Temporary Staffing Policy

(H32)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity and Inclusion team on 01803 656607.

Document Information

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1.0 Policy Statement

1.1 To respond to staff shortages, increased demand or when long term sick leave or maternity leave cannot be covered, the Trust may need to secure temporary staff to cover key roles or functions in order to maintain service provision.

1.2 When temporary staff are used, the Trust must have systems and controls in place to ensure that the temporary staff used are competent to undertake the role, have had clearances in line with the NHS Employment Check Standards, are funded from within the existing staff budgets and rates paid are in line with NHS agency caps.

1.3 The Trust will only engage with approved temporary staffing agencies that are on an approved NHS Framework. These agencies have been appointed via an NHS procurement process and can demonstrate compliance with the NHS Employment Check Standards. Rates of pay will have been agreed in advance to ensure value for money and compliance with NHS agency rate caps. These agencies are monitored by Framework operators to ensure on-going compliance. If in exceptional circumstances the Trust needs to engage with an agency not on an approved Framework or at rates outside the NHS agency rate cap, this must be approved by an Executive Director of the Trust.

1.4 When temporary staff are appointed to work for, or on behalf of the Trust, assurance is required that these workers have been appropriately recruited and have received local induction so that patients and colleagues receive the same levels of care and service that is expected from substantive employees. This policy describes the Trust's processes and controls for providing this assurance.

2.0 Introduction

2.1 This policy aims to support the Integrated Care Organisation's New Model of Care through the effective deployment of its temporary workforce, ensuring the Trust is staffed to effectively deliver high-quality, patient-centred care.

2.2 The policy is intended to:

- Support the organisation to minimise agency and temporary staffing costs
- Ensure effective management of temporary, agency and consultancy staff
- Improve monitoring systems
- Ensure that the health, safety and welfare of service users is not compromised by ensuring appropriate pre-engagement safeguarding checks (e.g. DBS, ID checks)

3.0 Scope

3.1 This policy applies to the management of all temporary, agency and locum/bank Workers engaged by the Trust, including substantive staff who have a bank contract.

3.2 This policy does not apply to self-employed contractors or companies. Where a Trust wishes to engage the services of a self-employed individual or a company they must refer to 'Guide to the Engagement of Workers - IR35 Taxation Rules – Guidance for Managers.

3.3 Trust employed staff who hold secondary contracts with an employment agency will never be permitted to work agency shifts at the Trust. Trust employed staff that leave the Trust will not be permitted to work back at the Trust via an agency for a period of 12 months from termination.

4.0 Purpose

4.1 The aim of this policy is to provide clear guidance to managers, bank workers and the clinical when bank workers / agency workers are used within the Trust.

4.2 This policy applies to all bank workers (excluding staff employed on fixed term contracts and temporary/locum medical staff) across the Trust, and substantive staff who are also registered on the bank.

4.3 Consideration should be given to viable alternative options before bank workers are engaged.

4.4 The policy is intended to:

- Minimise agency and temporary staffing costs ensuring value for money and compliance with the guidance on the use of agency staff
- Improve monitoring systems/governance processes
- Ensure that the health, safety and welfare of people who use our services is not compromised by ensuring appropriate pre-engagement safeguarding checks (such as Disclosure and Barring Service (DBS) & Identity checks) are completed before joining the bank
- Ensure that the Trust is compliant with current employment law

4.5 This policy should be read in conjunction with the Trust's (H12) Recruitment and Selection Policy and other employment related policies.

5.0 Definitions

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

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

5.3 **Disclosure and Barring Service (DBS)** – The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

5.4 **Temporary Staffing team** – the department responsible for coordinating the demand and supply of bank workers to clinical/service areas.

5.5 **Assignment** – means the individual shift or series of shifts during which bank workers are engaged by the Trust to carry out work.

5.6 Bank workers registration– The agreement between the Trust and bank workers under which the Trust does not guarantee bank workers a fixed number of hours work per week or month and that work, if offered is on "an as and when required" basis.

6.0 Diversity and Inclusion Statement

6.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the

Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

6.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

7.0 Conditions of Engagement

7.1 Temporary staff should only be engaged as a last resort after considering other staffing alternatives. Temporary staff should never be used as an ongoing staffing solution.

7.2 Temporary staff should not automatically be booked to cover annual leave, short-term sick leave or study leave. This leave should be managed to ensure adequate cover from existing staff.

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

- Review rosters, including considering flexible working options to enable existing staff to cover the shifts and offering additional work to part-time staff
- Consider whether the work can be reallocated/delayed
- Offer additional hours and time off in lieu to full-time staff without compromising working time regulations
- If in exceptional circumstances a member of staff is offered Premium Payment (see local agreement), Associate Director of Nursing (ADN) or Executive Director approval must first be obtained.

7.4 When replacement hours are required, consideration must be given to:

- Which band of staff is needed for the cover?
- If there is a vacant slot, do the hours need to be provided at the same band?
- Do all of the vacant hours need to be filled?
- Will the budget cover the costs?
- Has senior manager approval been sought where the budget will not cover the replacement costs?

8.0 Roles and Responsibilities

8.1 This policy applies to all employees of the Trust, students, workers, and all volunteers and persons working under the terms of an honorary contract. External contractors, subcontractors, agencies, temporary staff or third parties are responsible for adhering to the principles outlined within this policy.

8.2 **Ward/ Department/ Managers/Service Leads/Line Managers**

It is the responsibility of the Ward/ Department/ Service Provider to:

- Have in place robust staffing plans, to minimise the requirement for temporary staffing
- Producing staff rosters at least six weeks in advance
- Commence the recruitment process to fill vacant permanent or temporary posts at the

earliest possible time to minimise the period a post is vacant. Vacancy approval requests should be initiated as soon as an employee hands in their notice

- Place all temporary staffing requests via Health Roster wherever possible. Where this is not possible, requests must be made to the Temporary Staffing team, using the appropriate request form, confirming the name of the person requesting and the reason for the request. The direct booking of temporary staff is not permitted.
- Provide a reason for the request, including:
  - a vacant post (funded) and work cannot be covered from within existing workforce
  - the service or patient is at risk or targets for delivery are compromised
  - an unexpected increase in the volume of work (i.e. due to a flu crisis or heat-wave)
  - adverse effects on the health and safety of staff
- Ensure appropriate approvals have been gained prior to making a booking i.e. matrons, management team, ADN's, Executive Directors
- Undertake further local investigation where the Temporary Staffing team are unable to identify suitable cover. In this circumstance, the shift/ placement will be returned to the area. Where cover cannot be identified, further approval must be sought if agency cover is required
- Monitor the performance of temporary staff and deal with concerns appropriately in line with substantive staff. Advise the Temporary Staffing Manager of any relevant issues to be recorded on the individual's personal file
- Datix any incidents concerning bank or agency workers and manage the investigation in your area and ensure the Temporary Staffing Manager is aware of the incident
- Verify and authorise timesheets in line with Agency/ Trust protocols
- Ensure Temporary Staffing are informed of any last-minute changes of booked staff
- Orientate and support new temporary staff to complete their competencies and Care Certificate (where applicable). Observe and sign off performance in accordance with the desired standards
- Are responsible for overseeing the dissemination and implementation of this policy across services at any time
- Must ensure that they DO NOT book agency workers directly to undertake work. All bookings should be made via the Temporary Staffing team. Finance will be reporting all payments for agency use to the Temporary Staffing Manager to ensure has gone through our emp Staffing systems
- Ensure plans are in place to reduce the need for temporary workers i.e. workforce plans, robust annual leave and absence management systems in place
- Ensure any temporary/bank/agency workers receive a local induction and signed off copies of local induction programmes to be sent to the Temporary Staffing team
- Support the Temporary Staffing/Recruitment team in the interviewing of bank workers
- Ensure bank workers have rest breaks and/or compensatory rest breaks in line with the European Working Time Regulations
- Monitor the performance of temporary workers and deal with concerns appropriately via arranged supervision sessions in line with the Trust Supervision Policy
- Ensure appropriate approvals have been gained prior to making a booking for bank and agency workers
- Verify and authorise all worked shifts in line with Trust protocols, this will be managed via the Allocate or TempRE systems
- In the event of a shift being double booked, managers should inform the Temporary Staffing team as soon as possible where this has happened. This will allow unutilised workers to be allocated to other areas of need. This should effectively be a never event, in the case of staff refusing to work elsewhere when double booked then they should be sent home
- Ensure the Leavers Procedure is appropriately managed, ensuring equipment including keys and ID are returned, exit report completed (if appropriate) and IT accesses are revoked

- Ensure bank workers do not have an assignment for more than 12 weeks. If it looks like a worker may be needed for an extended period then manager should seek advice from the Temporary Staffing team about Fixed Term Contracts

8.3 Temporary Staffing Team

The Temporary Staffing Team will:

- Ensure all requests are dealt with in line with the appropriate authorisation processes
- Ensure all temporary staff have the necessary mandatory training
- Undertake a review of bank workers, three months into the role to ensure all relevant competencies have been achieved and where appropriate the Care Certificate completed
- Liaise with the department/agency when the performance of a temporary staff member is unsatisfactory or concerns have been raised
- Work to identify suitable cover for shifts entered onto Allocate Health/Bank Roster up to a period of six weeks in advance. They will, where time allows, RTW (Return to Ward) any shifts that cannot be filled with 24 hours' notice prior to commencement of shift. Less than 24 hours' notice will be RTW as soon as practically possible if unable to be filled
- Once relevant authorisation has been sought, Temporary Staffing will contact framework agencies to identify cover where temporary staff are unavailable
- Communicate regularly and effectively with the ward/ department and liaise details of temporary and agency staff allocated for duty
- Provide advice and guidance to managers on the implementation of this policy
- Receive and process requests for assignment coverage
- Ensure all workers have the necessary checks completed to ensure compliance with the Recruitment and Selection Policy
- Ensure shifts on the Allocate system are processed in a timely way to enable workers to receive payment in line with published payment schedules
- Ensure that bank workers receive the appropriate training to carry out duties
- Ensure that bank workers do not breach the maximum hours that can be worked under the European Working Time Directive (EWTD)
- Submit a weekly/monthly report to the detailing the reasons as to why bank/agency workers have been used
- Will take appropriate action if any professional registration is out of date including suspension of the bank posting
- Will be the central point of contact for any matters relating to the provision of bank workers
- User manager for making referrals to the disclosure and barring service, and/or professional bodies if criteria for referrals is met

8.4 Bank Agency Worker

The Bank/Agency Worker has a responsibility to:

- Responsible for reporting for duty on time and prepared for work in line with the agreed booking arrangements
- Adhere to all Trust Policy and Procedures (made available through ICON)
- Submit completed time sheets within appropriate timescales
- Notify Temporary Staffing of their availability for work and if that availability changes
- Attend a shift once allocated and a reference has been received. Must not change shifts without informing the Temporary staffing team giving at least 24 hours' notice where possible. This will be treated as a cancellation

- Bank/Agency Workers are not allowed to book or accept bookings for shifts made directly with wards/departments
- Bank/Agency workers can be moved at any point throughout the shift to attend an area/ward where the clinical need is deemed greatest
- Be prepared for flexible working in all areas of the Trust
- Comply with all requests from Temporary Staffing team for information and submit information relating to employment checks in a timely way
- Advise the Temporary Staffing team of any other paid employment and the hours worked to ensure the EWTD regulations are not breached
- Contact the Temporary Staffing team as soon as possible before the period for duty if they are unable to work with 24 hours minimum notice period when possible (cancellation policy/con of reg)
- Ensure they understand the conditions of registration for bank workers; seek clarification of any points not understood; sign and return the document to the Temporary Staffing team prior to undertaking an assignment
- Ensure their professional registration is up to date and comply with their relevant professional code of conduct
- Ensure they attend all statutory and mandatory training relevant to the role as set out in the Bank Workers conditions of registration
- Ensure they comply with all policies of the Trust during their assignment

8.5 Substantive Employees with a Bank contract

Substantive employees with a Bank contract are responsible for:

- Discussing with their line manager if they are intending to undertake the additional work with the Bank prior to completing the process. This will allow discussion of suitability of additional work and provide the opportunity to take account of any concerns within the substantive work environment
- Ensuring that they manage their total worked hours and should aim to keep this within the recommended working time directive limit of an average of 48 hours per week. Individuals who choose to work more than an average of 48 hours a week must sign an ‘opt out’ agreement and must take personal responsibility for ensuring they are well and safe to be at work
- If an employee is under formal review in accordance with the Sickness Absence Management policy, managers have the right to stop the employee undertaking overtime or bank work during the period of the review if it is thought it may adversely affect improvement in attendance levels. Bank shifts may also not be permitted during periods of a phased return. This will be for the period that the worker is under formal review
- Employees are not permitted to undertake work for the Trust via an agency in any capacity

8.6 System Director of Nursing and Professional Practice

- Will be responsible for ensuring this policy is applied fairly and consistently across the Trust
- Will advise the Trust Board on the effectiveness of this policy
- Provide approval to use specialist agencies for specialist roles
- Provide approval to use non-framework agencies

8.7 Head of Nursing Workforce and ADNPP’s

- Will be the lead of matters to professional registration, disclosure and barring service reviews and due process regarding performance, competence and professional

conduct in collaboration with the Temporary Staffing Team
- Provide approval for all requests for temporary nursing workers
- Can authorise up to (Tier 3) shifts. In working hours non-framework agencies shift requests to be approved by the System Director and Out of Hours by Director on Call

8.8 **On Call Director**

- To approve the use of non-framework agencies out of hours

8.9 **Executive Director**

The Executive Director will:
- Provide approval to use specialist agencies for consultancy or specialist roles
- Provide approval to use non-framework agencies (where no other alternative can be identified)

9.0 Rostering and Temporary Staffing Request Process

9.1 All requests for Temporary and Agency Staff must be made via the Temporary Staffing Department.
- Requests must be made via Allocate Health or Bank Roster, or TempRE wherever possible
- Where this is not possible, requests should be made to Temporary Staffing on 01803 653348
- Temporary admin requests must follow the relevant authorisation and booking procedure and submitted to the Temporary Staffing team leader or manager for approval
- Temporary and agency clinical (non-locum) requests should follow the rostering and temporary staffing authorisation flowchart
- If the requirement is for longer than 12 weeks, under Agency Workers Directive (AWD) guidelines, the worker must have a break of one week
- All requests for Medical Locums should be made via Medical HR on 01803 656673. The Medical Director will approve any cover for Medical Locums. These will be subject to submittal via TempRE computer system (see medical locum process protocol/ policy)

10.0 Process of Utilisation of Bank Workers

10.1 Bank workers should only be engaged as a last resort after considering other staffing Alternatives. Temporary workers should never be used as an ongoing staffing solution. All requests for bank workers should be affordable within the funded establishment.

10.2 On no account should bank workers be assigned to one area for a period for more than 12 continuous weeks. Advice should be sought from the Temporary Staffing Manager as to how undertake short term fixed contract if there is a continuing vacancy i.e. maternity leave and long-term sickness.

10.3 Temporary workers should not automatically be booked to cover annual leave, short term sick leave or study leave. This leave should be managed to ensure adequate cover from existing staff unless there is a vacancy factor to be considered.

10.4 Further alternative methods of filling staffing needs could include:

- Secondment

- Re-working procedures or processes to save time and staffing needs
- Utilisation of staff from other areas within the clinical services on a temporary basis
- Job share or role splitting
- Fixed term contracts

10.5 There should be a justifiable service reason for requesting a bank worker which includes:

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

10.6 Prior to deciding whether there is a need to book a bank member worker, individual managers should:

- Review rosters, including considering flexible working options to enable existing staff to cover the shifts and offering additional work to part-time staff (at standard hourly rate)
- Consider whether the work can be reallocated/delayed
- Offer additional hours and time off in lieu to full-time staff without compromising working time regulations

10.7 All requests for Bank workers must be completed via Healthroster. All requests must have a booking reason.

10.8 Once the booking is received the Temporary Staffing Team will look to see if there are any internal workers available/suitable. Bank workers are able to book themselves into shifts via the in-house system or contacting temporary staffing team. Health roster must be checked by the manager to ensure the request is filled.

10.9 Substantive staff with bank contracts should note that all substantive contracted hours should be worked before a bank shift is accepted. If substantive hours are owed to the Trust then the bank shift time frame should be reduced to allow the working of the owed contracted hours.

10.10 If a post is advertised the recruitment will follow the Recruitment and Selection Policy of the Trust and all pre-employment checks will be undertaken in line with this policy.

11.0 Cancellations

11.1 Cancellations by Bank Worker

- Cancellation of a booked shift by a temporary staff member is not permitted
- Where cancellation is not avoidable, Temporary Staffing must be informed at the earliest possible opportunity
- Three cancellations or more in a three-month period will trigger an absence review with the Temporary Staffing Manager
- Any DNA (Did Not Attend) shifts will not be tolerated. Temporary Staff will be required to attend an absence review meeting at the earliest possible opportunity. Non-attendance could lead to termination of service

11.2 **Cancellations by Ward/Department**

- Cancellations on an unfilled shift should be brought to the attention of Temporary Staffing at the earliest convenience
- Cancellation of an allocated shift should be avoided wherever possible
- Where cancellation of an allocated shift is unavoidable, Temporary Staffing must be alerted at the earliest possible opportunity
- If the bank worker arrives for duty and is not required then payment equivalent of 2hrs work can be clamed of inconvenience

12.0 Management of Bank Workers

12.1 All bank workers within the Trust receive an induction that is appropriate to their role. For Clinical staff this includes ward-based orientation, and Care Certificate training. Information about local policies and procedures should be highlighted to first time workers by individual areas.

12.2 Bank workers must complete all refresher mandatory training in accordance with substantive staff. This will be monitored by the Temporary Staffing Manager and team.

12.3 Whilst on duty, bank workers are the responsibility of the ward/ department. Any concerns relating to behaviour or performance should initially be dealt with locally and immediately. The Temporary Staffing Manager should be informed to monitor and record performance. Issues relating to clinical competence should be referred to the Safe Staffing and Nursing Recruitment Lead for full investigation.

12.4 Whilst an active worker within the organisation, bank workers are permitted to apply for internal vacancies.

12.5 Request for training and development opportunities should be discussed with the Temporary Staffing Team Leader or Manager in the first instance.

12.6 It is essential that all temporary workers within the Trust receive an induction that is appropriate to their role and planned length of engagement for each team they work with. This should include an orientation, information about local policies procedures and introductions to relevant colleagues. Copies of the completed induction form to be sent to the Temporary Staffing team.

12.7 The Trust will provide Mandatory Training, annual online training and practical training sessions (where applicable).

12.8 Local managers are expected to plan what functions are to be undertaken and monitor temporary staff performance while at the Trust.

12.9 Managers should raise concerns with regard to performance of any bank worker to the Temporary Staffing team and the People Hub Helpdesk, where matters cannot be resolved or are of sufficient seriousness to potentially prevent future use. Managers have a responsibility and duty of care to ensure that concerns are raised and addressed where appropriate. It is not sufficient just to release an unsatisfactory worker without explanation.

12.10 Where concerns are raised with a Bank worker and it has not been resolved locally the relevant manager should complete a Datix.

12.11 Where a Bank worker may be in contravention of a Trust Policy or Procedure and it has

not been resolved locally the relevant manager should report the incident via the Referral Management Service (RMS) then contact the Matrons and ADNPP's for support with relevant policy interpretation and guidance whether an investigation is required. The local manager will be responsible for liaising with the Temporary Staffing Team.

12.12 Where a staff member has a substantive role and a Bank role and they are subject to formal or informal Trust procedures in one or more of their roles, it may be appropriate for action to be considered in both the substantive role and Bank role; for example, in disciplinary and safeguarding investigations. Where a staff member is suspended from their substantive role their Bank shifts will also need to be reviewed and cancelled where appropriate pending the outcome of any investigation and conclusion. The local manager should seek advice from HR People Hub and liaise with the Temporary Staffing Team.

12.13 Where the Trust has reason to believe that Professional or other Codes of Conduct have been breached, this will be reported to the relevant professional or other body by the line manager, with support and advice from the Operational Workforce Lead and the Temporary Staffing team.

12.14 In cases where there is concern that the practitioner may be a danger to patients, the Trust has an obligation to inform such other organisations including the private sector, of any restriction on practice or exclusion and provide a summary of the reasons for it. The line manager must inform the Temporary Staffing Team who will contact the professional regulatory body and the Chief Nurse as appropriate who will escalate appropriately to consider the issue of an Alert Letter.

12.15 Alert Letters ensure that NHS bodies are made aware of staff who pose a risk to patients or other staff because their conduct seriously compromises patients' safety and/or quality. They are intended to cover those situations where an NHS employer considers that a member of their health care staff may pose a threat to patients and may be working or seeking work elsewhere in a health or social care setting.

12.16 Team managers of staff with substantive and bank contracts should be aware of the current status of staff contracted hours owed to the Trust and the bank bookings that are being requested. Contracted hours owed to the Trust should be worked by staff with bank contracts first, with an option for bank working once the contracted hours are worked.

12.17 The leaving process for bank workers must be appropriately managed, including ensuring the return of equipment e.g. Laptops, diaries, mobile phones, ID badge, keys etc. and the preparation of closing down of all systems.

13.0 Bank Worker Registration

13.1 Bank workers will be engaged on a Bank Worker Agreement. This Agreement is not a contract of employment and does not confer any employment rights for bank workers. It does not create any obligation on the Trust to provide work, nor does it make any promise or guarantee of a minimum level of work.

13.2 Thus, there is no mutuality of obligation between the Trust and a bank worker at any time.

13.3 The bank worker agreement will set out the following terms of engagement

- Induction
- IT, Information Governance, Data protection and Confidentiality

- Rates of pay and banding
- Annual leave
- Sickness/ Cancellations
- Maternity Procedure
- Mandatory Training
- Development reviews/appraisals
- Other Employment
- NHS Pension Scheme
- Other statutory leave
- Termination of agreement
- Training and development
- Professional Registration
- European Working Time Directive
- Conduct matters
- Membership of a Trade Union
- Variation of terms of engagement

14.0 Temporary Agency Workers

14.1 The introduction of the Agency Workers Regulations allows equal treatment to apply after an agency worker has been working from day 1 of a 12 weeks qualifying period. This means they must receive the treatment equal to those of substantive employees, for example equal access to training opportunities and notice of permanent vacancies i.e. via the intranet. The Trust is under no obligation to recruit agency workers to permanent vacancies.

15.0 Consultancy and Specialist Temporary Staff

15.1 Where departments or managers require a worker with specialist skills, at an Agenda for Change Band 7 or above, external agencies may need to be employed to find an appropriate individual. It is vital to the Trust that managers work in accordance with the agreed agency framework when engaging these staff.

15.2 Executive Director 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 a job description and job evaluation to be undertaken in order to establish the correct pay band.

15.3 Managers must not agree and sign off terms of contract with an agency without obtaining advice from HR and Procurement. Managers must be aware that there are often associated administration charges and introduction fees from agencies should a temporary member of staff be offered a permanent position.

15.4 The Trust reserves the right to select an appropriate preferred agency from the framework; this will be the only agency from which managers can obtain temporary staff.

16.0 Personal Services Companies and Direct Engagement with Individuals

16.1 In extreme circumstances it may be necessary to engage with an individual directly or through a Personal Services Company.

16.2 In order to ensure compliance with HMRC regulations please refer to the Guidance for Managers – Personal Services Companies and Direct Engagement with Individuals.

17.0 Complaints

17.1 Should a ward/ department be concerned about a bank or agency worker; a discussion should be had with the individual at the time in the first instance and the Temporary Staffing Manager informed.

17.2 Any action for an unsatisfactory bank worker will be managed by the Temporary Staffing Manager in the first instance. Depending on the nature of the incident, a representative from the ward/ department may be involved.

17.3 If the ward/ department has concerns regarding the provision of services, the Temporary Staffing Manager should be informed in the first instance.

17.4 If there is a complaint from a patient or visitor about a temporary member of staff, this must be reported and handled in accordance with the Trust's Complaints Procedure.

18.0 Training and Awareness

18.1 Advice and support will be provided by the Temporary Staffing team to support staff and managers in adhering to this policy and their understanding of dealing with temporary and agency staff.

18.2 The Temporary Staffing team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

18.3. All staff involved in the Recruitment and Selection of staff should attend the Trust's Recruitment and Selection Training.

18.4. All staff involved in the booking of bank staff must be made aware of this policy.

18.5. All training courses due to be completed will be listed within the Trusts online learning programme. These courses are relevant to the staff grade and will differ dependent upon job role, qualifications and due to specific areas of work.

19.0 Monitoring

19.1 Management information concerning use of temporary staff will be supplied by managers as requested. The information supplied will be used to monitor individual departmental use of temporary staff.

19.2. Managers should review assignments on an on-going basis. This review should address:

- The continuing need for the work
- Whether alternatives have now become available that can be considered
- The standard of work performance
- Progress against agreed targets and requirements
- The expenditure incurred
- Patient and staff safety

20.0 Distribution

20.1 This policy document will be made available to staff via ICON, the Trust Website and signposted in the Staff Bulletin.

20.2 Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

21.0 References & Associated Documentation

Recruitment and Selection Policy (H12)

22.0 Monitoring, Audit and Review Procedures

This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Resource Team unless legislative changes determine otherwise.

Appendix 1

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☐	Disability	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Gender	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender Reassignment	Yes ☐ No☐	Pregnancy/ Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☐ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☐ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

To facilitate a standardized approach to policy documents across the Trust

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Any issues Please contact Diversity & Inclusion Lead
Sanita Simadree on sanita.soni@nhs.net

[1] Consider any additional needs of carers/ parents/ advocates etc., in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Appendix 2

ROSTERING & TEMPORARY STAFFING AUTHORISATION FLOWCHART

Shift Gap Identified at Roster Production

Ward/Nursing Roster completed by Manager

RGN UNFILLED SHIFTS offered to RGN AfC overtime rate* (including part-time staff and Bands 6&7) substantive staff at

HCA UNFILLED SHIFTS

Shift filled?

YE

ROSTER UPDATED

NO

Completed Roster submitted and signed off by Matron (Copy retained for audit purposes)

Bank shifts requested via HealthRoster

Shift filled?

YE

Temporary Staffing inform Ward/Team

ROSTER UPDATED

NO

OVERTIME RATES EXAMPLE:
(Based on top of scale)
***Band 5** basic hourly rate: £16.13*
***Band 5** overtime hourly rate: £20.97*
Unsocial hour payments will be paid in addition, as appropriate.

Shift Gap at 14 days before shift start time or short notice shifts (<12hours before shift start time)

Temporary Staffing return shift to Ward/Team

Ward/Team Manager/Nurse in Charge review the roster with the Matron

Ward/Team Manager offer shifts to substantive RGNs/HCAs on AfC overtime rates

Shift filled?

YE

Ward/Team Manager notify Temporary Staffing

ROSTER UPDATED

NO

Matron to contact ADNPP to discuss Divisional solutions and ensure all alternative solutions have been explored*

Shift filled by moving substantive staff?

YE

ROSTER UPDATED

NO

Shift filled by Temporary Staffing?

YE

ROSTER UPDATED

NO

*Consideration of the following MUST be explored:

- Patient acuity
- Dependency
- Operational/status of service
- Hospital/other ward staffing
- Substitution of RGN shift for HCA shift
- Can empty beds be protected to reduce staffing level required
- Potential of any area of reduced occupancy to source staff

REGISTERED NURSE SHIFTS ONLY
CONSIDERATION OF AGENCY COVER

TIER 1# AGENCY APPROVAL
ADNPP OR System Directors OR Exec on Call OR Clinical Site Managers to contact Temporary Staffing to book agency shifts

Shift filled by Tier 1 Agency

YE

ROSTER UPDATED

NO

TIER 2## AGENCY APPROVAL
ADNPP OR System Directors OR Exec on Call OR Clinical Site Managers to contact Temporary Staffing to book agency shifts

Shift filled

YE

ROSTER UPDATED

NO

TIER 3### Agency Approval
System Director or Exec approval only at tier 3. From 01/09/2022 there is no provision for off framework escalation including Thornbury

HEALTHCARE ASSISTANT SHIFTS

Ward/area will need to check HealthRoster for filled/unfilled HCA's as shifts are not returned to ward

No agency HCA usage allowed

ROSTER UPDATED

TEMPORARY STAFFING
DEPARTMENT TEL: 01803 653348
OPENING HOURS: 07.30 – 20.00
Monday to Sunday

TIER 1 AGENCY - Framework and/or Price Cap Compliant – Notice period up to 14 days in advance of shift start
##TIER 2 AGENCY – Framework compliant and non-price cap compliant escalated rates – Notice period up to 7 days in advance of shift start
###TIER 3 Agency – Framework compliant and the most expensive last-minute rates – Notice period up to 48 hours in advance of shift start