

## BANK, AGENCY AND LOCUM POLICY

Version:	5
Ratified by:	Senior Managers Operational Group
Date ratified:	November 2015
Title of originator/author:	Interim Deputy Director of HR
Title of responsible committee/group:	Regulation Governance Group
Date issued:	<b>November 2015</b>
Review date:	<b>April 2016</b>
Relevant Staff Groups:	Managers Substantive staff Bank and agency staff Locum Doctors

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000**

## DOCUMENT CONTROL

<b>Reference</b> GP/Nov12/BALP	<b>Version</b> 5	<b>Status</b> Final	<b>Author</b> Interim Deputy Director of HR
<b>Amendments</b>	Amended to include manager responsibilities when using Bank/Agency/Locum members of staff.		
<b>Document objectives:</b> To outline the Trust's arrangements for the use of bank, agency and locum doctors (temporary workers).			
<b>Intended recipients:</b> Substantive staff, trust managers, bank, agency and locum doctors			
<b>Committee/Group Consulted:</b> Joint Policy Review Group, Regulation Governance Group, Executive Management Team			
<b>Monitoring arrangements and indicators:</b> The Bank/Agency office will audit the agency workers usage and provide regular reports to the Workforce Governance Group			
<b>Training/resource implications:</b> Local Induction for Temporary Workers Checklist (Appendix 2)			
<b>Approving body and date</b>	Regulation Governance Group		Date: November 2015
<b>Formal Impact Assessment</b>	Impact Part 1		Date: October 2015
<b>Clinical Audit Standards</b>	NO		Date: N/A
<b>Ratification Body and date</b>	Senior Managers Operational Group		Date: November 2015
<b>Date of issue</b>	<b>November 2015</b>		
<b>Review date</b>	<b>April 2016</b>		
<b>Contact for review</b>	Interim Deputy Director of HR		
<b>Lead Director</b>	Director of HR and Workforce Development		

### CONTRIBUTION LIST Key individuals involved in developing the document

<b>Name</b>	<b>Designation or Group</b>
Liz Perry	Interim Deputy Director of HR
Sheena Frost	Acting Clinical Lead Bank/Agency Office
Louise Hay	Medical Workforce Lead
Group Members	Regulation Governance Group
Group Members	Executive Management Team
Jean Glanville	Claims and Litigation Manager
Andrew Sinclair	Head of Corporate Business
Group Members	Senior Managers Operational Group

## CONTENTS

<b>Section</b>	<b>Summary of Section</b>	<b>Page</b>
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms used	6
5	Principles	6
6	Bank Staff	7
7	Agency Workers	7
8	Management of temporary staff	8
9	Training requirements	9
10	Equality Impact Assessment	9
11	Monitoring compliance and effectiveness	10
12	Counter Fraud	10
13	Relevant Care Quality Commission (CQC) Registration Standards	10
14	References, Acknowledgements and Associated documents	11
15	Appendices	11
Appendix 1	Locum/Agency Booking Form	12
Appendix 2	Local Induction Checklist	13

## 1. INTRODUCTION

- 1.1 The purpose of this policy is to outline the Trust's arrangements for the use of bank and agency staff and locum doctors (temporary staff).

## 2. PURPOSE & SCOPE

- 2.1 The Trust acknowledges that from time to time services may experience staffing difficulties. In order to maintain service provision and ensure the safety of patients/service users and staff, there may need to secure temporary staffing arrangements.
- 2.2 The Trust also recognises its responsibilities to manage its finances in an efficient and cost effective way and as such the use of temporary staff will be closely monitored to assure the Trust that resources are being used effectively and appropriately.
- 2.3 Due consideration will be given to viable alternative options before temporary staff are engaged.
- 2.4 The aim of this policy is to provide clear information and procedures for the engagement and use of temporary staff at the Trust.
- 2.5 The policy is intended to:
- Ensure there is a consistency of approach, throughout the Trust, in the use of temporary workers
  - Minimise agency, bank and locum costs, ensuring value for money
  - Ensure that the health, safety and welfare of patients/service users are not compromised by ensuring appropriate pre-engagement safe-guarding checks (such as DBS, ID checks and references)
  - Ensure that the Trust is in compliance with current employment law
  - Ensure that third party suppliers comply with legislation, policies and procedures and the regard it must have for diversity in age, gender, disability, gender reassignment, ethnicity, religion or belief and sexual orientation in appointing its workers in its practices
  - To provide assurance to the Trust Board in respect of monitoring.

- 2.6 This policy applies to all temporary staff engaged by the Trust

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive and the Board** have overall responsibility for ensuring that appropriate systems and processes are in place to manage and ensure the safety of patients, staff and visitors to our services. The Director of Workforce and Organisational Development has delegated responsibility for the continuous development and implementation of this policy.
- 3.2 The **Director Workforce and Organisational Development** is the Executive Lead who will oversee the monitoring and implementation of this policy to ensure that it is applied throughout the Trust. They will ensure that this policy is reviewed at least once every three years or sooner if required.

- 3.3 The **Workforce Governance Group** will review the audit reports (see section 11) and provide the Regulation Governance Group with assurance of compliance.
- 3.4 The **Regulation Governance Group** will have overall responsibility for approving further developments and review of this document and will escalate areas of concern to the Integrated Governance Committee.
- 3.5 **Bank/Agency Office** will maintain an 'agency worker usage log' and will undertake audits of the use of agency staff to ensure compliance with the Agency Workers Directive and monitor and audit compliance with this policy in accordance with Section 11. In addition, they will form the primary contact for the booking of bank and agency staff, to ensure that the Trust remains compliant with its governance obligations.
- 3.6 The **Human Resources (HR) Department** will support the Bank/Agency office in the recruitment and ongoing development of temporary staff and maintain an agency worker usage log in relation to booking agency Trust locum doctors.
- 3.7 The **Medical Director** will ensure arrangements are in place for the out of hours Section 12 / Approved Clinician on-call doctor to be responsible for implementing acting across or acting down procedures out of hours as set out in the Medical On-Call Procedures.
- 3.8 **Medical Managers** are responsible for ensuring all locum doctors receive a local induction. This will be routinely delegated to ward or team managers by mutual agreement.
- 3.9 **Managers are responsible for:**
- ensuring robust plans that minimise the need to use temporary workers i.e. workforce plans, E-Roster, creative scheduling, minimise use of band 6/agency on weekends and night duty, robust annual leave and absence management systems are in place
  - responding to varying levels of acuity to ensure patient, public and staff safety
  - ensure appropriate approvals have been gained prior to making a booking i.e. locality manager/head of service/on-call manager and relevant Director
  - ensuring agency workers present a copy of the completed Locum Booking Form (Appendix 1) the start of their shift. This provides assurance and evidence that relevant employment checks are in place. A copy is to be provided to the Bank/Agency Office for assurance and compliance.
  - ensure any temporary workers receive a local induction and complete the Local Induction for Temporary Workers Checklist (Appendix 2) before commencing the shift, storing the completed checklist on site and forwarding a copy to Bank/Agency office for assurance and compliance
  - monitor the performance of temporary staff and deal with concerns appropriately, feeding back to relevant agencies, where appropriate. This will include the completion of a Datix for all incidents involving temporary staff
  - verify and authorise timesheets/enter shifts in E-roster and finalised in timely manner payment of invoices
  - ensure leaving processes are appropriately managed, ensuring equipment and ID are returned and ICT accesses are revoked.

3.10 The **Bank/Agency office** is responsible for:

- being the single point of contact of all temporary staff bookings, excluding locum doctors
- maintaining up-to-date bank staff records including contact details, availability, locum booking forms, induction checklists and training records
- keep regular contact with temporary staff to support them and their development
- support managers with their staffing requirements, via daily conference call for discussion and solutions
- being the key point of contact for relationships with third party suppliers i.e. agencies, ensure appropriate governance arrangements are in place
- coordinate targeted bank recruitment campaigns
- ensure regular communication of this policy is received by managers to support in the most effective use of temporary workers

3.11 **Temporary Staff** are responsible for:

- adhering to appropriate Trust Policy and Procedures
- arriving for booked shifts at the appropriate time
- submitting appropriate time sheets/checking shifts on Eroster within appropriate timescales
- (agency workers) presenting a copy of the completed Locum Booking Form (Appendix 1) at the start of their shift

#### 4. **EXPLANATIONS OF TERMS USED**

4.1 **Bank staff:** a worker who provides work on an ad hoc basis, with no obligation for regular work.

4.2 **Agency worker:** a worker provided from an agency having no employment relationship with the Trust.

4.3 **Agency:** for the purposes of this policy, is defined as an organisation, which provides approved workers, having no employment relationship with the Trust.

4.4 **Temporary Worker/Temporary Staff:** the general term that covers bank and agency workers and medical locums.

#### 5. **PRINCIPLES**

5.1 Bank staff will be used in preference to agency staff, unless there are clinical, quality or patient safety reasons to use agency staff.

5.2 Temporary staff will not be used as an ongoing staffing solution.

5.3 Managers who are experiencing difficulties in recruiting to permanent positions will work with HR to seek specialist recruitment advice and/or review the needs of the service.

5.4 Prior to engaging temporary staff, managers should consider:

- reviewing rotas, including staff swapping shifts, senior staff acting down or using contracted relief staff
- offering additional hours to part-time staff in the team
- offer additional hours and time off in lieu to full-time staff without compromising working time regulations
- temporarily redeploying staff from other teams

5.5 **Authorisation** for the use of agency workers will be provided by the relevant Locality Manager/Head of Service/Director **OR** from the On Call Manager/Director during out of hours.

## 6. **BANK STAFF**

6.1 The Trust has a dedicated pool of bank staff to provide flexible staffing options to maintain patient safety, quality and service requirements. This is coordinated by the Bank/Agency Office.

6.2 The Bank/Agency Office will maintain up-to-date bank records including contact details, availability and training records.

6.3 Following a request from a manager, the Bank/Agency Office will contact appropriate individuals and alert them of bank shifts in the most efficient way, including via text message/shifts published on Employee on Line /Telecon

6.4 The Bank/Agency Office will also identify the most appropriate manager for Bank staff, who do not also hold a substantive post with the Trust. They will confirm to the respective managers the bank staff that they are responsible for. The Bank/Agency Office will also confirm to the bank staff their manager and liaise with them when necessary. If appropriate, line management may be acknowledged as the Clinical lead for Bank/Agency Office.

6.5 The Bank/Agency Office will monitor and identify shortages in areas of bank staff and initiate appropriate recruitment campaigns, with the support of the HR team.

## 7. **AGENCY WORKERS**

7.1 In circumstances where agency workers (including Locums) are required to ensure patient safety and quality of care, the Trust's policy is to use Government Procurement Service (GPS) framework agreements for the supply of health-related temporary staff. A "how to" guide on the use of the framework is available at the following link:

<http://www.nhsemployers.org/~media/Employers/Documents/Plan/HowToUnderstandGPSFrameworkAgreements.pdf>

Each part of the framework agreement provides NHS organisations with a variety of suppliers to meet their local requirements. A list of suppliers currently appointed on each framework agreement and/or further information about each one can be found in the document referred to above and within the following link:

<http://ccs-agreements.cabinetoffice.gov.uk/suppliers>

On booking Agency/Locum workers please use the Locum/Agency booking form which can be found at Appendix A.

- 7.2 It is the responsibility of the relevant agency to complete the evidence checks and complete the Locum Booking Form (Appendix 2) for all workers supplied to the Trust.
- 7.3 The agency will ensure the relevant evidence checks remain valid/are updated in accordance with Trust requirements.
- 7.4 The following evidence is required:
- A DBS check (or equivalent where the Agency Worker has lived or worked overseas) in line with requirements outlined in the Trust DBS Policy
  - Two references, one must be most recent or current employer (as applicable) over the last three years;
  - Checks from relevant professional registration bodies (as appropriate) to ensure fitness to practice;
  - Nationality and visa status (right to work)
  - Evidence of all necessary qualifications and mandatory training on profile form including medicines management
  - Proof of identity (e.g. passport/ driving license), including a recent photograph
  - Health Professional Alert Notice check (HPAN), where appropriate
  - Proof of relevant occupational health checks; and
  - Any other evidential checks as may be required by the Trust from time to time, as required for the specific role. NB: The Trust is entitled to instruct appropriate agents e.g. Counter Fraud, to conduct investigations into the checks required by agencies
  - In relation to doctors, the medical staffing/HR team will book and record agency doctors usage. The team are responsible for ensuring that the locum booking form is completed and compliant by the agency before the booking is confirmed. This form will be retained for a period of three years.

## **8. MANAGEMENT OF TEMPORARY STAFF**

- 8.1 All temporary staff engaged within the Trust will receive an induction that is appropriate to their role and planned length of engagement. This should include an orientation, information about local policies and procedures and introductions to relevant colleagues.
- 8.2 It is the Trust requirement that the manager/nurse in charge/appropriate colleague will complete the Local Induction for Temporary Workers Checklist (Appendix 2) with the temporary worker at the time the individual commences their shift. The manager /nurse in charge /appropriate colleague must ensure this document is completed and returned to the Bank/Agency Office as this is required to be retained for a period of three years. . The Bank/Agency Office should be supplied with copy to store with profile forms for evidence of



governance compliance. The checklist sets out the minimum content to be covered as part of the local induction for temporary staff.

- 8.3 Managers are expected to welcome temporary workers into the team by completing a full induction on their first shift and to plan and communicate in the induction session what functions/responsibilities are to be undertaken whilst at the Trust.
- 8.4 Managers also have a responsibility and duty of care to ensure that any concerns are raised and addressed where appropriate, completing a Datix where necessary. It is not sufficient to release an unsatisfactory temporary worker without explanation.
- 8.5 Where the Trust has reason to believe that professional or other codes of conduct have been breached, this may be reported to the relevant professional; the Agency and/or other body by the manager, with support and advice from the HR Team as required. If the temporary worker is an agency member of staff, all concerns should be formally outlined to the employing agency in order to ensure any fitness to practice concerns are raised.
- 8.6 The leaving process must be appropriately managed by the manager/nurse in charge, including ensuring the return of equipment e.g. diaries, mobile phones, ID badge etc.
- 8.7 Copies of any agency timesheets should be forwarded to the Bank/Agency Office for monitoring purposes, with the exception of medical locums, which should be returned to the HR department.
- 8.8 The introduction of the Agency Workers Directive allows equal treatment to apply after a temporary worker has been in a given job after a 12 weeks qualifying period. This means they must receive the treatment equal to those of substantive employees, for example payment, equal access to training opportunities and notice of internal vacancies.
- 8.9 It is the Trust's policies that internal vacancies are displayed with other team information to ensure agency workers have equal access to view internal vacancies.

## **9. TRAINING REQUIREMENTS**

- 9.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis) bank staff have a responsibility to identify appropriate matrix and adhere to Trust expectations to the role assigned to bank staff to the same level as substantive staff members. The Bank/Agency Office will signposts bank staff to relevant/appropriate courses and facilitate and negotiate funding and record on the training roster for payment and evidence of completion. All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet. Bank staff will be offered bank staff only training days

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the protected characteristics as defined by the Equality Act 2010. In addition, the Trust has

identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **11. MONITORING COMPLIANCE AND EFFECTIVENESS**

- 11.1 A quarterly audit of local induction by the Bank/Agency Office will provide assurance that temporary staff are receiving the relevant right to work checks and local induction in line with this policy. The audit will be carried out by cross referencing the agency worker usage log with the completed Local Induction for Temporary Workers forms (Appendix 2).
- 11.2 An annual audit of Government Procurement Service agencies will provide assurance that temporary workers provided by these agencies have satisfied the required checks. The audit will be carried out by the Bank/Agency Office, supported by the HR team
- 11.3 The audits will be reported to the Workforce Governance Group and actions will be agreed to address any shortfalls in compliance and assurance of compliance will be provided to the Regulation Governance Group.

## **12. COUNTER FRAUD**

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
----------------	---------------------------------

- 13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

Safeguarding Vulnerable Groups Act (2006)

NHS Employment Check Standards

Police Act 1997

Protection of Freedom Bill

The Rehabilitation of Offenders Act 1974

NHSLA Risk Management Standards for NHS Trust providing Acute, Community, or Mental Health & Learning Disability Services and Non-NHS Providers of NHS Care January 2012/2013

#### **14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

##### **Acknowledgements**

Disclosure and Barring Service (DBS) Policy

Health and Safety Policy

Learning Development and Mandatory Training Policy

Mandatory Training Matrix (Training Needs Analysis)

Recruitment and Selection Policy and Procedure

Risk Management Policy and Procedure

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

#### **15. APPENDICES**

- 15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix 1 – Locum/Agency Booking Form

Appendix 2 - Local Induction Checklist

**Somerset Partnership NHS Foundation Trust: Locum/Agency Booking Form**

Authority name (location)		Authority reference no. (if provided)	
Reason for Booking (if provided)			
Grade		Specialty	EPP?
Placement Date From		Placement Date To	
Proposed working Pattern			Total number of hours booked
			Non-residential on call

Hourly Pay Rate		Total hourly charge excl. VAT	
Hourly Agency fee		VAT (as appropriate)	
Travel and/or Other disbursements			
Accommodation required			

Agency Worker's full name		Full CV attached	
Previously worked at the Authority as above?		Available for full placement period?	Recent photograph attached
Verified ID			Attached
Nationality and Immigration status (Right to Work in UK)			Attached

GMC or GDC registration		Enhanced DBS disclosure no.	
GMC or GDC number		Date of DBS Issue	
GMC or GDC registration last checked		Alert notification (HPAN)?	Yes / No

Certificate of Fitness for Employment issued by		Date of Issue	
-------------------------------------------------	--	---------------	--

Life support training		Date of Issue	
-----------------------	--	---------------	--

Competent in oral and written English		Two references attached		Date of last appraisal	
---------------------------------------	--	-------------------------	--	------------------------	--

Other information as required by the Authority			
------------------------------------------------	--	--	--

The above named Agency Worker has been submitted by the Supplier for consideration in the provision of the Services i) in response to a request from the Authorised Officer of the Authority; ii) has undergone all of the necessary and appropriate pre-employment screening checks as required by the NHS Conditions of Contract for the supply of medical locums to ensure their compliance prior to supply and iii) shall be charged in accordance with the Contract Price set out in Appendix 2 to the Framework Agreement (or Escalated Contract Price as agreed with the Senior Authorised Officer of the Authority).

Name		Position	
Signature		Date	

## LOCAL INDUCTION FOR TEMPORARY WORKERS CHECKLIST

NAME OF WARD: \_\_\_\_\_

**(Manager and temporary worker complete together at the start of the first shift)**

Area Covered	Please circle when
Name of ward/unit/hospital/department agency worker engaged on before?	
Has the Agency Worker provided appropriate evidence to confirm their identity?	Yes
Check PIN Number (Registered workers only).	Yes
Confirm PMVA status (if applicable), allocation of personal alarm and safety awareness on the ward	Yes
Confirm Moving and Handling training status	Yes
Confirm Resuscitation training status	Yes N/A
Introduced to staff on shift	Yes
Informed of Ward Manager's/nurse in charge name	Yes
Ward layout and nurse in charge for advice.	Yes
Fire policy. Shown fire points, fire doors, extinguishers, alarm sounds and exits	Yes
Documentation and handover including incident reporting.	Yes
Medication: location of clinic room, pharmacy, ward top up, controlled drugs, drug rounds, info. file. Specific/unusual medication. (Registered Workers only)	Yes
Internal and external telephone system, Useful numbers.	Yes
Infection control, personal gel dispensers and their usage.	Yes
<b>Name of Temporary Worker :.....Date:.....</b> <b>Signed: .....</b> <b>Name of Manager :.....Date:.....</b> <b>Signed: .....</b> <b>(To be retained by Somerset Partnership NHS Foundation Trust manager for 3 years</b>	