceding six months then an updated curriculum vitae (CV) must be obtained at the time of the booking along with the agency worker booking checklist form, two references at initial introduction, and thereafter performance reviews.
Agency staff that hold or have held a post at the Trust within the previous 12 months of booking cannot be booked to work at the Trust through an external agency.

5.10.4 All agency staff requires an Active Directory (AD) account for working at UHL. This will be arranged by Staff Bank team for agency nursing staff. Agency Locum access will be arranged by the Junior Doctor Administrators (JDA) teams within the relevant CMGs.

5.10.5 Access to all specialist Trust IT systems must be arranged and managed by the individual CMG in line with role requirements and to ensure compliance with Information Management policies.

5.11 CONSULTANCY AND SPECIALIST TEMPORARY STAFF

5.11.1 Where Wards/Departments or managers require a worker with specialist skills, external agencies may need to be employed. It is important that engagement of these workers stays within the recognised national NHS England Framework Agreements. Full details of approved Agencies can be obtained from the UHL Procurement Team.

5.11.2 Director Level authorisation will be required for any post which requires the use of a consultancy or specialist agency. If the role being covered is not pre-established, it will still require an approved job description to fully outline the role and objectives being undertaken and establish the correct pay band.

5.11.3 Managers wishing to engage a Non-Medical Consultant must consider whether the individual is under contract of service (and as such is an employee) or has been contracted for a service (and as such is self-employed).
Questions to consider when establishing this
•   Does the employer provide holiday and sick pay?
•   Is the employer taking the financial risk?
•   Does the engagement fall within the IR35 intermediaries' legislation? Please refer to section 5.14 for further advice on IR35.

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5.11.4 Consultants are required to have a particular condition of employment status in order to be considered as such. If you are unsure about this, please direct your query to Peoples Services Recruitment Services and Procurement, who will advise on the terms of contract.

5.11.5 Managers must not agree and sign off terms of any contract with an Agency without obtaining advice from Procurement in order that the contract can be fully checked and approval from the Head of Operations provided.

5.11.6 For any agency workers that have a charge rate of £120 per hour or more these <u>must</u> be agreed and approved by the Chief Executive.

5.11.7 Full details of financial responsibilities for the use of contractors andspecialist agency workers can be found in the Standing Financial Instructions and Scheme of Delegation (Trust Reference A1/2022) and levels of authorisation for requesting temporary workers must be as described in paragraph 5.3.3

5.12   IR35

5.12.1 IR35 is tax legislation to combat tax avoidance by workers supplying their services to clients through an intermediary or third party agency but who would be classed as an employee if the intermediary or agency were not used.

5.12.2 Following changes introduced from 6th April 2017 it is the responsibility of all public sector organisations to determine the IR35 status of all external temporary staff, whether engaged directly or through an agency or other third party, and a decision made whether IR35 intermediary legislation applies to their appointment.

5.12.3 Following review of different worker groups, UHL have informed all existing agency providers that the Trust's determination is that our agency workers fall **inside** of the IR35 rules. If the agency or intermediary feels this is incorrect for an individual worker then they must inform the Trust upon initial introduction of the worker so that an individual employment check can be made as per section 14.4 and agreed with CMG Peoples Services and procurement colleagues.

5.12.4 To support this employment status assessment the online HMRC tool must be used to determine any agency workers status. This can be found using the following link:

https://www.gov.uk/guidance/check-employment-status-for-tax

5.12.5 For temporary staff supplied through an agency, the agency must complete the agency checklist and submit their IR35 assessment of their worker. For workers declared to fall outside of IR35, the relevant manager must determine their own assessment of status using the HMRC tool above and refer the issue to their Peoples Service People Partner for support. For agency nurses, admin staff and medical locums this assessment will be reviewed by the Staff Bank team. All other staff groups must be assessed with their Peoples Service People Partner.

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5.12.6 If an agency worker is determined to fall within the IR35 legislation then their agency must confirm if they or an umbrella group will be responsible for managing employment deductions for the worker. For workers supplied through an agency, it will be the agency's responsibility to make payment to their worker following the deduction and payment to HMRC of due employment contributions.

5.12.7 If an agency worker is determined to fall outside of the IR35 legislation then this must be referred to the CMG Peoples Service People Partner and/or Procurement for further advice. If it is agreed a Business Case of Need will need to be completed and submitted for approval through to the Director of Workforce & Organisational Development.

5.12.8 UHL can offer a P.A.Y.E. payroll alternative to all Personal Services Companies (PSCs) if requested.

5.12.9 Where rates are agreed and already in place for the work being covered there must be no further rate increase agreed locally. The Trust will not agree an increased hourly rate to procure temporary workers who feel the IR35 changes will disadvantage them financially.

5.12.10 Appendix 4 outlines the process for IR35 legislation and responsibilities for payment of employment contributions. Further advice can be sought from Peoples Service People Partners and Procurement.

5.13 COMPLAINTS

5.13.1 Where there are concerns about the standard of work of a temporary member of staff within the Trust, this must be discussed with the temporary member of staff at the time.

5.13.2 If concerns about a temporary member of staff continue then please inform the staff bank office for nursing, admin and medical locum staff or relevant manager for other staff groups using the Temporary Staffing feedback forms which are appendices within the Operational policies for Temporary Staff (B35/2016) and forward to the Staff Bank Manager/ Peoples Service People Partner/ CMG Manager.

5.13.3 Serious complaints (gross misconduct) must be reported to the Staff Bank Office (for nursing, admin and clerical staff and medical staff), CMG manager or a Senior Manager for other staff groups, immediately by telephone and backed up in writing as soon as possible. 'Out of hours', serious complaints (gross misconduct) must be reported to the unit bleep holder and the Duty Manager immediately by telephone and forwarded to the Staff Bank manager.

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5.13.4 In the case of complaints about agency nurses, agency medical locums or agency administrative workers, these must be reported to the Staff Bank Office so that the issue(s) can be raised directly with the agency concerned. For all other staff groups supplied by agencies, concerns must be raised directly with the agency with support from Peoples Services where appropriate and recorded by the manager.

5.13.5 If there is a complaint from a patient or visitor about a temporary member of staff, this must be reported and handled through the Trust's Complaints Procedure and the Staff Bank Manager/Senior Manager must be informed. Ongoing investigation of any complaint will be the responsibility of the CMG and the Staff Bank/Locum booker team will assist as appropriate.

5.13.6 If there is a complaint concerning an additional post holder with Staff Bank office the complaint will be investigated by the relevant substantive post managers with support from the Staff Bank management team.

5.13.7 Bank and agency staff may be stopped from working at UHL whilst complaints are investigated and complainants must support requests for further information and a collaborative and timely review of all responses where requested.

6 MONITORING OF PROCESS COMPLIANCE

6.1 Utilisation information concerning nursing, locum doctors and administrative & clerical temporary staff can be accessed by managers through *Roster Perform*, the booking system reporting tool. The information supplied will be used to monitor individual CMG use of these groups of temporary staff and it is the responsibility of the receiving CMG managers to implement monitoring and necessary controls and actions from this information.

6.2 Overtime, bank and agency spend is included in the performance reports which are submitted to the Trust Board.

6.3 Staff Bank will provide regular reports of all long term agency workers and high earners for the Executive team. It is the responsibility of CMG managers to review temporary staff assignments on an on-going basis and this review must address the following:

- The continuing need for the temporary worker.

- Whether alternatives have now become available that can be considered.

- The standard of work & performance.

- Progress against agreed targets and requirements.

- The expenditure incurred.

- Recruitment and workforce plans

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- The length of service of the individual (detailed in weeks) and suitability for working through Staff Bank.

6.4 Managers need to verify details of Bank/Agency claims before authorising payment to ensure:

- UHL NHS Trust hours have been worked as claimed

- Substantive duties have not been adversely impacted, for instance where any employee may have started a substantive shift(s) late, or left early to work Bank shift(s).

- Ensuring WTD has not been breached

- Safe Staffing requirements have been documented and reported through CMG management teams

7 EQUALITY IMPACT ASSESSMENT

7.1 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.

7.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

8 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

8.1 Internal policies:

- Recruitment & Selection policy & procedure (B43/2009)

- Preventing Illegal policy (B39/2016)

- Flexible Working guidelines & policy (B7/2010)

- Corporate &Local Induction policy (B4/2003)

- Non-Medical staff Annual Leave policy (B22/2013)

- Off Payroll Arrangements policy (B2/2015)

- Professional Registration Checks policy (B64/2008)

- Staff Rostering policy (B5/2013)

- Core Training policy for Statutory, Mandatory and Essential to Job Role Training (B21/2005)

- Disciplinary UHL policy (B31/2024)

- Temporary Nurse Staffing Operational Policy (B35/2016)

- Uniform & Dress Code policy (B30/2010)

- Working Times Regulations policy (B19/2014)

- Standing Financial Instructions and Scheme of Delegation (A1/2022)

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8.2   External Reference Sources:

- NHS Employers - [NHS Employers](#)

- Agency Workers Directive - [Your rights as an agency worker: When you're an agency worker - GOV.UK](#)

- Agency Rules - [Agency-rules-changes-for-2024-to-2025.pdf](#)

- Data Protection Standards Act - [Data protection: The Data Protection Act - GOV.UK](#)

- Equality Act 2010 - [Legislation.gov.uk](#)

- Immigration, Asylum and Nationality Act 2006 - [Immigration and Asylum Act 1999](#)

- NHS Improvement Agency - [NHS England](#)

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9. POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Framework agency employment checks compliance	Staff Bank team/ Operational lead – nurse, admin & medics	Sampling of agency checklists and review for compliancy	Quarterly	Staff Bank manager Head of Recruitment & Resourcing	Staff Bank People partners	Agencies informed of any issues and future working relationship dependent upon future compliance with process.
	CSI Deputy Head of Ops - AHPs	TBA	Quarterly	Head of Ops	CMG management team People partners	
Local Induction	Audit of green Induction book by area manager	Visual check that all sections are completed.	Monthly	Report to People partners & Staff Bank any concerns or omissions	Staff Bank Peoples Services	CMG feedback and best practice
Financial Controls & NHSI reporting	Head of Recruitment & Resourcing	NHSI reporting	Weekly	Peoples Services/Finance/Staff Bank/CSI Deputy Head of Ops support completion of weekly NHSI report	Peoples Services/Staff Bank management/CSI management	NHSI feedback against framework and finance controls.
	Exec team	ERCB report	Weekly	Staff Bank team provide data for nurses, doctors, admin staff		
	Agency Oversight Group (AOG)	AOG bi-weekly review meetings	Bi-weekly	Reported through group and Exec team	Staff leads, Workforce & Finance leads	Agreed actions to manage demand for agency workers and reduce premium spend

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Appendix 1 Temporary Admin & Clerical Staff

Activity	Activity Undertaken by	Process
Recruitment	UHL Staff Bank Team	UHL Staff Bank Workers are recruited in accordance with the principles of the UHL NHS Trust's Recruitment and Selection Policy. All bank posts are advertised externally on NHS jobs website. Substantive post holders with the Trust can be nominated to join the UHL Staff Bank by their immediate manager. The manager must complete a Form 6a recommendation form (Appendix 6a) and forward it to the Staff Bank office. Further guidance can be found in the *Temporary Nurse Staffing Operational Policy* (B35/2016).
Pre-Employment Checks	UHL Staff Bank Team	For the UHL Staff Bank, the principles of the UHL NHS Trust Recruitment & Selection Policy are followed. For all Agency bookings it is essential that an Agency Worker checklist is completed by the agency and must be received and checked at the time of booking and prior to commencement in the Trust. This form includes a section which confirms that the Agency has undertaken all pre-employment NHS Employment Check Standard Checks, including registration checks. The form must be returned to Staff Bank for the coordinator/ Locum Booker to check that is fully completed and any forms that are not completed will be rejected by the co-ordinator and the agency informed. All agency staff must be checked against the UHL Special Applicants Register and Staff Bank register to ensure that agency staff have not worked at the Trust previously.

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Daytime Temporary Booking Process	Staff Bank Office, Bank Co-ordinators	The UHL Staff bank office operates a 7 day a week service as follows:- ☐ Monday – Friday 08.30 – 18.00 ☐ Saturday – Sunday 08.30 – 16.00 During these times all requests and enquires for additional admin & clerical staff must be directed to UHL Staff Bank. The Trust has a standardised booking process for the use of admin & clerical staff. The area must place all requests for additional staff on their roster and obtain management authorisation for temporary staff supply The preference would always be to fill a shift with a bank worker rather than an agency worker. Direct booking of Agency Staff is **NOT** permitted, unless express authorisation has been sought from the CMG management team and with the full knowledge of the Staff Bank Management Team. Only Managers included on the authorised manager's signatory list are able to make bookings on behalf of the Trust. This list is kept by the co-ordinator team in the UHL Staff Bank office and is updated on a quarterly basis.
Out of Hours Temporary Booking Process	Duty Manager with designated authority from Director of Operations/ Heads of Nursing/ Executive Team	Bank staff can be directly booked by the duty manager out of hours once they have received appropriate authorisation; however the Bank Office must be informed. Only approved framework agencies must be used where agency staff are required. The Agency Temporary Staff checklist must be completed and received by the Trust prior to the agency worker commencing work. The completed Agency Temporary Staff Booking Form must be emailed/sent to the Staff Bank office at the earliest opportunity.

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Payment Process	Staff Bank Office, Bank Co-ordinators, Staff Bank workers	Electronic payroll runs weekly on a Monday morning and all shifts on e-roster must be locked before 09.30am to ensure inclusion for payment. For areas that are not live on e-roster paper timesheets need to be completed. Timesheets are collected from Blue timesheet collection boxes on all three sites on Mondays, Wednesdays and Fridays. Timesheets and claims are submitted to payroll by the published dates for monthly paid staff or by Wednesday 14.00 hrs. for weekly paid staff. The cut-off date for weekly paid staff to submit timesheets is Monday midday (at the bank office). This will ensure payment on the following week Thursday. **It is the Staff Bank workers responsibility to ensure their time sheets reach the Staff Bank team by the published 'deadlines'.** Details of payroll changes such as Bank Holidays will be communicated through SMS text and social media. Monthly timesheets must be submitted on or before the 24th of each month for payment by the end of the following month. Timesheets received after this time cannot be guaranteed for payment.
Local Induction Bank Staff	Staff Bank Office, Bank Co-ordinators	All UHL bank staff within the Trust will attend a local induction meeting with their recruitment lead co-ordinator before they can work within the Trust. This Local Induction meeting will include signing a letter of appointment to join the Staff Bank, information about booking & payment procedures and essential orientation guidance, commonly known as a *green card*, Staff Bank Staff Handbook and TLITS will also be provided. A checklist is used to support completion of this and is signed by the recruitment lead and the staff member to confirm completion. The signed checklist is kept in the individual's staff personal file and the Bank Induction is recorded on the Trust's electronic learning management system. Bank staff will also be expected to have a ward/department local induction for each new area they work in. A local induction checklist must be completed with a senior permanent member of staff within their allocated work areas. This must be signed by both parties, and retained at a local level The exception to this will be where they have worked in the area within the last 3 months.

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Local Induction- Agency staff	Clinical Area using the Temporary staff	It is the responsibility of the area line manager to ensure that all agency or locum staff are adequately inducted to the ward/department, whether they are working for one day or for a longer period of time. All agency workers used within the organisation will have received and read the Trust Local Induction for Temporary Staff (TLITS) from the supplying agency as this is part of the booking procedure within UHL for agency staff. Where this is found not to have occurred the Staff Bank Manager must be informed to ensure appropriate action is taken. If this process has not been followed the temporary worker will not be used by UHL until there is evidence from the supplying agency that it has been completed. It is essential that temporary workers are informed about any local policies and procedures for the ward-department. The Local Induction checklist will be documented evidence to show this process has happened and it is the responsibility of the ward manager for clinical staff and the CMG manager for non-clinical staff to monitor compliance and recording of this at local level every three months per worker. These completed forms will be kept in the clinical area for future reference and audit purposes. Audit must be undertaken monthly by the CMG lead and reported through the CMG Peoples Service People Partner .
	Provider agencies	It is the responsibility of the Agency to ensure that they email a copy of the TLITS & Green Card to the Agency worker when making a booking together with section 2 of the Agency Temporary Staff Booking Form, providing the agency staff reporting instructions when commencing duty.
	Agency Worker	Agency Staff are required to read the TLITS when working at the Trust. It is the agency staff responsibility to read this pack prior to commencing duty. It will take 10 minutes to read and understand the information contained within the pack. It is the responsibility of the individual to ensure they read the TLITS pack and this must be confirmed in the green log book on local induction within the department.
	UHL staff team	On arrival at the Trust the Agency Staff will be greeted by a named individual as per the Agency temporary staff booking form.
Mandatory Training	UHL Trust	All temporary staff must undertake mandatory training as specified for their role. For Bank Workers this will be provided by the Trust, any staffs who fail to maintain their training will not be offered work until they have updated their training. Agency workers will complete mandatory training through their agency and this will be verified by the Staff Bank booking team or the local manager before confirming the booking of the worker. The *Core Training policy for Statutory, Mandatory and Essential to Job Role Training* (B21/2005) describes which courses are required for different staff groups and it explains the required frequencies of each update.

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| External Audit process | CMG Leads | The audit processes and procedures are intended to demonstrate adherence to UHL Trust policy documents referred to within this document.

Periodic audits will also be conducted by the Trust's Internal and External Auditors, as well as review by Care Quality Commission. |
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Appendix 2a

Engaging Locum Medical Staff using Internal Doctors (Substantive/ Claims Only/ Internal Locums)

Activity	Undertaken by	Process
Recruit-ment & Selection	Peoples Services Recruitment team	Appointment of substantive medical staff is via national recruitment procedures and Peoples Services Recruitment team.
	Staff Bank team	Additional locum posts are set up through Locums Nest for existing UHL staff and external Bank only medical workers.
	Doctor	Completes Locum NBest application or Form 6b (appendix 6b) provided at Trust Induction and send to the Staff Bank Recruitment team
	Peoples Services Recruitment team	Receive Locum Nest or locum application (Form 6b) from candidate. Following checks are undertaken: · Form must have the current consultant contact name · All details must be completed · If any info is missing then contact candidate for clarification. Confirmation of agreement to appointment must be with a confirmation email from consultant/Head of Service email account
	Consultants PA	Must return all forms to Peoples Services Recruitment team within 3 days where applicable

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Pre-Employment Checks & Mandatory Training	Peoples Services Recruitment team Medical Peoples Services team	Completed and verified application (Form 6b) is received by Locum Booker. Essential checks required: · GMC registration (log type of GMC & expiry date) · Check ESR data to verify employment information · Relevant statutory & mandatory training undertaken and in date on eUHL · Enhanced DBS clearance within the last 6 months within the date of issue. All records are kept by Peoples Services medical recruitment team and on ESR. · Check not on Special Applicants Register · Check if work visa applicable and in date.
	Peoples Services Recruitment team	Arrange mutually convenient time for Local induction to be completed with Locum Booker team (½ hour) or Complete temporary Induction checklist this must be signed by applicant and SB team member accepting paperwork Responsible for advertising and recruitment checks of locum doctors external to the Trust, and completion/verification of all employment checks.
	Locum Booker team	All statutory and mandatory training must be checked at this time, if out of date then unable to complete process until updated through their substantive role Responsible for managing training compliance with Bank only medical staff
Complete electronic Staff Bank record	ER team/ Peoples Services Recruitment team	Daily ESRGo report loads new starters into Staff Bank. ESRGo report provides GMC registration update, Visa/ Permit details (if applicable) and completed mandatory training within the last 12 months Peoples Services Recruitment team will update Corporate and Local Induction dates and Specialist areas/ skills/ knowledge applicable to work assignments
Induction	Peoples Services Recruitment team	All Trust substantive doctors are required to attend a Trust Induction. It is the responsibility of the locum doctor to ensure they have read the Trust Local Induction to Temporary Staff pack.

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Local Induction	JDA/Trust Locum Doctor Greeter/CMG specific	It is the responsibility of the locum doctor greeter (MSA for locums arriving during office hours) to check if the locum doctor has read and understood the TLITS pack. If the locum doctor has not read the TLITS pack, the greeter is required to provide a copy of the pack and ask the locum doctor to read the pack prior to commencing duty. If the doctor is new to the area or if it has been 12 weeks or more since their last local induction to the area then the orientation and local induction must be completed and recorded in the green Local induction log that is held in all areas of the Trust.
	JDA	All relevant IT access, ID badge, car park permit, bleeps that are required for the Locum must be arranged by the CMG to ensure strict compliance with access to information and security management. A pack must be left for the locum to collect with all of this information to collect upon arrival to the area. Consultants must have an induction completed and evidence returned to the Locum Booker team within 7 days of their start date.
Payment	Consultant /Senior Doctor/Manager	At the end of the shift timesheet(s) are to be signed by the most Senior doctor/Consultant/Manager present, who has been working with the locum doctor and can confirm the hours worked.
	Locum Booker	Will check the timesheet against the electronic record of booking for the area and authorised signatures obtained for the CMG, once completed the Locum Booker team will authorise the timesheet for payment.
Audit	Locum Booker team/ Staff Bank Support team	Periodic audits may also be conducted by the Trust's Internal and External Auditors. Local Induction audits will be completed quarterly across all staff groups but CMGs should have monthly processes inplace to assure this requirement is being met. Locum Booker team will audit Consultant inductions are completed by the CMG. Any audit discrepancies will highlighted in the area at the time of audit and findings sent to the appropriate CMG Lead/Peoples Services People partner and department Manager.

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Appendix 2b   Engaging Locum Medical Staff via a Locum Agency

Activity	Activity Undertaken by	Process
Recruitment & Selection	Agency/Locum Bookers	Doctors are recruited by Agencies and 6 monthly compliance checks are undertaken by the Locum Booker team. Approval packs
	JDAs/ /Duty Managers/ Consultants	CMG JDAs/Service managers/Duty Manager receive submitted CVs and request review and approval by minimum of Consultant grade in the service.
Request for a Locum Requirement	CMG/JDA	Place shift request on CMG 'blank Bank template' roster to include: · date/times of shift · grade of cover & specialty · Skills and experience required · Reason for request
	CMG Band 8 or above manager	Review actions taken to avoid agency escalation and if service essential approve escalation to agency on template roster
	Locum Booker team	Confirm agency authorisation and release shifts electronically to all approved medical supplier agencies
Pre-Employment Checks & Mandatory Training Requirements	Agency	For all Agency bookings it is essential that an Agency Worker checklist is completed by the agency and must be received at the time of booking and prior to commencement in the Trust. Compliance with training must be verified by agency. Agency must forward local induction information contained within the checklist to the worker in advance of their UHL start date.
	Locum Booker/Staff Bank	This form includes a section which confirms that the Agency has undertaken all pre-employment NHS Employment Check Standard Checks, including registration checks. All agency staff must be checked against the UHL Special Applicants Register. Locum Booker team will verify information against local and national databases/systems. All agency workers mandatory training components will be added to their system profile record

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In Hours Booking Process	Locum Bookers	Agency doctors can only be booked via the Locum Booker team once they have received confirmed CMG acceptance of an agency worker's CV with appropriate authorisation, which is via the CMG Senior Clinical Management team. The worker placement checklist must be received by the Trust prior to the agency worker commencing and must be emailed to the Locum Booker team at the earliest opportunity.
	CMG Management/ CMG HoOps & Deputies/ Clinical Directors & Deputies/ Executive team JDA teams	It is the responsibility of the CMG to ensure that they have robust internal processes in place for notifying any changes or amendments to rosters and communicating this between staff/locum/JDA. Where approval is required through the Locum Booker team to confirm a booking this must be put in writing to the team with all relevant authorisation and CMG forms explaining the background for a retrospective shift amendment.
	Locum Bookers	For locums that are being booked with 'break glass' rates these can only be agreed in line with the Agency Worker Escalation process (Appendix 4) with approved authorisation. Locums with pay rates above NHS England Agency Price caps can only be approved by the Chief Executive or delegated other executive. Confirmation of this approval will be needed before any booking can be confirmed and this is by forwarding the break glass form to Locum Bookers team and Agency Oversight mailbox.
	Locum Booker	JDAs/Operational Lead forwards the request for temporary agency staff to CMG management team for authorisation and this will then be displayed and worked upon by the Locum Booker team. If a shift is commencing within 24 hours then the Locum Booker team must be contacted to alert them to prioritise the shift.
Out of Hours Booking Process	Duty Managers	Duty Managers to follow the Locum Doctor Booking Process and inform the Locum Booker team of any requests that are made, by emailing this through to the Locum Booker email address so shifts can be managed through Staff Direct system.
	CMG Management/ JDA teams	It is the responsibility of the CMG to ensure that they have robust internal processes in place for notifying any changes or amendments to rosters out of hours and communicating this between staff/locum/JDA. Where approval is required through the Locum Booker team to confirm a booking this must be put in writing to the team with all relevant authorisation CMG forms explaining the background for a retrospective shift amendment.

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Locum Consultant Booking Process	Head of Service CMG Lead Clinician JDAs	Locum Consultants booked must have a Locum Consultant Checklist Appointment form initiated by the Head of Service or Medical Lead for the CMG. All fields must be completed and the original kept by the JDA for the service area with a copy of the local induction and a copy forwarded to the Locum Bookers office.
Induction	Agency/Locum Booker/Duty Manager	UHL Agency checklist has embedded documents for Induction purposes and agencies must email a copy of the Trust Local Induction for all Temporary Staff (TLITS) & Green Card to their locum staff prior to working at UHL
	Agency	It is the responsibility of the Agency to ensure the TLITS pack has been sent to the locum doctor.
	Locum Doctor	It is the responsibility of the locum doctor to ensure they have read the TLITS pack.
Local Induction	JDA	For locum doctors arriving during office hours It is the responsibility of the JDA to check if the locum doctor has read and understood the TLITS pack. If the locum doctor has not read the TLITS pack, the JDA is required to provide a copy of the pack and ask the locum doctor to read the pack prior to commencing duty. A copy of the local induction must be kept with all Locum Consultant checklists.
	Trust Locum Doctor Greeter	For locum doctors arriving outside of office hours it is the responsibility of the designated locum greeter to check if the locum doctor has read and understood the TLITS pack. If the locum doctor has not read the TLITS pack, the greeter is required to provide a copy of the pack and ask the locum doctor to read the pack prior to commencing duty. Local Induction recording must be completed as per process for internal Locums described in appendix 2a.
Payment	Service Consultant /Senior Doctor	At the end of the shift timesheet(s) are to be signed by the most Senior doctor/Consultant/Manager present, who has been working with the locum doctor and can verify the hours worked.
	Agency	Agency to send a copy of the timesheet(s) together with the invoice to Accounts Payable PO Box 189, LRI Trust Finance.
Audit	CMG Leads	The CMG Leads will carry out an audit on a quarterly basis to ensure the agency locum doctors have received and read the TLITS pack and also received a local induction at the start of the shift.

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Appendix 3a

UHL INTERNAL AHP Bank Staff

Activity	Activity Undertaken by	Process
Recruitment & Selection	Peoples Services Recruitment team	UHL Peoples Services Recruitment team administer the recruitment process for UHL Allied Health Professional Bank Workers. This is in accordance with the principles of the UHL NHS Trust's Recruitment and Selection Policy. Substantive post holders with the Trust can be nominated to join the UHL AHP Bank by their immediate manager.
	Agency	AHP's are recruited by Agencies.
Pre-Employment Checks & Mandatory Training Requirements	Peoples Services Recruitment team	Peoples Services Recruitment team carry out the pre-employment checks for all AHP bank posts in line with the UHL recruitment and selection policy. For the recruitment to the AHP Staff Bank, the principles of the UHL NHS Trust Professional Registration Checks Policy are followed.
	Local manager in the CMG	Ongoing professional registration checks for bank only staff are the responsibility of the local manager in the CMG.
	Local manager in the CMG	Mandatory training for AHP bank only staff is the responsibility of the local manager in the CMG.
Daytime Temporary Booking Process	Local manager in the CMG	Local managers in the CMG may book bank staff, with appropriate senior level authorisation.

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Induction	Peoples Services Recruitment team	All AHP Bank only staff are required to attend a Corporate Trust Induction.
	Local manager in the CMG	It is the responsibility of the local manager in the CMG to provide the AHP Bank Staff member with the TLITS pack and ask them to read the pack prior to commencing duty.
	AHP Bank staff member	It is the responsibility of the AHP Bank Staff member to ensure they have read the TLITS pack.
Local Induction	CMG Local Manager	The AHP Bank Staff member must be greeted the local manager in the CMG, completes and signs the local induction checklist. The local induction does not need to be repeated for AHP Bank Staff where they have worked in the area within the last 12 months, or if they also hold a substantive post in that area.
Payment	Senior Person on Duty	At the end of the shift timesheet(s) are to be signed by the most senior person on duty present, who has been working with the AHP bank staff member.
	CMG Local Manager	The CMG Local Manager will check the timesheet and obtain authorisation from the CMG Lead manager for payment.
Audit	CMG Local Manager	The CMG Local Manager will carry out random spot checks to ensure that the policy is being followed.

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Appendix 3b

Engaging AHP Agency Staff

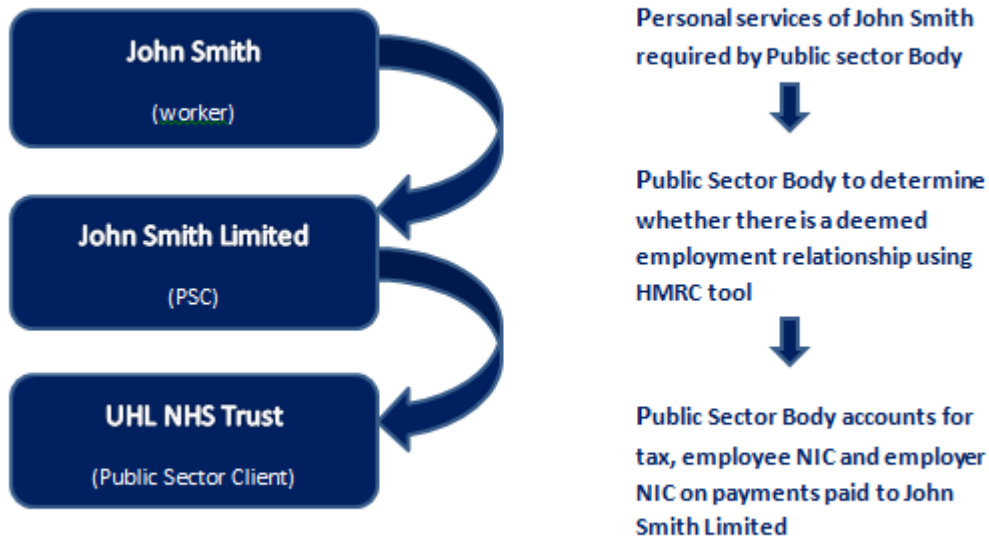| Activity	Activity Undertaken by	Process
Recruitment & Selection	Agency	AHP's are recruited by Agencies.
Pre-Employment Checks & Mandatory Training Requirements	Agency CMG Local Manager (booking)	Agencies carry out the pre-employment checks and that the AHP has completed the relevant mandatory training. The agency provides confirmation of that have been carried out by completing Section 3 of the Agency Temporary Staff Booking Form and provide documentary evidence of all the checks. Ensures that Section 3 of the Agency Temporary Staff Booking Form has been completed and all the documents provided are in date before booking the AHP Agency Staff.
Temporary Booking Process	CMG Local Manager / Duty Manager	Agency AHP Staff can only be booked via the CMG local manager / Duty Managers once appropriate authorisation has been received, which is via the Director, Manager or CMG Head of Nursing. Check not on Special Applicants Register Buying Solution framework agencies must be used where ever possible. The Agency Temporary Staff Booking Form must be completed. The worker placement checklist must be received by the Trust prior to the agency worker commencing. Where possible the STAFFflow process must be followed for all bookings.

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Induction	CMG Local Manager (booking)/Duty Manager	It is the responsibility of the CMG Local Manager (booking) / Duty Manager to ensure that they email a copy of the TLITS & Green Card to the Agency when making a booking together with section 1 & 2 of the Agency Temporary Staff Booking Form, providing the agency staff reporting instructions when commencing duty.
	Agency	It is the responsibility of the Agency to ensure the TLITS pack and Green Card has been sent to the AHP Agency staff.
	AHP Agency Staff	It is the responsibility of the AHP Agency Staff to ensure they have read the TLITS pack.
	CMG Local Manager	It is the responsibility of the CMG Local Manager (booking) to check if the AHP Agency Staff member has read and understood the TLIT pack and green card. If the AHP Agency Staff member has not read the TLIT pack & green card, the CMG Local Manager (booking) is required to provide a copy of the pack and green card and ask the AHP Agency Staff member to read the pack prior to commencing duty.
		Agency Staff are required to read the TLITS on an **annual** basis when working at the Trust. It is the agency staff responsibility to read this pack prior to commencing duty. It will take 10 minutes to read and understand the information contained within the pack.
Local Induction	CMG Local Manager	The AHP Agency Staff member is greeted by a named CMG Local Manager (booking), to provide a local induction, completes and signs the local induction checklist. This record will be held locally.
Payment	Senior Person on Duty	At the end of the shift timesheet(s) are to be signed by the most senior person on duty present, who has been working with the AHP bank staff member.
	CMG Local Manager / Lead Manager	The CMG Local Manager will check the timesheet and obtain authorisation from the CMG Lead manager for payment.
	Agency	Agency to send a copy of the timesheet(s) together with the invoice to Trust Finance
	Finance	Finance forwards invoice and timesheet to named CMG local manager for confirmation of shift being worked before making a payment.
Audit	CMG Local Manager	The CMG Local Manager will carry out random audit checks to ensure that the policy is being followed.

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Appendix 4: Agency escalation

Agency Worker Break Glass Rates Escalation Process

University Hospitals of Leicester NHS

Before requesting agency workers, please ensure that local Senior management teams review staff shortages & planned increase in service using Safe Care & local intelligence on acuity & dependency, review that staff on non-clinical & training commitments have been utilised, options for cross cover CMG support have been reviewed and that the request has been sent out for Bank staff cover first

Additional support not found and escalation to agency required for safety

Action by Band 8b or above: Approve escalation of shifts to agency on electronic roster

Action by Bank team: Engage with agencies to cover available shifts and confirm booking and rates

Current UHL Agency Rate card	DAY	NIGHT/ SAT	SUNDAY /BH
HCA	£15.01	£21.49	£27.57
GENERAL	£35.00	£36.00	£38.00
CRITICAL	£40.00	£43.00	£45.00

*Non Agency Approval form will need to be completed and forward to Staff Bank (UHLagency@uhl-tr.nhs.uk) & also Agency Oversight team AgencyOversight@uhl-tr.nhs.uk

If shift remains unfilled & is a safety critical gap, then Head of Department or Tactical Lead identifies specific shifts to offer at break glass to agencies.

No more than 3 days in advance for approved areas or 24 hours for areas that do not use agency routinely

Escalation to agency at break glass rates required due to patient safety

Action by Band 8b or above: Complete Agency Break Glass request form fully with CMG and forward to relevant Exec team lead for review and approval

Action by Bank team: Engage with agencies to cover potential break glass shifts whilst awaiting Exec approval to ensure lowest negotiated rate is applied and confirm booking and negotiate lowest break glass rates

Executive Approval for escalation to agency at break glass rates

Action by Executive team: Review Agency Break Glass request form & confirm if agreement is provided to the CMG management team

Action by Band 8b or above: If Agency Break Glass request form is authorised, forward to Staff Bank (UHLagency@uhl-tr.nhs.uk) & also Agency Oversight team AgencyOversight@uhl-tr.nhs.uk

Action by Bank team: Engage with agencies and confirm booking and negotiated break glass rates on system

No more than 24 hours in advance

Non-Medical Price Caps 24/25:

Band	Shift type	Price cap
2	Day	£15.88
	Night / Saturday	£22.19
	Sunday / Bank Holiday	£28.74
3	Day	£16.61
	Night / Saturday	£22.46
	Sunday / Bank Holiday	£28.33
4	Day	£18.98
	Night / Saturday	£24.68
	Sunday / Bank Holiday	£30.37
5	Day	£24.06
	Night / Saturday	£31.29
	Sunday / Bank Holiday	£38.51
6	Day	£29.78
	Night / Saturday	£38.71
	Sunday / Bank Holiday	£47.65
7	Day	£34.98
	Night / Saturday	£45.47
	Sunday / Bank Holiday	£55.97
8a	Day	£40.60
	Night / Saturday	£52.79
	Sunday / Bank Holiday	£64.96

Medical Price Caps 24/25:

Grade	Shift type	Price cap
Foundation year 1	Core	£21.43
	Unsocial	£25.90
Foundation year 2	Core	£26.59
	Unsocial	£32.12
Registrar (ST1-2)/ Core medical training	Core	£30.15
	Unsocial	£36.43
Registrar (ST3+)	Core	£37.59
	Unsocial	£45.41
Dental core training	Core	£37.18
	Unsocial	£44.93
Specialty doctor / staff grade	Core	£55.32
	Unsocial	£73.75
Associate specialist	Core	£68.45
	Unsocial	£91.27
Consultant	Core	£80.61
	Unsocial	£107.47

Break glass rates recorded in Bank Staff system and reported to NHS England as part of monthly Trust report

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Appendix 5: IR35 Rules

New IR35 rules applied for a Personal Services Company (PSC)

John Smith
(worker)

John Smith Limited
(PSC)

UHL NHS Trust
(Public Sector Client)

Personal services of John Smith required by Public sector Body

⬇

Public Sector Body to determine whether there is a deemed employment relationship using HMRC tool

⬇

Public Sector Body accounts for tax, employee NIC and employer NIC on payments paid to John Smith Limited

New IR35 rules applied for a Personal Services Company (PSC) provided through an agency or third party

John Smith
(worker)

John Smith Limited
(PSC)

Agency
(Engager)

UHL NHS Trust
(Public Sector Client)

Personal services of John Smith provided to Public Sector client via an agency

⬇

Public Sector Client determines whether there is a deemed employment relationship

The agency accounts for tax, employee NIC and employer NIC on payments paid to John Smith Limited

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