

Ref: FOI/GS/ID 4317

Please reply to:
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01 December 2017

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to temporary staffing in Audiology.

- 1. Does the trust have a firm date on when temporary staffing will cease in Audiology at MTW NHS Trust? If so, when? If not - what is the indicative time frame?*
- 2. What schemes have the trust done to try and lower the cost associated with costly agency staff? Have the trust looked at alternative agencies?*
- 3. What agencies/providers are used to provide the locum Audiologists presently used at MTW NHS Trust?*
- 4. What is the present banding of locums for each locum used within Audiology?*
- 5. What is the process used to identify the requirements for each locum for each band?*
- 6. What is the scope of practice for the current locums, what sort of clinics are they conducting? I.e. adult rehab, diagnostics, hearing therapy, vestibular diagnostics etc. Please itemise the type of clinics conducted and tally this with the band of the locum.*
- 7. Are there any band 7 locums within your department?
If so, what were the requirements that you sought for this banding?*
- 8. What agencies are the present locums procured through?*
- 9. What agencies were used for previous locums? If there is a difference in the locum agencies, what is the reason for this?*
- 10. Are fresh graduates without a MSc considered as suitable for a Band 7 position within MTW NHS Audiology? If so, what is the justification?*
- 11. Does the MTW NHS Trust follow the scope of practice mandated by the professional body for Audiology (British Academy Audiology) and the skill mix requirements for each banding i.e. band 7 requires M level theory knowledge and 3 years clinical experience (post qualification)*

1. A number of Audiologists are currently going through the recruitment process. Once they are in post we will no longer need the temporary staff.

2. The Maidstone and Tunbridge Wells NHS Trust has standard pay rates for all agency staff. The agencies we use are taken from an approved framework.

3. The agencies we work with in relation to Audiology are
Mediplacement
Maxima
Your world
Globe locums

4. The bandings are matched to the job role identified in the temporary request. Current vacancies are Band 6.

5. Vacancy request form

VACANCY REQUEST FORM				
Division			Vacancy number	
Ward or Department			Cost centre	
Job title			Position number	
Base			Band or Grade	
WTE			Hours	
PLEASE STATE REQUEST TYPE	Request type 1 -	Permanent	Name of the current post holder & leaving date.	
	Request to recruit to a vacancy	Acting / Secondment Fixed Term Contract (please specify which)	If request is for a fixed term period, please state the required.	
	Request type 2 – Request for Bank or Agency cover	Staff Bank or Agency (please specify which)	Period of cover requested (up to 12 weeks).	
Reason for request				
Is the vacancy currently being covered by Bank or Agency? YES / NO If so, a) how long has cover been in place, b) is cover via staff bank or agency, c) if agency, please provide the name of the agency, d) provide details of the current expenditure.				
a) b) c) d)				
Has a skill mix review been undertaken? If so, by whom and when.				
Could this role be filled part time or combined with other roles? If not, why not?				
Could collaboration with any other areas within the Trust avoid the need to recruit to this post or provide a more cost effective operational solution? If not, please explain the efforts made to explore this option.				
Is there external funding associated with this post? YES / NO If YES, please attach supporting documentation.				

DEMONSTRATION OF NEED: <i>Please outline the impact on the service in terms of achievement of the Trust's corporate objectives</i>	
Please complete this checklist prior to proceeding. Please note: The Panel will only consider forms which have been fully completed with all required documents attached.	Tick to confirm
All sections of the form have been completed.	
An up to date structure chart which clearly shows the vacancy is attached.	
For request type 1, the advert, job description and person specification are attached..	
If the post is externally funded, supporting documentation is attached.	
PLEASE OBTAIN ALL SIGNATURES BEFORE COLLATING YOUR REQUEST & ASSOCIATED DOCUMENTATION AND SENDING TO THE RECRUITMENT TEAM. THE DEADLINE FOR RECEIPT IS NOON ON A THURSDAY FOR SUBMISSION TO MONDAY'S EXECUTIVE PANEL.	

BUDGET HOLDER	Name	
	Job title	
	Signature	
	Finance authority code	
	Date	
FINANCE MANAGER	Is this request consistent with savings plans?	
	Will it increase the run rate?	
	Is the post fully funded?	
	If not fully funded, how will the post be funded?	
	Is the budget holder's total budget overspent?	
	If so by how much? Briefly outline Recovery Plans.	
	BY SIGNING BELOW YOU ARE SUPPORTING THIS REQUEST	
Name		
Signature		
Date		
DIRECTOR (for completion by the Divisional Director once Finance Manager support is in place.)	Name	
	Signature	
	Finance authority code	
	Date	
	Please provide the name and contact details of the staff member (Head of Department or above) who will be available by telephone on Monday afternoon from 4pm, if required, to answer any queries the Panel may have. Please ensure the manager detailed below is aware of this requirement.	
	Name of manager: Job title: Contact number:	
COLLATED DOCUMENTS SHOULD BE SUBMITTED TO THE RECRUITMENT TEAM BY NOON EACH THURSDAY FOR CONSIDERATION BY THE PANEL EACH MONDAY.		

SECTION BELOW TO BE COMPLETED BY THE EXECUTIVE VACANCY CONTROL PANEL			
<i>The Executive Vacancy Control panel have discussed the content of this request and its relevance to the service based on the information provided and have made the following decision:</i>			
Date of panel	Request approved	Request declined *	Alternative action required *
*Please provide details below:			
Signed (Chief Operating Officer)			
Signed (Director of Finance)			
Signed (Director of Workforce)			
Signed (Medical Director or Chief Nurse)			

6. We deal with adult audiology mainly and our main body of work consists of ENT clinics, hearing assessment, reassessments, hearing aid fitting, booked repairs and postal repairs.

7. No

8. Mediplacement
Maxima
Your world
Globe locums

9. Mediplacement
Maxima
Your world
Globe locums

10. Agency staff are booked according to the type of work to be undertaken. A copy of the Trust's Temporary Staff (including Bank) Usage Policy and Procedure is attached below for your information.

11. Yes.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Temporary Staff (including Bank) Usage

Policy and Procedure

Requested/ Required by:	Workforce Committee
Main author:	Deputy Head of Employee Services Contact details: 01622 224752
Other contributors:	Deputy Chief Nurse, Head of Employee Services
Document lead:	Director of Workforce
Directorate:	Workforce
Specialty:	Corporate
Supersedes:	New policy
Approved by:	Senior HR Meeting, 5 th February 2016 (Version 1.0)
Ratified by:	Policy Ratification Committee, 26 th February 2016 (Version 1.0)
Review date:	February 2021, or at times of significant change

Document history

Requirement for document:	<ul style="list-style-type: none"> • To meet Trust Audit Controls and Requirements. • NHS Employment Standards • Trust Standing Financial Instructions (SFIs) • Counter Fraud compliance
Cross references:	<ul style="list-style-type: none"> • NHS Employment Check Standards • Monitor. <i>Nursing Agency Rules: approved framework agreements</i> • Monitor. <i>Price caps for agency staff: impact assessment</i>
Associated documents:	<ul style="list-style-type: none"> • Maidstone and Tunbridge Wells NHS Trust. <i>Recruitment, Selection and Employment Checks Policy and Procedure</i> [RWF-OPPPCS-NC-WF47] • Maidstone and Tunbridge Wells NHS Trust. <i>Disclosure and barring checks policy and procedure</i> [RWF-OPPPCS-NC-WF46] • Maidstone and Tunbridge Wells NHS Trust. <i>Occupational Health Policy and Procedure</i> [RWF-OPPPCS-C-WF4] • Maidstone and Tunbridge Wells NHS Trust. <i>Induction Policy and Procedure</i> [RWF-OPPPCS-NC-WF19] • Maidstone and Tunbridge Wells NHS Trust. <i>Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure</i> [RWF-OPPPCS-NC-WF5] • Maidstone and Tunbridge Wells NHS Trust. <i>Working time regulations policy and procedure</i> [RWF-OPPPCS-NC-WF60] • Maidstone and Tunbridge Wells NHS Trust. <i>Dress, Uniform and Identification Badge Policy and Procedure</i> [RWF-OPPPCS-NC-WF26] • Maidstone and Tunbridge Wells NHS Trust. <i>Information Governance Policy and Procedure</i> [RWF-OPPPCS-NC-TM9] • Maidstone and Tunbridge Wells NHS Trust. <i>Standing Financial Instruction</i> [RWF-OPPPCS-NC-TM22] • Maidstone and Tunbridge Wells NHS Trust. <i>E-Rostering Policy and Management Guidelines, Nursing and Midwifery</i> [RWF-OPPPCS-NC-WF12] • Maidstone and Tunbridge Wells NHS Trust. <i>Registration Policy and Procedure, Clinical and Professional</i> [RWF-OPPPCS-NC-WF56] • Maidstone and Tunbridge Wells NHS Trust. <i>Serious Incidents (SI) Policy and Procedure</i> [RWF-OPPPCS-NC-CG23] • Maidstone and Tunbridge Wells NHS Trust. <i>Local induction checklist (temporary staff)</i> [RWF-OWP-APP521] • Maidstone and Tunbridge Wells NHS Trust. <i>Working time regulations: Individual opt out form</i> [RWF-OPF-NC-WF70] • Maidstone and Tunbridge Wells NHS Trust. <i>Trust authorised signatory list (financial controls)</i> [Held by Finance Department]

Version control:		
Issue:	Description of changes:	Date:
1.0	First iteration of the Trust wide Temporary Staff (including Bank) Usage Policy and Procedure. (Any previous versions were not activated on the Trust wide document management database; policy has been updated to take into account NHS Trust Development Authority controls and requirements and Audit recommendations).	February 2016
1.1	Amended to reflect the replacement of the Temporary cover request form (non-medical) with the Vacancy request form	September 2016

Policy statement for

Temporary Staff (including Bank) Usage

The policy outlines the arrangements for requesting, authorising and recording temporary staff usage, ensuring governance around local induction for temporary workers and the governance requirements relating to bookings and audit controls.

The document aims to provide clear guidance to managers, staff and workers on the process and management of the Staff Bank and its workers, external temporary (Agency) staff and interim workers, providing clear principles and parameters for the engagement and use of temporary workers in order to ensure a consistent approach throughout the Trust. This will reduce the risk to the Trust, patients and staff arising from non-compliance with national and local policies and procedures and employment legislation.

Temporary Staff (including Bank) Usage Procedure

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1.0 Introduction and scope

- 1.1 The Staff Bank exists to support the Trust in providing temporary workers to supplement staff shortfalls. Bank workers are registered with the Trust's Staff Bank across all staff groups including Nursing, Midwifery, Allied Health Professionals, Medical, Administrative and Clerical and Ancillary roles. Bank only workers are not contracted employees of the Trust as there is no obligation on the Trust to offer work, and no obligation on the worker to accept work.
- 1.2 The Trust is committed to providing the best quality of care to its patients and as part of a sustainable workforce strategy, is investing in the development of a skilled and competent bank of ad-hoc workers. Wherever possible the Trust will reduce overall temporary workforce spend by using Bank workers and only resort to booking more expensive agency workers and interims when all other options have been explored and appropriate authorisation is in place in order to meet the directive issued by Monitor and the NHS Trust Development Authority (TDA).
- 1.3 In September 2015 Monitor and the NHS TDA launched nursing agency rules:
 - 1.3.1 An annual ceiling for total Nursing agency expenditure for the Trust
 - 1.3.2 Mandatory use of approved frameworks for procuring agency staff.
- 1.4 In addition the TDA have introduced caps on the total amount Trusts can pay per hour for an agency worker. The hourly price cap applies to all staff groups.
- 1.5 Where bookings are required for 12 weeks or more, every attempt should be made to fill the post with an employee on a Trust fixed term contract. Agency workers and interims should only be used to cover longer term bookings in exceptional circumstances where there is a risk to direct patient care and appropriate authorisation is in place.

2.0 Definitions

- 2.1 **Temporary staff** - all workers employed via bank / agency / interim and direct engagement.
- 2.2 **Fixed-term staff** - all staff employed by the Trust on a fixed term contract basis.
- 2.3 **Bank only workers** – bank workers who are registered with the Staff Bank to provide cover on a paid-as-worked, ad-hoc basis, with no obligation for regular work and who do not have a substantive contract with the Trust.
- 2.4 **Agency workers** – temporary workers provided through external non-NHS organisations for a pre-agreed rate and timescale.
- 2.5 **STAFF Flow** – a direct engagement model for the cost effective booking of medical temporary workers.
- 2.6 **Interim worker / self-employed contractor** – a direct engagement with the Trust on an off payroll arrangement.

- 2.7 **Substantive / permanent staff** – staff employed by the Trust on an on-going or fixed term contract of employment.
- 2.8 **Multi-post holders (MPH)** – substantive members of staff who are also registered with the Staff Bank to cover additional shifts on a paid-as-worked, ad-hoc basis.
- 2.9 **Non-medical clinical workforce** – Nurses / Allied Health Professionals (AHPs) / Clinical Support Workers (CSWs).
- 2.10 **Medical workforce** – Doctors in training / Consultants / Specialty doctors.
- 2.11 **Non-medical / Non-Clinical workforce** – roles within Senior Management, Managers, Administrative and Clerical, Porters, Domestic, Catering, IT, etc.
- 2.12 **Bank shift**– A shift or period of time covered by a bank worker
- 2.13 **Agency shift** – A shift or period of time covered by an agency worker
- 2.14 **Temporary cover request** – A request for a temporary worker to cover a shift or pre-determined period of time.
- 2.15 **Rosterpro** – Electronic rostering system used to record all staff bank and agency shifts.
- 2.16 **Supernumerary shifts** – Shadowing shifts booked through the Staff Bank for new starters and in liaison with the Professional Standards Team.
- 2.17 **Covered shifts** – shifts which have been allocated to a bank or agency worker.
- 2.18 **Unfilled shifts** – shifts which are outstanding due to inability to obtain cover.
- 2.19 **Framework Agency** – an Agency that is an awarded supplier on a TDA approved framework with which the Trust has a contract and preferred supplier list in place.
- 2.20 **Non-Framework Agency** – an Agency which are not on a framework with which the Trust has a contract and preferred supplier list in place.
- 2.21 **ESR** – Electronic Staff Record. The Trust's Human Resources (HR) and Payroll System.
- 2.22 **Out Of Hours** – Hours not covered by the Staff Bank service. Staff Bank core hours are Monday to Sunday, 9am to 5pm, including Bank Holidays (with the exception of Christmas Day).
- 2.23 **Roster Manager** – The person delegated responsibility for creating and maintaining the roster.

3.0 Duties

3.1.1 Management / operational responsibilities

- 3.1.2 **The Chief Operating Officer** has overall responsibility for ensuring adequate levels of staffing in the Trust to provide a safe and effective

level of patient care. He/she will delegate that authority and gain assurance that there are suitable processes in place for the supply of additional temporary staff to ensure safe staffing levels.

- 3.1.3 **The Director of Workforce** is responsible for ensuring the Workforce Team complies with the policy.
- 3.1.4 **The Chief Nurse** has delegated authority to ensure that the policy is applied in respect of temporary Nursing and Additional Clinical Support staff ensuring safe and effective patient care in accordance with appropriate legislative and professional regulatory standards.
- 3.1.5 **The Medical Director** has delegated authority to ensure that the policy is applied in respect of temporary medical staff, ensuring safe and effective patient care in accordance with appropriate legislative and professional regulatory standards.
- 3.1.6 **The Staff Bank Team Leader** will ensure adherence to the policy in respect of the management of the Staff Bank Team and Bank Workers registered with the service, ensuring the effective provision and quality of the Staff Bank service.
- 3.1.7 **The Recruitment Team Leader / representative** will ensure non-medical bank roles are advertised via NHS Jobs in liaison with the Staff Bank Team, and ensure that all necessary checks are undertaken in respect of successful non-medical Staff Bank applicants, alerting the Staff Bank Team to on-going checking requirements via monthly reports.
- 3.1.8 **The Medical Workforce Manager / representative** will ensure medical bank roles are advertised via NHS Jobs in liaison with the Staff Bank Team, and ensure that all necessary checks are undertaken in respect of successful medical Bank applicants, alerting the Staff Bank Team to on-going checking requirements via monthly reports.
- 3.1.9 **Occupational Health** will assess and report any work health requirements in respect of Bank Workers, on appointment and as required throughout registration with the Staff Bank.
- 3.2 **Roster managers are responsible for:**
 - 3.2.1 Roster management, ensuring adequate staffing is in place
 - 3.2.2 Setting aside time to plan and manage their staffing requirements in order to fully utilise the Trust's permanent and temporary workers effectively.
 - 3.2.3 Creating rosters that enable a safe skill mix which supports the delivery of excellent patient care and minimises risk to both staff and patients.
 - 3.2.4 Ensuring all options for covering staffing shortages internally has been exhausted before requesting unplanned temporary cover.
 - 3.2.5 Taking the necessary steps to minimise the cost to the Trust, providing it is possible to do so without compromising patient care.

- 3.2.6 Planning in advance for known absence, i.e. long term vacancies, long term sickness absence, annual leave, etc.
- 3.2.7 Ensuring they comply with Directorate approval requirements and complete duly authorised requests for submission to the Staff Bank in a timely manner.
- 3.2.8 Ensuring all bookings, timesheets and pay instructions are compliant with Trust SFIs.
- 3.2.9 Ensuring all rostered shifts are checked, confirmed and verified in a timely manner and before published payroll deadlines.

3.3 Managers are responsible for:

- 3.3.1 Informing the Staff Bank if any of their staff, who are substantively employed by the Trust and registered with the Bank, should be prohibited to undertake Bank shifts for any reason, i.e. disciplinary or performance issues.
- 3.3.2 Ensuring that when a Trust member of staff returns to work after a period of any sickness absence or is subject to a formal or informal sickness management process, they do not undertake Bank shifts for at least two weeks.
- 3.3.3 Ensuring they are included on the Trust's authorised signatory list to approve timesheets.
- 3.3.4 Ensuring shifts / timesheets are accurate and confirmed / verified on Rosterpro (as appropriate) within 72 hours of the shift being completed, or within published payroll deadlines, whichever may be sooner.
- 3.3.5 Ensuring the temporary worker is dressed in accordance with the Trust's 'Dress, Uniform and Identification Badge Policy and Procedure' and is wearing a photographic identity badge with their name and the name of their employer clearly stated, when they arrive for duty. If there are breaches of this dress code, these must be notified to the Staff Bank via email.
- 3.3.6 Ensuring all temporary workers receive a local induction where they have not worked within the area previously and that this is documented in accordance with the Trust's 'Induction Policy and Procedure' and forwarded to Learning and Development Team.
- 3.3.7 Ensuring that the temporary worker takes appropriate breaks in accordance with the Trust's 'Working Time Regulations Policy and Procedure' and that these are deducted as unpaid time.
- 3.3.8 Monitoring temporary staff expenditure on a regular (minimum monthly) basis to ensure compliance with approved usage and budget.
- 3.3.9 Ensuring the Staff Bank is informed, via email, of any amendments to temporary requests or bookings, including cancellation, alteration to shifts times, name changes, and change of band i.e. if a temporary staff shift request is cancelled, the Staff Bank must be notified, via email, as a matter of urgency.

- 3.3.10 Reporting minor concerns / complaints about the conduct of a temporary worker via email to the Staff Bank.
- 3.3.11 Reporting formal complaints / serious concerns / issues concerning a temporary worker by completing an DIF1 form (formerly known as an IR1) within 48 hours
- 3.3.12 Investigating incidents / formal complaints / serious concerns / issues concerning a temporary worker covering a shift within their area, ensuring the Staff Bank Team Leader is also alerted via email.
- 3.3.13 Identifying potential demand for skills and competencies and supporting the Staff Bank with the shortlisting and recruitment / selection of suitable Bank workers.
- 3.3.14 Ensuring temporary staff have a log-in and password with relevant user guide / training for the Trust systems relevant to the role.
- 3.3.15 Ensuring all bookings, timesheets, pay instructions and authorisations / verification are compliant with Trust SFIs and the authorised signatory list.

3.4 The Procurement Team are responsible for

- 3.4.1 Facilitating external supplier's procurement and selection processes and engaging with the Deputy Head of Employee Services and Staff Bank Team Leader regarding which agencies are contracted to supply temporary staff to the Trust.
- 3.4.2 Participating in and facilitating contract monitoring in line with Service Level Agreements.

3.5 The Staff Bank Team is responsible for

- 3.5.1 Planning an annual recruitment programme for Staff Bank workers of all staff groups in advance and liaising with Recruitment in order to ensure the work is planned / scheduled in throughout the year.
- 3.5.2 The sourcing and provision of temporary workers; including appropriate communications to inform managers about the availability of temporary workers, and compliance with governance and audit requirements in respect of pre-placement checks.
- 3.5.3 Ensuring all temporary workers are booked in accordance with NHS employment check standards; that evidence is recorded and maintained in order to demonstrate compliance with governance requirements, best practice, and audit requirements.
- 3.5.4 The monitoring of Bank Worker statutory and mandatory training compliance.
- 3.5.5 Providing a range of reports relating to bank and agency usage.
- 3.5.6 Supporting the Staff Bank Team Leader in the investigating of and response to minor concerns and complaints in respect of temporary workers.
- 3.5.7 Supporting the manager of the area with the investigation of serious concerns / incidents / issues and DIF1s in a timely manner by

facilitating the collation and submission of timely statements from temporary workers.

- 3.5.8 Accessing agency staff via approved suppliers, managing all aspects of the booking and governance process as defined in Service Level Agreements.
- 3.5.9 Ensuring all bookings, timesheets, pay instructions, and invoices are completed processed in compliance with audit trail requirements and Trust SFIs and in a timely manner in line with Staff Bank standard operating procedures.
- 3.5.10 Meeting bank recruitment timelines for advertising, shortlisting, interviewing, submitting interview records to the Recruitment Team, and approving pre-employment checks (new starter files).
- 3.5.11 Providing a comprehensive written handover to the Clinical Site Manager (Site Practitioner) at the end of each shift.
- 3.5.12 Completion of agency checklists confirming pre-employment checks are up to date and available on file for each agency booking.
- 3.5.13 Completion of STAFF Flow booking confirmation for all medical bookings via Liaison.
- 3.5.14 Completion of Electronic Patient Record / IT access requests as relevant to role and available on file including expiry date in conjunction with temporary booking term.

3.6 The Clinical Site Manager is responsible for

- 3.6.1 The provision of temporary workers outside of Staff Bank core hours, ensuring compliance with booking protocols and a comprehensive written hand-back to Staff Bank by the next morning.
- 3.6.2 Ensuring all out of hours bookings, timesheets and pay instructions are compliant with policy, audit requirements and Trust SFIs.

3.7 The Bank worker / Multi-Post Holder is responsible for

- 3.7.1 Reporting to the correct area prior to the shift start time ensuring the appropriate uniform is worn for clinical / medical shifts.
- 3.7.2 Providing the manager with proof of identity on arrival, wearing the Trust photographic identify badge at all times, and completing the local induction checklist with the manager prior to commencing the shift.
- 3.7.3 Complying with Trust induction requirements.
- 3.7.4 Complying with on-going compliance with Trust statutory and mandatory training requirements.
- 3.7.5 Complying with Work Health appointment requirements.
- 3.7.6 Complying with Trust infection control requirements.
- 3.7.7 Complying with Trust information governance requirements.
- 3.7.8 Complying with Trust SFIs.
- 3.7.9 Complying with Trust standards of dress and uniform.

- 3.7.10 Complying with Working Time Regulations.
- 3.7.11 Actively participating in revalidation of professional registration, as required.
- 3.7.12 Engaging with annual appraisal requirements.
- 3.7.13 Informing the Staff Bank Team as soon as possible, and prior to the shift start time, in the event of absence.
- 3.7.14 Ensuring records of attendance / timesheets accurately reflect the hours worked and break taken (Appendix 8).

3.8 The Agency worker is responsible for

- 3.8.1 Reporting to the area prior to the shift start time ensuring the appropriate uniform is worn for clinical / medical shifts.
- 3.8.2 Providing the manager with proof of identity on arrival, wearing the Agency's photographic identify badge at all times, and completing the local induction checklist with the manager prior to commencing the shift.
- 3.8.3 Complying with Trust infection control requirements.
- 3.8.4 Complying with Trust information governance requirements.
- 3.8.5 Complying with Trust SFIs.
- 3.8.6 Complying with Trust standards of dress and uniform.
- 3.8.7 Complying with Working Time Regulations.
- 3.8.8 Informing the Agency as soon as possible, and prior to the shift start time, in the event of absence.
- 3.8.9 Ensuring records of attendance / timesheets accurately reflect the hours worked and break taken.

3.9 The Interim worker / self-employed contractor is responsible for

- 3.9.1 Reporting to the correct area prior to the shift start time.
- 3.9.2 Providing the manager with proof of identity on arrival, wearing the Trust photographic identify badge at all times, and completing the local induction checklist with the manager prior to commencing work.
- 3.9.3 Complying with Trust induction requirements.
- 3.9.4 Complying with Trust infection control requirements.
- 3.9.5 Complying with Trust information governance requirements.
- 3.9.6 Complying with Trust SFIs.
- 3.9.7 Complying with Trust standards of dress and uniform.
- 3.9.8 Complying with Working Time Regulations.
- 3.9.9 Ensuring active participation in revalidation of professional registration, as required.
- 3.9.10 Informing the Staff Bank Team as soon as possible, and prior to the shift start time, in the event of absence.

3.9.11 Ensuring records of attendance / timesheets accurately reflect the hours worked and break taken.

3.10 The Learning and Development Team are responsible for

3.10.1 Sending out Trust induction links to e-learning and providing clinical induction as required for Bank new starters.

3.10.2 The provision of training resource for Bank Workers, as required.

3.10.3 Reporting on Bank Workers statutory and mandatory training compliance.

4.0 Training / competency requirements

There are no training requirements in order to implement this policy, though advice and support can be sought from the Staff Bank Team.

5.0 Procedure

5.1 Bank application and registration

5.1.1 Advertisements for Bank Workers will be displayed on the NHS Jobs website and Trust intranet. The advert may close early depending on the number of applicants and the requirements of the organisation at the time of the advert.

5.1.2 All applications will be dealt with in accordance with the Trust Recruitment, Selection and Employment Checks Policy and Procedure.

5.1.3 During the course of registration, if a Bank Worker is arrested on a criminal charge there is a duty to report the incident to the Staff Bank Team. Failure to do so could result in the end of Bank registration. Any conviction, caution or reprimand resulting from the arrest must also be reported and if it is considered to be of a serious nature may also lead to removal from the Staff Bank register.

5.1.4 Staff who have a substantive contract with the Trust and wish to join the bank will be required to complete an internal Staff Bank internal registration form (**Appendix 4**) and obtain the written support of their substantive line manager on the relevant section. Depending on the role within the Staff Bank, and the amount of time the staff member has been employed, additional or renewed checking requirements may apply prior to registration becoming effective.

5.1.5 Bank workers who do not make themselves available for bank work during a 13 week period will be asked to provide availability for work, otherwise they will be removed from the Staff Bank register.

5.2 Bank booking process

5.2.1 Duly approved temporary requests should be submitted to the Staff Bank team who will endeavour to fill shifts via Bank staff in the first instance. Only when all endeavours to fill via Bank staff are exhausted will consideration be given to covering the role via agency. There are separate requests for non-medical (**Appendix 5**) and medical (**Appendix 6**).

- 5.2.2 If a substantive member of staff is on sick leave, they are not permitted to work additional hours via the staff bank for 2 weeks following any sickness episode end date.
- 5.2.3 Substantive staff who owe hours may not undertake additional shifts via the Staff Bank until they have worked all of their contracted hours.
- 5.2.4 In line with the Working Time Regulations (WTR) Multi Post Holders are not permitted to work more than 48 hours in a week unless they have opted out from the Working Time Regulations (WTR).
- 5.2.5 The WTR state that employees must not work an average of more than 48 hours a week calculated over a 26 week reference period.
- 5.2.6 Staff that have substantive post within the Trust are able to register to work additional shifts within the same role via the staff Bank. Substantive staff who register for Bank shifts have a responsibility to ensure additional shifts are in compliance with the Working Time Regulations. Although not recommended, staff can choose to exempt themselves from this requirement by signing and returning a WTR opt-out form to the Staff Bank, however, a reasonable rest time must still be taken.
- 5.2.7 Hours worked outside the Trust must be discussed and disclosed to the line manager and must also be taken into account when calculating hours worked. Written records may be required and the individual is responsible for reporting any instances where their pattern of working hours may constitute a health and safety risk to themselves, patients, the public or other Trust employees.
- 5.2.8 The relevant budget holder Ward Manager / Matron / Consultant / General Manager or equivalent must authorise all bookings.
- 5.2.9 The reasons for requesting temporary staff must be accurately documented as this will be monitored and audited.
- 5.2.10 The following reasons are not acceptable reasons for booking temporary staff:
- Cover for annual or planned leave
 - Long term vacancy cover if the recruitment process has not been initiated.
- 5.2.11 Where concerns have been raised about a temporary worker, they will not be able to undertake shifts within the Trust until the issue has been either resolved or discussed with a risk assessment undertaken.
- 5.2.12 All temporary requests must be authorised by the Executive Recruitment Panel, though special compensation is currently in place for nursing and Medical Locum bookings. Should the original booking require extending, re-authorisation will be required. Long term placements must not be used on an ad-hoc basis where a fixed term appointment or filling a vacancy is a more effective option.

5.3 **Agency booking process**

- 5.3.1 Agency workers will only be used in exceptional circumstances when all other options for staffing cover have been exhausted in line with the temporary booking processes.
- 5.3.2 Agency workers can only be booked via the Staff Bank team (or Clinical Site Managers outside of core Staff Bank hours), and requesting managers must have prior authorisation from the Chief Operating Officer, Clinical Director / Associate Director or Head of Service.
- 5.3.3 The manager will be advised of the name of the agency worker who has been booked and confirm the reporting requirements. The manager must ensure they check the identity of the agency worker immediately upon arrival and complete the temporary staff local induction checklist and send to Learning and Development.
- 5.3.4 For nursing, the Trust have a contract with the NHS National Collaborative Framework and have a preferred supplier list in place.
- 5.3.5 For medical, the Trust have a contract with the Health Trust Europe medical framework and have a preferred supplier list in place which is reviewed monthly.
- 5.3.6 The use of an agency which is not on the approved supplier list presents additional risks to the Trust in relation to both governance and expenditure. The TDA have circulated clear guidelines as to temporary staff usage and have enforced restrictions on non-framework usage.
- 5.3.7 Where there are concerns about an agency worker's skills, competencies or level of performance, the manager for the area where the shift occurred will be responsible for ensuring that the issues are fully investigated and findings shared with the Staff Bank Team Leader.
- 5.3.8 Where concerns have been raised about an agency worker, they will not be able to undertake shifts within the Trust until the issue has been either resolved or discussed with a risk assessment undertaken.

5.4 Management of complaints / feedback on temporary workers

- 5.4.1 The Manager should report minor concerns or complaints about the conduct of a temporary worker via email to the Staff Bank team Leader who will investigate and respond to the line manager via email, ensuring the concern is recorded centrally.
- 5.4.2 The Manager must report serious concerns / incidents / issues concerning a temporary worker and investigate in line with Serious Incidents (SI) Policy and Procedure.
- 5.4.3 The Manager will investigate all other concerns / incidents / issues further to completing a DIF1.
- 5.4.4 A Staff Bank Team representative will support the investigation of serious concerns / incidents / issues and complaints in a timely manner by facilitating the collation and submission of timely statements from temporary workers and liaison with the Agency, as required.

- 5.4.5 The Staff Bank Team Leader will maintain a central record of all serious concerns, incidents, issues and IR1's, complaints and incidents and restrict or bar future bookings, as appropriate.

6.0 Budgetary responsibilities

- 6.1 Managers that have responsibility for pay budgets, including:
- 6.1.1 Arranging rosters and ensuring that there is adequate staffing cover should take the following into consideration as part of continuous workforce planning and management.
 - 6.1.2 Accurate and timely use of rostering system (with rosters in place and signed off a minimum of six weeks in advance).
 - 6.1.3 Proactive management of planned absences e.g. maternity leave, annual leave and study leave.
 - 6.1.4 Proactive demand planning taking into account future activity where possible e.g. seasonal escalation or specific initiatives.
 - 6.1.5 Review of the skill mix of existing staff.
 - 6.1.6 Active recruitment drives where vacancy levels are the reason for unplanned bank or temporary staffing usage.
 - 6.1.7 Track the reasons given for requesting temporary workers and effectively manage trends.
 - 6.1.8 Prior to booking temporary staff, managers need to examine the following options:
 - Reviewing staff rotas and making changes where possible, giving staff as much notice as possible. Ensuring substantive staff has worked all un-used contracted hours before booking temporary staff.
 - Re-allocation of duties e.g. asking existing staff to cover the work.
 - Internal cross-cover arrangements, e.g. asking if there are staff in another department / another site who can appropriately assist, specifically if it addresses risks to patient care.
 - Fair and appropriate allocation of all shifts within the substantive workforce to ensure a balanced workforce for continuity of care for patients and to ensure that the most expensive types of temporary worker shifts (unsocial hours) are kept to a minimum.
 - Ensuring that expenditure does not exceed the allocated budget in all areas / wards / departments, and that baseline budgeted levels of staffing have been agreed within their department.
 - 6.1.9 Before requesting additional workers, managers should assess the need for additional workers with particular consideration of:
 - The risk of the shift / work not being covered.
 - Rotas being efficient and staff deployed utilising all available hours.
 - Utilisation of staff from other areas across the Trust
 - Another staff group or grade of staff providing cover.
 - Covering the work in fewer hours or in a different way.
 - Offering additional work to part time staff (at standard hourly rate).
- 6.2 **Authorised signatories have responsibility for:**

- 6.2.9 The confirmation of attendance and authorisation of timesheets for temporary workers in line with Trust Standing Financial Instructions
- 6.2.10 Ensuring accurate records of attendance are maintained. Attendance must be confirmed by the department Manager in charge on a daily basis at the end of the Temporary Workers shift.
- 6.2.11 In all other cases, all paper / electronic timesheets must be authorised by the relevant Clinical Lead / Departmental Manager to ensure the hours worked and breaks taken are accurately reflected and authorised.
- 6.2.12 Only after consideration of the above, and as a last resort should a temporary request be completed and submitted.
- 6.2.13 All bookings for temporary staff must be made via the Staff Bank Team using the appropriate vacancy request form / process.
- 6.2.14 The only exception to the above requirement is unforeseen shortages outside of Staff Bank opening hours where bookings can be requested via the Site Practitioner.
- 6.2.15 All bookings for agency staff must be made using the Trust's approved supplier list which is managed by the Deputy Head of Employee Services / Procurement.

7.0 Monitoring and audit

The Workforce Committee will be responsible for monitoring compliance with this policy / procedure on behalf of the Trust. Information on compliance will be provided to the Workforce Committee and will include minimum requirements as detailed below

- 7.1 Temporary request numbers / fill rates by staff group.
- 7.2 Temporary request fill rates by framework / non-framework agency.
- 7.3 Monthly temporary trend analysis.
- 7.4 Registration for bank staff by staff group (compiled from monthly reports).
- 7.5 Usage of non-Framework Agencies and assurance that agency checklists, confirming pre-employment checks, are available on file.

APPENDIX

ONE

Process requirements

1.0 Implementation and awareness

- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust's intranet with other workforce policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All managers within the organisation briefed by their respective managers on main aspects of the policy;
- Further promotion via Trust communication vehicles, e.g. team brief, Trust news and Trust email bulletin as required.

2.0 Review

This policy will be reviewed at least every five years.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX TWO

CONSULTATION ON: Temporary Staff (including Bank) Usage Policy and Procedure

Please return comments to: Deputy Head of Employee Services

By date: 4th December 2015

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Director of Workforce & Communications (PB)	4/11/15			
Deputy Director of Workforce (RH)	4/11/15			
Director of Finance (SO)	4/11/15			
Chief Operating Officer (AG)	4/11/15			
Interim Deputy COO (IS)	4/11/15			
Chief Nurse (AB)	4/11/15			
Deputy Chief Nurse (JK)	4/11/15			
Medical Director (PS)	4/11/15			
Deputy Medical Director (WB)	4/11/15			
Clinical Directors (AS, JA, GS, GL, SB, SM, MW, HK)	4/11/15			
ADNS's / ADO's (SC, LG, JC, JR)	4/11/15			
Director of Estates & Facilities (JR)	4/11/15			
GM's	4/11/15			
Head of Procurement (LM)	4/11/15			
Head of Financial Services (WM)	4/11/15			
Site Practitioners	4/11/15	12/11/15	Y	Y
Recruitment (EW)	4/11/15			
Medical Staffing (LA)	4/11/15			
Nurse Recruitment & Revalidation Lead (CL-F)	4/11/15			
Occupational Health (CL)	4/11/15			
Learning & Development Manager (JB)	4/11/15			
HR Business Partners (SH, AC, DL, LO, TP)	4/11/15	6/11/15	Y	Y
PMO (SO)	4/11/15			
Emergency Planning Manager (JW)	4/11/15			
Risk Manager (JH)	4/11/15	5/11/15	Y	Y
Head of Information Governance (GS)	4/11/15	6/11/15	Y	Y
Professional Standards Team (PB)	4/11/15			
Audit Manager (KS)	4/11/15	7/12/15	Y	Y
Local Counter Fraud Specialist (MA)	4/11/15			
Staff Side Chair (AK)	4/11/15			
Clinical Governance Assistant	4/11/15	23/11/15	Y	Y
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality. The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. **Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

Title of policy or practice	Temporary Staff (including Bank) Usage Policy and Procedure
What are the aims of the policy or practice?	To inform the Trust and facilitate a consistent approach which meets best practice, policy and employment law.
Identify the data and research used to assist the analysis and assessment	
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	No potential discrimination identified.
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact	As Appendix 3 of this policy/procedure on the Trust approved document management

Assessment?	database on the intranet, under 'Trust policies, procedures and leaflets'.
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FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Internal Staff Bank registration form	RWF-OPF-NC-WF79
5	Vacancy request form (non-medical)	RWF-OPF-NC-WF27
6	Medical locum booking request	RWF-OPF-NC-WF81
7	Retrospective Bank shift notification	RWF-OPF-NC-WF82
8	Bank timesheet	RWF-OPF-NC-WF24
9	Requesting temporary staff – ward process	RWF-OPPM-CORP329
10	Admin and clerical temporary recruitment process	RWF-OPPM-CORP330
11	Medical locum booking process	RWF-OPPM-CORP331