

Engagement of Bank or Agency Nurses/Health Care Support Workers Standard Operating Procedure

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

With the current national shortage of registered nurses and significant vacancies across the Trust there will undoubtedly be a need to utilise nurse bank to fill gaps and ensure wards and depts. remain safe for patients. It is also recognised that there will be times when patient dependency will be higher than expected and, or enhanced care for an individual or a cohort of patients may be required.

This SOP is designed to ensure a consistent approach within the Trust and should be read in conjunction with the Procedure for Engaging Temporary Workers (HR04) and Standard Operational Procedure Nursing and Midwifery staffing guidelines - ensuring safe staffing levels in wards departments/services.

2.0 Accountabilities

2.1 Chief Nurse

- Ensure appropriate policies, systems and processes are in place to engage bank staff in order to ensure safe staffing levels.

2.2 Chief People Officer

- Ensure appropriate manpower resources are available to support the staffing capacity and capability to provide high quality care to patients. This will include the provision of effective and efficient recruitment to minimise the use of bank shifts.
- Monitor the fill rate of bank shifts for RWT.

2.3 Chief Financial Officer

- Ensure financial decisions which will impact on staffing capacity and capability, and thus outcomes for patients, are taken into consideration when agreeing budgets.

2.4 Heads of Nursing/Director of Midwifery

- Be professionally responsible for nursing establishments in their divisions.
- Will work collaboratively with Matrons to ensure staffing levels are appropriate and where staffing numbers fall below accepted levels that bank staff are booked.

2.5 Matrons

- Need to review the SafeCare system daily and ensure appropriate completion by the ward manager to reflect the staffing levels and the acuity of patients as per policy OP103.
- Monitor bank expenditure at monthly budget surgeries and escalate concern to Division.

2.6 Senior Sister/Charge Nurse/ Departmental managers

- Ensure full compliance with SafeCare.
- Validate SafeCare data and update professional judgement as required to mitigate and, or escalate risk,
- Where indicated by the acuity, engage temporary staffing bank.

3.0 Process

1. Where a gap is identified in staffing requirements, the first question to ask is if the gap needs to be filled and, if so, what type of staff is required (registered or unregistered).
 - Review off duty - is it possible to rearrange duties to provide the required cover.
 - Are there unused staff hours on Health Roster that could be utilised?
 - Offer extra hours to part time staff at employed band.
 - Where staff have worked additional hours to support staff shortages, offer time off in lieu to staff taking into consideration working time directive.
2. Only when the above economical methods of managing staffing shortfalls and fluctuating workloads have been explored can requests to Nurse Bank be made.
3. Bank Shifts should be requested and authorised in as timely a way as possible, preferably when the roster is authorised by Matron. It is the responsibility of all bank staff to ensure they complete their timesheet appropriately. Where there may be concern with regard inappropriate start and/or finish times, this will be reviewed initially by department, HR and investigated by the Local Counter Fraud Specialist in line with the Trust's Anti-Fraud and Bribery Policy.
4. Each Ward or Department will have a list of authorised signatories who can request shifts on behalf of their ward or department. This list of authorised signatories will be at the discretion of the Senior Sister, Senior Charge Nurse, Departmental Manager or Senior Matron or Matron. The list of authorised signatories will be reviewed monthly, and a master list will be held in the Nurse Bank office. Nurse Bank must be informed of changes to the list in year by the Senior Sister or Charge Nurse.
5. All Senior Sisters, Charge Nurses, Senior Matrons and Matrons will utilise the reports which can be generated from Health Roster system by following Rostering > Bank Requests > Filled Bank Requests and entering the date range of the search. The report will provide them with the amount of bank shifts filled and unfilled in W.T.E. (whole time equivalent).
6. Bank shifts booked but no longer required should be reviewed on a daily basis by Ward Managers, Matrons or Senior Matrons and cancelled in a timely manner, so the Bank Team have time to inform staff who have booked the shift.
7. The Bank report (described in Point 5 above) will be reviewed monthly at local and Directorate budget or workforce meetings and Matrons will circulate it to Heads of Nursing or Director of Midwifery.
8. Any bank shifts required above the agreed funded establishment must be escalated through to the Matron for agreement prior to booking with Nurse Bank.
9. Matrons who take the decision to authorise any shifts which go over the allocated monthly

quota will escalate to the Divisional Head of Nursing or Director of Midwifery with the rationale for their decision.

10. Any area that is overspent on the pay budget must agree a recovery plan with their Matron for discussion with the Directorate Management team.
11. Any area that appears not to be controlling bank spend will be scrutinised and challenged at the Directorate to Division finance meetings.
12. Where there is an inability to adhere to this SOP or consistent pay overspend, this must be reviewed by the Senior Sister or Senior Charge Nurse and Senior Matron or Matron weekly and actions taken until the budget is realigned.
13. Planned overtime costs are significantly higher than utilising extra hours for part time workers or bank; this must be approved by the Executive Team in advance (if necessary via on call arrangements).
14. In circumstances where there are exceptional numbers of vacancies in the substantive workforce and a low bank fill rate causing significant patient and, or staff risks, the appropriate Head of Nursing or Director of Midwifery will discuss the need for introducing enhanced bank rates with the Chief Nursing Officer, Chief Financial Officer Chief Operating Officer and Chief People Officer.
15. Heads of Nursing or Director of Midwifery will inform the Divisional Finance Manager if enhanced bank rates are approved and when they are to be discontinued.
16. Senior Matron, Matron, Ward Managers and Payroll Manager will be informed of agreement re enhanced rates made with their Divisional Finance Manager and Head of Nursing or Director of Midwifery in writing or by email, including start and end dates.
17. Using Agency nurses is **not permitted in any area** without a risk assessment and agreement form the RWT Executive team.
18. Where approval has been received from the RWT executive team to use agency staff for nursing posts this must be booked via the Nurse Bank office on a shift-by-shift basis unless otherwise agreed.

4.0 Equipment required

Access to health roster.

5.0 Training

Healthroster and SafeCare training provided by the Healthroster Team.

6.0 Financial Risk Assessment

(where assessed in the policy does not need to be repeated for the procedure)

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No

5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The HoN for workforce will ensure this document is kept up to date and reviewed as appropriate

9.0 Communication and Training

We set about trying another way in roster team for and safe care and then don't we do targeted communication undertaken at Trust induction by the temporary staffing bank.

10.0 Audit Process

N/A

11.0 References - Legal, professional or national guidelines

Safe care

Healthroster

[SOP nursing and midwifery staffing guidelines-ensuring safe staffing levels within boards/department/ services.](#)

Document Control

Procedure/ Guidelines number and version: 2.0	Title of Procedure: Engagement of Bank or Agency nurses/ health care support workers SOP	Status: Final		Author: Head of Nursing Workforce For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.2	Oct 21	Head of Nursing - Workforce	Extended
	2.0	June 2022	Head of Nursing - Workforce	Added requirement for Safecare monitoring. Review Bank Shifts to ensure still required (6). Review and request Bank Shifts (timeframe) (3). Where agency is authorised booking must be booked via Nurse Bank not directly (16)
Intended Recipients: State who the procedure/practice/Guideline is aimed at – staff groups etc. Divisional Heads of Nursing Nursing Workforce Matrons Ward Managers				
Consultation Group / Role Titles and Date: State which groups you have consulted with and when. Give names in full followed by abbreviations. Senior Leaders Group				
Name and date of group where reviewed		Trust Policy Group – June 2022		
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)		Trust Management Committee – June 2022		
Date of Procedure/Guidelines issue		June 2022		

<p>Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)</p>	<p>Review June 2025 (three yearly)</p>
<p>Training and Dissemination: How will you communicate the document, cascade the information and address training? Distributed to Senior Nurses via email.</p>	
<p>Publishing Requirements: Can this document be published on the Trust’s public page:</p> <p>Yes</p> <p>If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.</p>	
<p>To be read in conjunction with: Procedure for Engaging Temporary Workers (HR04) and Standard Operating Procedure Nursing and Midwifery staffing guidelines.</p>	
<p>Initial Equality Impact Assessment: Completed Yes/No Full Equality Impact assessment (as required): Completed Yes/No/NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.</p>	
<p>Contact for Review:</p>	<p>Head of Nursing for Workforce.</p>
<p>Monitoring arrangements</p>	<p>Trust Nurse Bank, Safecare, E-Roster Reports.</p>
<p>Document summary/key issues covered. Assurance of process for employing and engaging with temporary workforce to support nursing staff numbers in the event of insufficient substantive nursing staff.</p>	
<p>Key words for intranet searching purposes</p>	

(Part B) Ratification Assurance Statement

Name of document:

Name of author: Christian Ward

Job Title: Head of Nursing for Workforce.

I, the above named author confirm that:

- The Procedure presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.

I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title: Head of Nursing for Workforce.

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	Engagement of Bank or Agency Nurses/Health Care Support Workers Standard Operating Procedure	
Reviewing Group		Date reviewed:
Implementation lead: Print name and contact details		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) <ol style="list-style-type: none"> 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide. 	Minor Changes discussed with Stakeholders	
Training; Consider <ol style="list-style-type: none"> 1. Mandatory training approval process 2. Completion of mandatory training form 	None necessary	
Development of Forms, leaflets etc.; Consider <ol style="list-style-type: none"> 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed 	No changes to documentation	
Procedure/Guidelines communication; Consider <ol style="list-style-type: none"> 1. Key communication messages from the policy / procedure, who to and how? 	Discussed with stakeholders	
Financial cost implementation Consider Business case development	No cost implications	
Other specific issues / actions as required e.g., Risks of failure to implement, gaps or barriers to implementation		